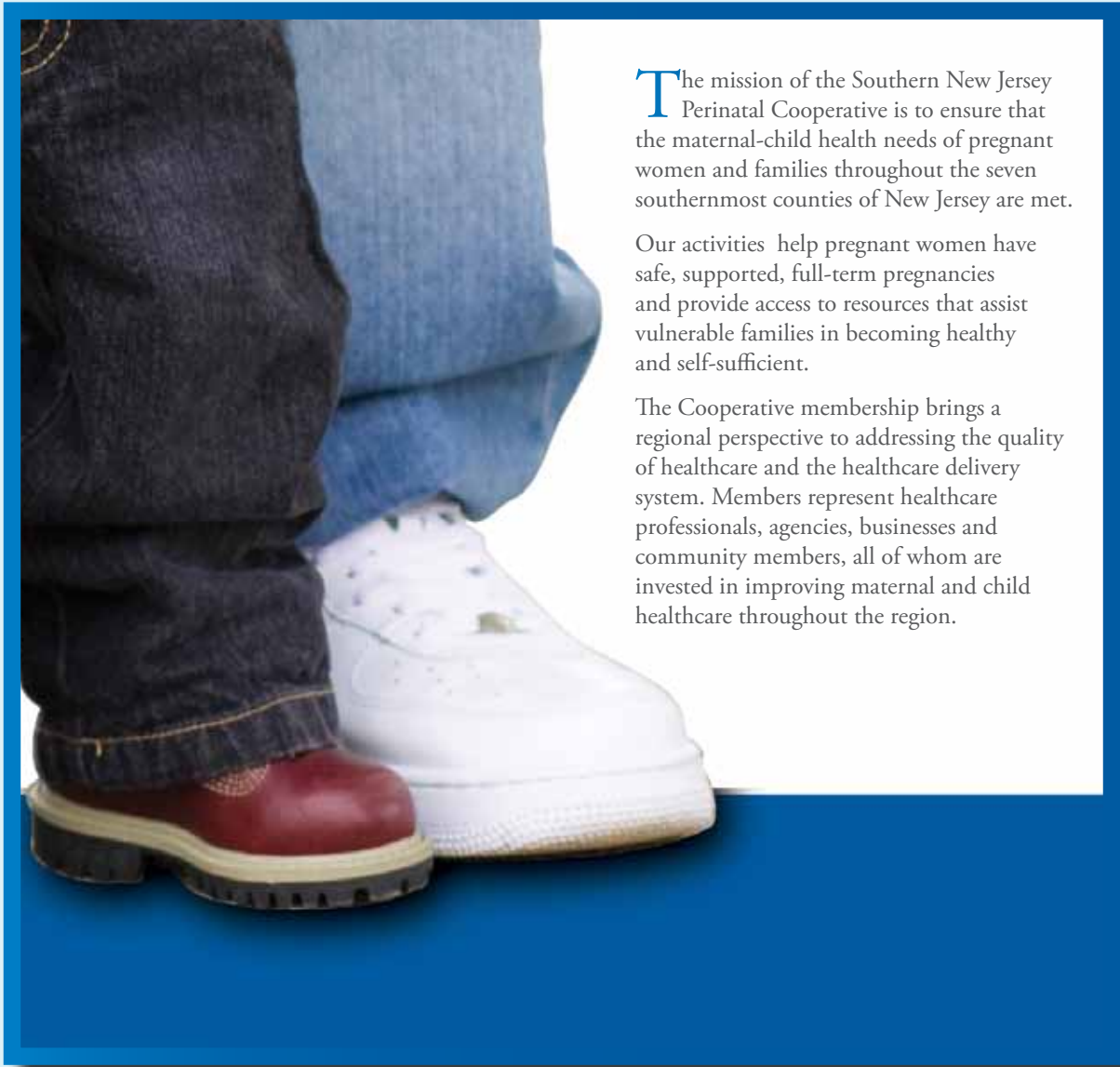




Southern New Jersey Perinatal Cooperative

MEETING THE CHALLENGE
Annual Report 2010



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.

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.

Gwendolyn Heaney-Cutts

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 Visitation 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 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. 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 emergency/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



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.

When 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.

"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."

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.

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.



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 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

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.

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.

HF/TIP Performance Measures	7/1/09 – 6/30/10	
	Target	Actual
Up-to-Date Developmental Screens	90%	95%
Up-to-Date Lead Screens	80%	86%
WIC-Eligible Pregnant Women Enrolled	80%	82%
WIC-Eligible Children Enrolled	80%	97%
Clients Keeping Their 6-8-Week Postpartum Appointment	80%	97%

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.



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.

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 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

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



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.

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.

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.



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.

Its partner in these and 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.



Fatherhood Committee of the Camden City HMHB-Healthy Start hosts an annual Fatherhood Celebration to honor the important role of dads in a child's development. The 2-day event includes a resource fair, and family friendly games and entertainment. It is a popular community event enjoyed across all generations.

Fathers on Track Program Coordinator Henry Williams (left) and 2010 Camden HMHB Father of the Year Luke Kusek visited Capitol Hill to meet with aides from the NJ Congressional delegation. Williams and Kusek used the meetings to discuss the value of integrating services for fathers into existing maternal-child health services.



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.

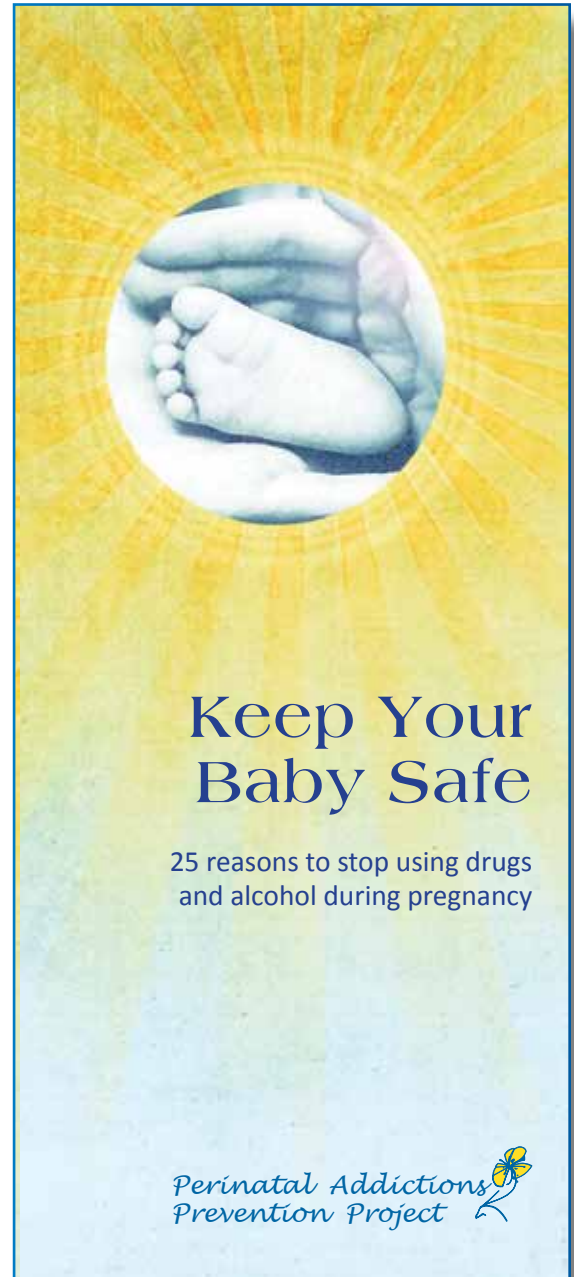
With a dedicated focus on reaching younger audiences about the dangers of perinatal substance use, the program conducted 87 classes for 2000 students at various public, alternative high schools, and non-school organizations, as well as at five colleges.

The program's outreach to county jails continues to educate inmates and jail personnel about perinatal addictions, particularly on best practices for incarcerated pregnant addicts receiving methadone treatment.

Perinatal Risk Screening

9850 total screens completed in 2010

- 2261 screens positive for tobacco use
- 1796 screens positive for alcohol use
- 812 screens positive for marijuana use



The "25 Reasons" PAPP brochure is an SNJPC-produced consumer outreach document that provides education on the pregnancy complications that can arise from 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.

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 risk? 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.



Southern New Jersey Perinatal Cooperative
snjpc.org



Basic Electronic Fetal Monitoring

Friday, April 30, 2010
Virtua Memorial Hospital Voorhees
Barry Brown Health Education Center
106 Carmie Boulevard,
Voorhees, NJ 08043

Friday, Sept 17, 2010
AtlanticCare Regional
Medical Center-Mainland Campus
Center for Childbirth Classroom
Chris Gaupp Drive &
W. Jimmie Leeds Road,
Galloway, NJ 08205

Click
Here
for more
information
or to register
online at
snjpc.org

Instructor: Linda A. Haich, RNC, MSN

Conference Goal
This important workshop introduces 'newer' OB nurse to the basics of fetal heart rate monitoring. Attendees will receive information on the most current National Institute on Child Health and Development (NICHD) terminology that will allow them to provide evidence-based strip interpretation and nursing interventions.

Program Fee
The \$50 fee for this program provides participants with Continental Breakfast, Lunch, contact hours and course materials.

Continuing Education Credit
Participants who complete the program will be awarded **4.5 Contact Hours** by Southern New Jersey Perinatal Cooperative (SNJPC).

The Southern New Jersey Perinatal Cooperative is an approved provider of continuing nursing education by New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's, CNA, NDNBA Approval Number P108-62009-2012



Pregnant Pause

Shareesa Fletcher (left) celebrates winning the Be 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 trainings, 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.



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 Margaret McNally, LPN and Rita Hughes, LPN to report patient screening information to the PWI-SJ program for follow-up.

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 physician 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.

Staff at any practice will tell you how difficult it is to add an extra step to the patient experience, no matter how beneficial the intervention.

So when the OB-GYN staff at Kennedy Hospital—Washington Township noticed its patients struggling to complete an electronic screen for postpartum depression, it would have been easy enough to abandon the initiative altogether.

"We have a very busy practice and lots of deliveries," says Margaret McNally, LPN. "It got to be too much."

Recognizing the challenges posed by the original devices, the Cooperative unveiled an improved system that employed netbook computers for screening and a secure, web-based database for managing patient data.

In the wake of these changes, the practice was able to streamline its screening efforts. This led directly to its more effective use of the patient support services provided by PWI-SJ.

"There's a paper trail in the patient's file that always shows what's

been going on," says Rita Hughes, LPN. "That closes the loop for providers and especially helps particularly troubled patients."

Hughes and McNally both credit Susan Ellis-Murphy, Regional Coordinator for SNJPC's Postpartum Depression Support Services, with providing a vital and immediate support network for their patients.

"We can screen patients who have stress and support them early," says McNally.

"Sometimes we'll have a plan in place before the patient delivers," Hughes agrees.

Katie Riley, CNM, says PWI-SJ allows her to accomplish more for her patients in the duration of an office visit without worrying about depriving them of care.

"As a provider, that's a worst fear—to miss a situation because you couldn't give it the attention it needs," she says. "But I know that even if I can't do a comprehensive PPD evaluation, Sue will follow up."

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.



Ann Breakey, Program Director for 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.

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, says the virtual client records have made six-month reviews of Individual Family Service Plans (IFSP's) run much more smoothly than ever before.

"The economy of time we enjoy thanks to the new system is very helpful," she says. "Before, we just kept our own routines, which could get really complicated. Now we can pull out the information we need much more easily."

Since users from so many different agencies interface with the system, roll-out was a complicated process. Yet the Cooperative staff never blanched in the face of the challenge, Breakey says.

"The learning curve was two to three months of field testing and then getting things up and running," Breakey says. "EI Project Director Leslie Breslau created an atmosphere of partnership that helped everybody get through it."

Even when bugs in the system surfaced early, Breakey says, Breslau was proactive about using these opportunities to solicit input that helped shape the usability of the system.

"She brought some of the therapists in from the field to get their take, and we started tweaking things," Breakey says. "Those comments helped make system searches more intelligent and even improved our internal communication between therapists and administrators."

Changing Behaviors

Every SNJPC program concerns 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.



“I was ready, but I needed an extra push,” says Danielle Prebor. Her daughter gave her the motivation, but it was Moms Quit Connection that finally taught her the skills to end a decade of smoking.

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 even though we were far apart,” Danielle says. Within a month and a half under Barbara's care and guidance, Danielle had

quit completely. 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 smokers, she did the best she could to make personal changes and ask for family support.

“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 lighters.”

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

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 (AAR) 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.

The screenshot shows the New Jersey Quitline website. At the top, it says "NEW JERSEY QUITLINE" and "1-866-NJSTOPS 657-8677". Below this is a navigation bar with links: "Are You Ready To Quit?", "Does Telephone Counseling Work?", "What Happens When You Call?", "Can You Afford To Smoke?", "Benefits of Quitting", and "Treatment Resources". The main content area features a large heading "NEW JERSEY QUITLINE" and a sub-heading "1-866-NJSTOPS 657-8677". Below this is a section titled "WITH THE RIGHT SUPPORT, YOU CAN QUIT SMOKING." which includes a photo of a family and a close-up of a person's face. The text reads: "NJ Quitline is a free telephone-counseling service for smokers who are ready to stop. Call today and speak with your own quit coach. No matter which quit method you choose the Quitline can more than double your chances for success. Let the story of your success start now. Call 1.866.NJ STOPS". At the bottom, it lists "Free Confidential Convenient Multilingual" and "Do something good for yourself.".

MQC employed several strategies to encourage more calls from South Jersey to the NJ Quitline – the state-sponsored telephone counseling service. Direct outreach to physician offices was used to increase patient referrals, a mass distribution of rack cards (sample right) targeted likely users and a re-vamped website contained detailed information about telephone counseling to allay any concerns about making the call. These efforts worked, and in less than a year the percentage of Quitline calls from South Jersey rose from 16% to 61% of total calls.

The advertisement features the "NEW JERSEY QUITLINE" logo at the top. Below the logo, it says "Quitting is hard, no matter when you do it. Free support from the NJ Quitline can make it easier and double your chance of success." followed by "SO DO IT NOW... NO MORE EXCUSES". A photo of a smiling family (a man, a woman, and a child) is shown. Below the photo, the text reads "1-866-NJ-STOPS" and "1-866-657-8677". At the bottom, it says "For more information Visit njquitline.org" and "Free. Confidential. And it works.".

WIC Breastfeeding Services (WIC-BF)

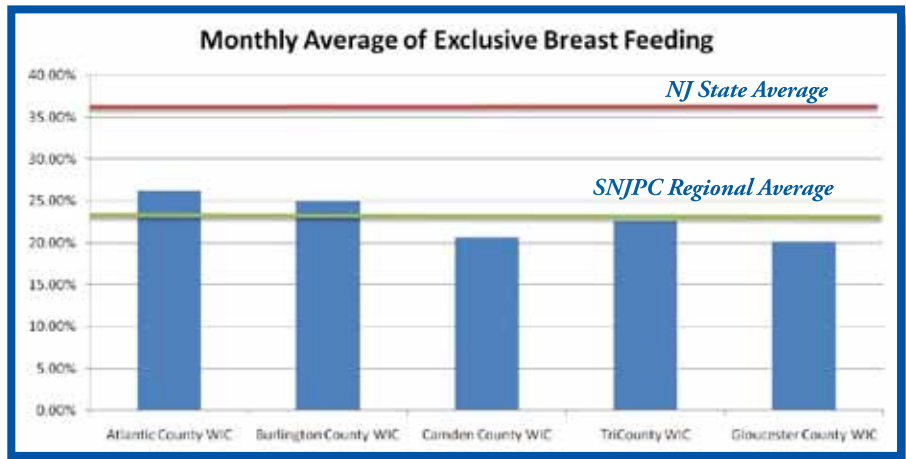
In 2010, WIC-BF changed its approach to client education, replacing its lecture format with a client-led, facilitated discussion design. This new model revealed more about perceived barriers to breastfeeding and enabled staff to intervene more directly into issues related to their clients' needs. Participant-centered 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

Type of Client Contact	# Contacts
One-on-one	
Prenatal Education	3236
Prenatal Classes	2725
Breastfeeding	
Mother Consultations	4482
Phone Support	3625
Total Prenatal Education Contacts	6869



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.



*“The program helped me keep trying. It gave me the hope that I could breastfeed.”
Desirae Champion (right) with daughter Chloe and Lactation Consultant Robbi Albert-Jones.*

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. “Sarah said she’d taught a baby to latch at six months, and it gave me hope that we 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.”

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. Its 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.



Members of the Atlantic City Lead Task Force gather before a bus shelter ad depicting the Kids Can't Learn With Lead public health message. The 2010 campaign was aimed at improving local childhood blood-lead testing rates by eliminating service fragmentation as an obstacle to testing. The mass transit advertisements were so successful that Coalition members distributed similar posters region-wide.

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.



No Wrong Door

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 and meeting 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.



Exploring boundaries at the 2010 graduation ceremony for the Camden Nurse Family Partnership Program. Their moms benefited from NFP’s participation in the county’s single-point-of-entry-to-care (SPEC) initiative for a home visiting programs, which is being administered by SNJPC. In the same spirit as ‘No Wrong Door’, SPEC consolidates and streamlines referrals for multiple agencies in order to quickly direct clients to the appropriate providers.

Improving Access to Care

Eliminating barriers is a common thread that runs through all SNJPC efforts. But for one program, it was the focus of a multi-year undertaking.

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 Lindenwood 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.



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.

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, 28% identified as self-insured)

82% 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

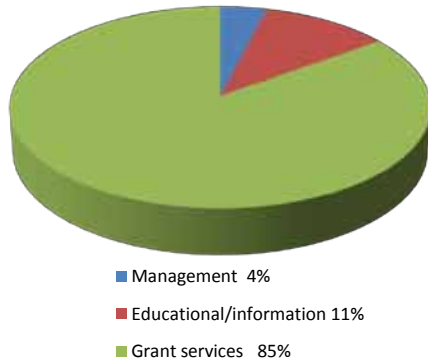
45% were four to five months pregnant at time of survey

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

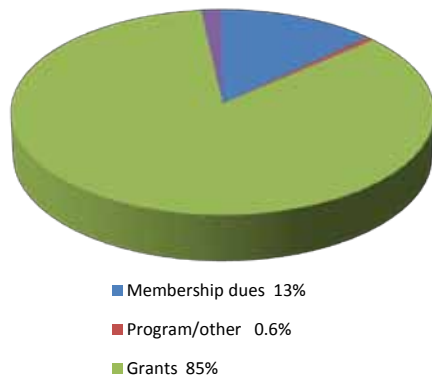
The survey report and resultant public campaign was presented at the 2010 National Perinatal Association conference.

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.

\$3,945,698 NJ Department of Health & Senior Services. Supports multiple programs including: Perinatal Addictions, Fetal & Infant Mortality Review, Postpartum Wellness Initiative, Early Intervention Service Coordination, WIC Breastfeeding, NJIIS Support Services, Lead Poisoning Prevention.

\$858,558 NJ Department of Children & Families. Two grants support Atlantic County Healthy Families-TIP, Infant and Family Development and Camden Nurse Family Partnership.

\$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) rose 14% in 2010 compared to 2009 – the increase is attributable to larger grants for WIC-Breastfeeding, Early Intervention, Moms Quit Connection, Immunization Registry and NPAO.

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

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 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
 Underwood-Memorial Hospital
 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
 Harnel Paraison- Perfil Latino, Inc.
 NJ Coalition for Prevention of Developmental Disabilities / The ARC of NJ
 The Southwest Council, Inc-Vineland Office
 Miriam Stern, MSW, LCSW, Meridian Counseling
 Weisman Children's Rehabilitation Hospital
 Vineland City Department of Health – Department of Health Education

Special Contributions

Heald 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



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

Officers

Gwendolyn Heaney-Cutts, RNC
President

Sharon Buttress, MD, FAAP
Vice President

Lynn Gallagher-Ford
Treasurer *Jan - Oct 2010*

Stephen Montgomery
Secretary

Judy Donlen, JD, DNSc, RN
Executive Director

Ronald Ayres, DO

Robyn Boniewicz

Joseph Bottalico, DO

Dianne Charsha, RNC, MSN, APN

Suzanne Conrad, RN, MA

Ann Diese, CNM, MSN

Margaret Fernandes, MD

Carol Gaffney, ADM, RN

Ruth Gubernick, MPH

Barbara Hansen, RN

Barbara Holfelner, RN, MSN

Jacqueline Kaari, DO

Paul Kouyoumdji, MD

Mary Beth Lahey, RN

Ronald Librizzi, DO

Daniel Lombardo, MSW

Susan Lowden, Esq.

Helene Lynch, RN

Sarah Matthews

Anne McGinley

Tracye McArdle, MPH

Janine Merendino, RNC, BSN

Anthony Mishik, MD, FAAP

Stephen Montgomery

Nancy Neuroth

Lisa Nichols, MSN, RNC

Kellyann Nierstedt, AD, MPH

Phyllis Perkins, MD, MPH, FACOG

Ilena Pitts

Marge Pollock, MSN, NPC

Gail Robinson

Joan Rosen Bloch

Karen Shields, CNM, MSN

Liliana Sobczak, RHU

Gary Stahl, MD

Robin Taylor, RNC, BSN

John Tedeschi, MD

Michelle Torchia, MD

Peace Warden

Rev. Calvin Woods

Dianne Johnson-Young

SNJPC Staff 2010

Atlantic City Office

Kashea Braithwaite

Ana Dib

Djuana Dobson

Veronica Ford

Jeey Moncayo

Jennifer Munoz

Glorie Rodriguez

Nirmary Santiago

Nyvia Santiago

Ana Spencer

Judith Stark

Marcia Virgil

Camden City Office

Karima Alderman

Barbara Briggs

Marion Delp

Rosa Garcia-Torres

Donna Gillane

Sylania Jenkins-Burnett

Natalie Millstein

Elaine Monteiro

Elizabeth Munoz

Roberta Phillips

Jade Pollock

Lillian Rosa

Luz Santiago

Nilda Torres

Remedios Watkins

Pennsauken Office

Barbara Alston

Debi Asselta

Kathy Barry

Karen Bass

Deborah Bink-Sharpe

Donna Bordner

Leslie Breslau

Allie Burger

Catherine Butler

Shaketa Clay

Cara Castiglio

Julie Cobian

Robin Craig

Patricia Doebler

Bobbi Donados

Judy Donlen

Susan Ellis Murphy

Shelly Fairman

Tasha Gainey

Melanie Gazaway

Cathy Golightly

Marleen Gonzalez

Helen Hannigan

Lisa Hartman

Barbara Heinz

Stacy Ichinaga

Robert Jackson

Suzanne Kinkle

Sarah Kucharski

Kathleen Kukral

Sarah Malone-Ditzel

Mary Kay Manni

Bernadette Matonti

Barbara May

Aileen McCullough

Kelly McLaughlin

Amy Minichino

Lynn Montgomery

Michelle Nussbaum

Constance O'Brien

Betsy Osterhout

Sandra Paynter

Kimberly Pietruszka

Colleen Pope

Alisa Saraceni

Suzanne Sawyer

Rebecca Segeren

Lisa Segrest

Matthew Skoufalos

Kristy Skyers-Still

Jennifer Still

Lori Tesauro

Leah Valley

Jeffrey Weir

Merle Weitz

Beth Wilkinson

WIC

Breastfeeding Services

Robbi Albert-Jones

Maureen Ashfield

Sarah Chaikin

Brook Cook

Tasia Martinez

Louise Geverd

Anjail Hafeeza

Autumn Harrison

Paula Knott

Karen Kurtz

Elizabeth Purnell

Hafeezah Rahim

Josmery Suero

Margaret Stedman

Sharon Trombetta

Noemi Velez

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

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



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