



# SHAPING THE FUTURE



*Southern New Jersey Perinatal Cooperative  
Annual Report 2014*

## BY THE NUMBERS

The Cooperative's reach is broad and enduring. Tens of thousands in South Jersey receive some type of direct service each year from an agency program. Thousands more benefit from the Cooperative's commitment to improve the system of care that is a hallmark of the Cooperative's mission. The numbers below provide a snapshot of our impact in 2014.

41,039

South Jersey individuals served by a Cooperative program



4,035

families enrolled in a multi-year case management program

400

educational conferences, workshops and trainings conducted



45,843

perinatal risk assessment and postpartum depression screens administered

399

adolescents participated a 6 week course on healthier sexual decision making



216

homeowners provided free lead dust testing kit; 51 tested positive

3561

families with special needs children received early intervention case coordination assistance



98%

Healthy Family clients who met 18-month pregnancy interval

# PRESIDENT'S MESSAGE



Yes, the future is uncertain. Yes, bold predictions about what lies ahead are often wrong. And, yes, given that, holding fast to the familiar is understandable.

Problem is, things change. It is inevitable.

Not content to be an observer of inevitable change, the Cooperative wants to be its architect and shape the future of maternal and child health care in South Jersey.

With great respect for the past and incisive knowledge of the present, the Cooperative is persistently forward thinking, exploring promising new opportunities, often traveling outside of traditional boundaries. Thoughtful planning, hard work and collaboration, these are its tools for transformative change.

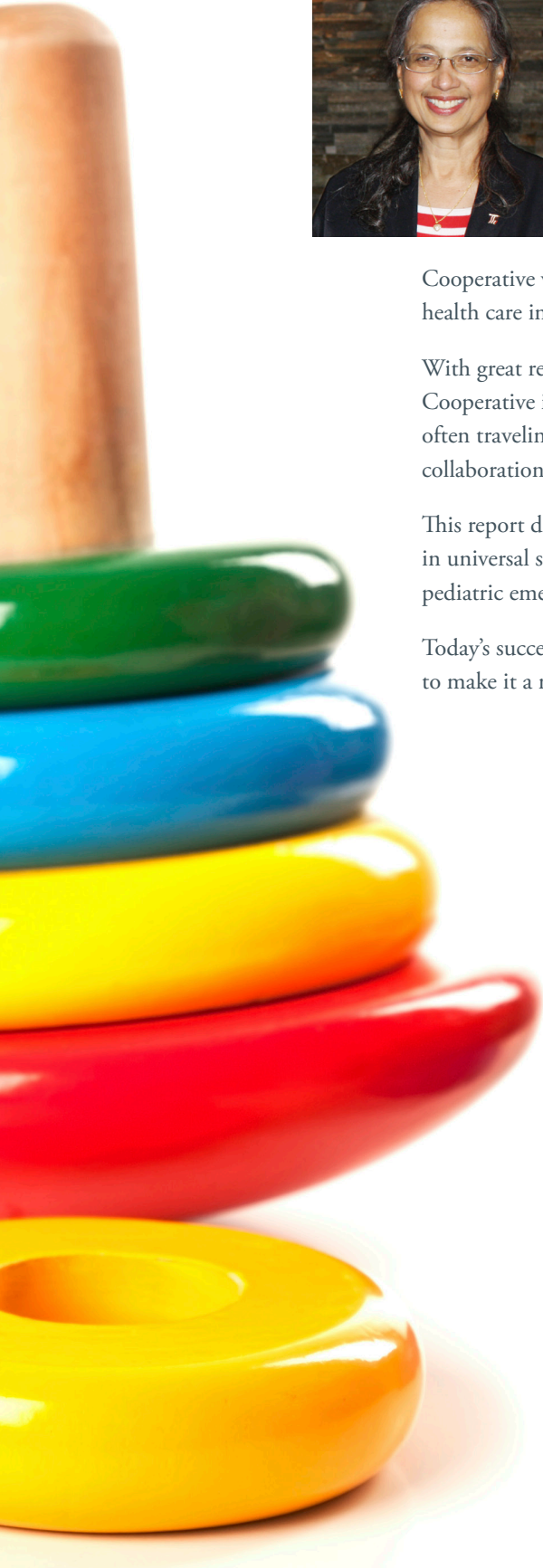
This report details an extraordinary year for the agency with important progress seen in universal screening, centralized referrals, data driven programming, new models for pediatric emergency care and effective interventions for high-risk populations.

Today's success began years ago with a vision of what could be and the tenacity to make it a reality.

Sincerely,

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

Margaret Fernandes, MD  
President of the Board





September 3, 2014 was a watershed moment for Camden Healthy Start. The Cooperative eagerly awaited a long delayed funding announcement that would either signal the program's demise or trigger a major expansion of efforts to reduce infant mortality in Camden City.

It was good news.

In a highly competitive funding opportunity, vying against much larger institutions across the country, the Cooperative prevailed. It was approved as a Level 3 grantee, the highest possible designation under the new Healthy Start Initiative: Eliminating Disparities in Perinatal Health 2014.

Approval will provide \$1.8 million annually over the next five years to turn around Camden City's infant mortality rate, persistently reported at twice the state average.

The Cooperative's successful proposal retains CHS's collaborative infrastructure. Key stakeholders will continue to work in partnership to realize core objectives of the new Healthy Start model (see sidebar). The new program will build upon the accomplishments of past programs, most notably the development of effective service delivery models, client management tools and interagency coordination.

CHS's prominence will grow. As a Level 3 project, CHS will also serve as a resource center for state, regional, and national action and will actively engage in policy development at the national level. ■



## NEW HEALTHY START MODEL OBJECTIVES

- Improve women's health, before, during and after pregnancy;
- Promote quality services, with a focus on required core competencies and standardized interventions;
- Strengthen family resilience, by engaging both parents and addressing some of the stress that underlies many disparities in birth outcomes;
- Achieve collective impact, serving as community hubs that drive collective improvements; and
- Increase accountability through quality improvement, performance monitoring, and evaluation.

## Baby Buggy Walk

A Walk in the Park. Fitness, Family, Fun.



Camden Healthy Start sponsored Baby Buggy Walk in the Park to make getting and staying fit a family affair.

Fathers are a Camden Healthy Start priority. The Fathers on Track program educates fathers and fathers-to-be about managing the challenges and stress of parenthood, teaching about the stages of development to support age appropriate expectations and how to keep themselves and their children healthy. The 2014 Fatherhood Celebration reinforces the importance of Dads in a child's well-being.





*Johanna Florentino with her son Johnnie, one of 201 families in 2014 who enrolled in one of two NFP programs the Cooperative administers in Camden and Burlington counties.*

## Nurse Family Partnership

Johanna Florentino was a motivated 17 year old who dreamed of becoming a surgeon. But three months after entering college, she and her new husband learned they were expecting. Unable to stay in school and estranged from family, Johanna found herself isolated and depressed.

Johanna's journey back to her 'real

self', began when she met Elizabeth Munoz, a Nurse Home Visitor with the Nurse Family Partnership (NFP) program. NFP is an evidenced based, home visitation program developed specifically for first time moms.

Elizabeth was patient, encouraging and accessible, key elements in earning Johanna's trust.

"At 17 I did not know anything about children," Johanna said. Elizabeth was her primary resource and Johanna relied upon her 24/7. Johanna remembers calling late one night in a panic saying, "He won't go to sleep and I can't find the paper you gave me." Guidance was provided and peace restored.

Along with building Johanna's knowledge about child development, health and parenting, the two worked on Johanna's communication skills in an effort to strengthen familial

relationships and give Johanna the tools to ask for help before situations reach a crisis stage.

Today, a wall in Johanna's living room is reserved for certificates, evidence of a renewed optimism and Johanna's

fierce determination to "do something greater than what I was doing." It

is her personal tenet and one she hopes to inspire in her son through action. When Johnnie turned one, Johanna returned to school, earned a degree as a surgical tech and was the first in her class to be accepted into an internship at a major area hospital. She's now looking for the next challenge. ■

**"I want to do something greater."**

*NFP is an evidenced based, home visitation program that pairs experience nurses with first-time, low income mothers. Its goals are to improve pregnancy outcomes, improve child health and development and improve parents' economic self-sufficiency.*

## Postpartum Wellness Initiative

Just 10 simple questions long, the Edinburgh Postnatal Depression Scale (EPDS) has made a world of difference in identifying those at risk for postpartum depression.

“It is doing exactly what I hoped it would,” says Vivien Vega, MD whose practice delivers about 250 women each year.

“It is easy to recognize those who are obviously, severely depressed,” says Vega. “It’s the ones ‘in-between’, the ones that could spiral down if not treated,” where the EPDS is most valuable.

A patient’s answers on the EPDS questionnaire are translated into a numerical score that indicates risk level. While rare, Vega was surprised by the number of abnormal results from screening compared to results obtained when staff asked patients how they were feeling.

Patients are more forthcoming with a form, she reports. Most patients say they doing fine because they want to be seen as coping. They feel great pressure to be happy and it’s hard to be honest when speaking to another individual.

Vega has only praise for the process. “The system works because it’s easy on us. Fast and simple. I can quickly scan the results and make a recommendation,” she says.

Vega is among the 43 South Jersey health care providers enrolled in the Regional Perinatal Mood Disorder Program that facilitates provider compliance with state regulations regarding postpartum depression. The program assists with screening tool implementation and data processing, patient follow-up and treatment, referrals and staff education.

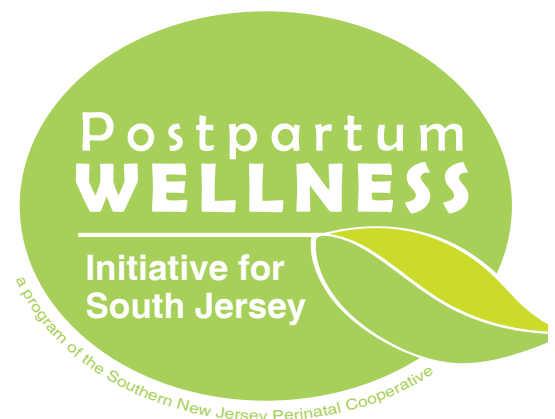
Of all the program’s services, Vega especially appreciates having another trained clinician responsible to follow-up on patients who score high. “It is a very good partnership,” says Vega. ■



*“It is doing exactly what I hoped it would,” says Vivien Vega, MD*

### HIGHLIGHTS

- The number of screens conducted in 2014 rose to 5,289, a 12.5% increase from the previous year. About 11% (574) had scores over 11 indicating a risk, and 2.7% (145) had a positive response to self-harm.
- Serial screening and prenatal screens are on the rise.
- PWI sponsored support groups served 746 women, including a new group for Hispanic moms.
- Staff conducted 12 Lunch and Learns to enhance collaboration with providers.
- All participating offices were transitioned to iPads to enable direct, online submission of screens.
- Skill-building offerings for professionals included two, full-day Mindful Stress Reduction Workshops.
- Program’s network of referral sources now includes more than 40 managed care behavioral health providers, all experts in the field of perinatal mental health.





# Improving Pregnancy Outcomes

The IPO initiative consists of two distinct efforts, each focused on a particular area of concern but working in concert.

## A Better Me

A Better Me concentrates on outreach and education. A core objective is to raise awareness among low-income women contemplating pregnancy. Community Health Workers use informal health education at local settings to engage women and encourage good preventive health practices that, in turn, will result in positive birth outcomes. The program's certified health educator partners with community based agencies and other social service providers to provide free workshops for their clients.

Together Health Workers and Health Educators successfully engaged nearly 3200 women and men in Camden County. More than 60 health workshops were conducted. The number of client contacts by Community Health Workers was over 2700 - impressive numbers for a program that began halfway through the year.

## Central Intake

Central Intake is concerned with the system of care, specifically, improving the way referrals for family support services are managed by centralizing the process. All requests, regardless of source (physician, outreach worker, screening tool) are sent to IPO Hubs. The Hubs assess need and identify appropriate service(s) drawing upon a comprehensive resource directory that is continuously updated.

Central Intake HUBs are operational in Atlantic and Camden Counties. In 2014 the two HUBs processed and issued a combined total of 3589 referrals, a substantial increase from the previous year's total of 1217.

To encourage more individuals to contact the HUBs directly, a transit advertising campaign was launched that featured the program's new name The Connection.

A consumer-driven Advisory Board was convened and tasked with making recommendations to improve access. ■

Central Intake's new name, The Connection, was announced via a transit ad campaign that included billboards, buses and commuter rail. Consumers were encouraged to contact the service directly for information about health and social services.







*Di'ontae Hall uses knowledge from Be Proud, Be Responsible to protect his friends. "I share what I learned with my friends. I tell them the truth about what could happen and they ask for more."*



*"It's an awesome program," says Yolanda Gaither, who found widespread support for PREP among teens, teachers and parents.*

## Personal Responsibility Education Program

As PREP Coordinator, Sarah Malone-Ditzel is not shy about the program's frank approach to improving adolescent sexual decision making. But presenting to a group of 13 middle school boys gave her pause. Even the woman responsible for bringing the program to Cooper Hatch Family School had some reservations.

'Our kids need more creative ways to absorb information and apply skills,' said Yolanda Gaither, Health and Social Services Coordinator at Hatch. "If they get bored, they disengage."

Gaither's 'ah ha!' moment, the instant she knew Be Proud, Be Responsible was working, came a few weeks into the six-session course. "Suddenly there was absolute silence in the room. The boys pulled their chairs close to the front, they stopped teasing each other and started asking questions," she said.

Gaither praises the skill of the PREP staff to connect with students. "Sarah put the power in their hands and made them feel empowered, safe and invested."

Once Hatch signed up, four more Camden City schools requested the program. Gaither is looking forward to having Be Proud, Be Responsible become an ongoing feature. "It is an awesome program – interactive, hands-on, free and something our kids need." ■

PREP's third year was its most challenging and successful. While more sites participated (26), a laborious evaluation process stressed both staff and participants.

PREP offers Be Proud, Be Responsible, an evidence-based curriculum approved by CDC as a best practice that encourages healthy sexual decision to help reduce incidence of HIV/STDs and teen pregnancy.

Enrollments increased 23% in 2014 as 399 youth signed up: 227 in the intervention group, 135 in the comparison group and 37 in the specialized curriculum for teen moms.

As part of National Day to Prevent Teenage Pregnancy, staff developed 30-minute, high-impact teen oriented presentations on teen pregnancy and STDs.



*The PREP sponsored **LGBTQ: Be The Game Changer**, provided technical assistance training for educators, counselors and providers on the unique issues facing youth who are lesbian, gay, bisexual, transgender or questioning.*

## WIC Breastfeeding

Asked to summarize the year's accomplishments, the WIC Breastfeeding staff became nostalgic. After more than 22 years with the Cooperative, the WIC Breastfeeding program was moving. The state agency overseeing WIC had decided that, starting in 2015, responsibility for WIC breastfeeding services would shift to the local WIC offices.



*Camden Celebrates Breastfeeding, a community event jointly sponsored by WIC Breastfeeding and Nurse Family Partnership, drew many young families to Mcquire Gardens Park in August.*

In its last year at the Cooperative, the WIC Breastfeeding Program continued its record of success with a combined total of 2324 prenatal education sessions, 2527 consults and 1002 telephone supports in its 3-county service area of Atlantic, Burlington and Gloucester. ■

## Pediatric Initiatives

A priority for the Pediatric Initiatives Program was increasing the HepB vaccination rate for newborns. Staff concentrated on helping member hospitals meet a new NJ Department of Health goal calling for at least 90% of newborns to receive the HepB vaccine within 12 hours of birth. When NJDOH acted the statewide hospital average hovered around 50%. While the rates of most South Jersey hospitals were much higher all still fell below the target.

Staff worked one-on-one with all members of the hospital team, reviewing/advising on policies, conducting educational sessions and distributing 'a ton' of literature and resources. Of all the improvement strategies, the most successful was educating staff nurses about how to approach and inform new mothers when seeking permission to vaccinate. Most refusals stem from not understanding how the 12-hour deadline provides the best protection.

The program also continued its work with member hospitals interested in new models of pediatric emergency and in-patient care. Inspira Woodbury was the latest to receive program assistance that includes policy development, clinical consultation, staffing assessment and educational programming. ■

## Perinatal Addictions Prevention Program

A program priority is universal adoption of a standardized perinatal risk assessment tool. Staff worked diligently in 2014 to increase the number of South Jersey providers using the preferred Perinatal Risk Assessment (PRA) Tool, and were pleased with the year's 4.8% growth in number of women (10,540) screened for risk factors using the PRA.

PRA captures a wealth of information, but of particular interest to PAPP is prevalence data on substance use. Of the total 10,540 screens, the percentage of those self-reporting use was: 19% for tobacco; 13.7% for alcohol and 6.3% for marijuana. The 2014 rates are nearly identical to those from 2013.

PAPP is a regional leader in professional and community education, producing workshops, special events and conferences and utilizing all types of settings: schools,

addiction treatment programs, social service and mental health agencies, universities, drug courts, probation offices, and juvenile detention centers. Combined the program's 2014 educational activities reached a total of 415 professionals and 3,051 consumers.

A highpoint came when PAPP was invited to participate as a core team member in New Jersey's In-Depth Technical Assistance Process for Substance Exposed Infants. Convened by the NJ Department of Mental Health and Addiction Services with technical support from SAMHSHA's National Center on Substance Abuse and Child Welfare, this working group will examine current trends and practices to identify ways to strengthen and improve the continuum of care for women with opioid and other substance use disorders. ■

**HOT TOPICS:**  
**Perinatal Addiction and Mental Health**  
October 29, 2014  
Doubletree Inn and Suites  
Mt. Laurel, NJ

Southern New Jersey Perinatal Cooperative  
Perinatal Addictions Prevention Project  
NJ Health  
New Jersey Department of Health



# Lead and Healthy Homes

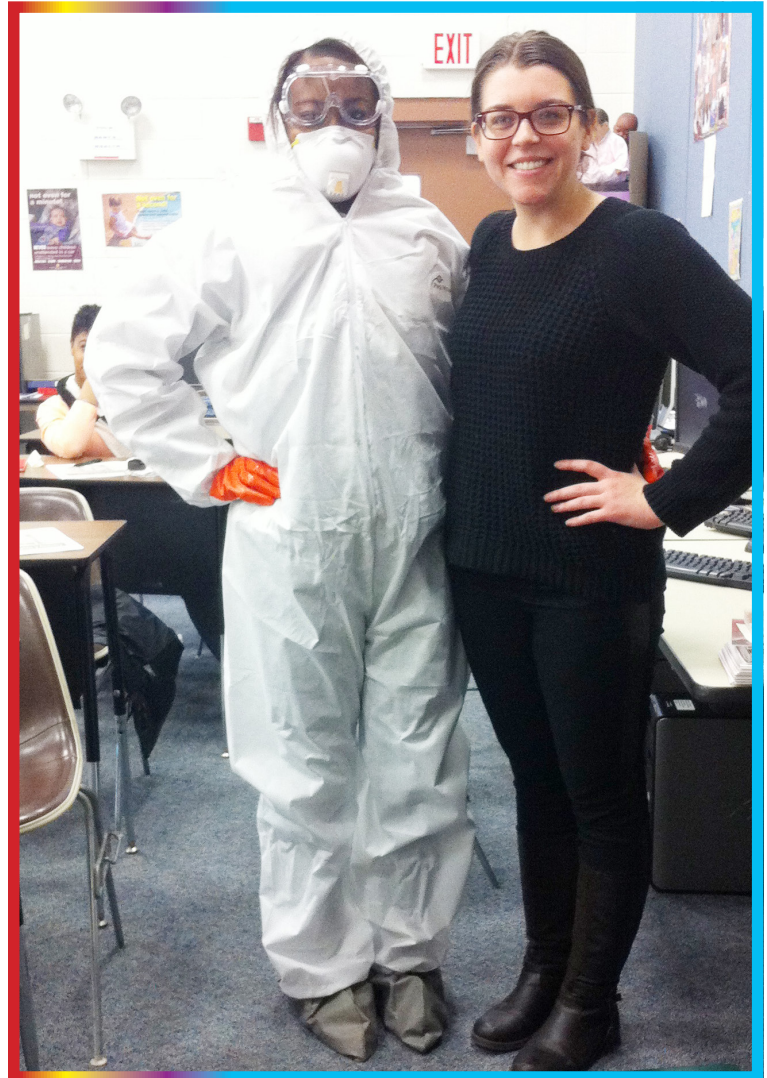
Can homes make people sick? ‘Absolutely’ say staff with Lead and Healthy Homes who are responsible for raising public awareness about environmental toxins and unhealthy household practices.

Childhood lead poisoning is still a major concern for South Jersey. In 2014, staff conducted 68 events to educate about lead dangers, sources and prevention measures. Venues were selected for audience convenience and included Family Success Centers, Head Start programs and health care centers.

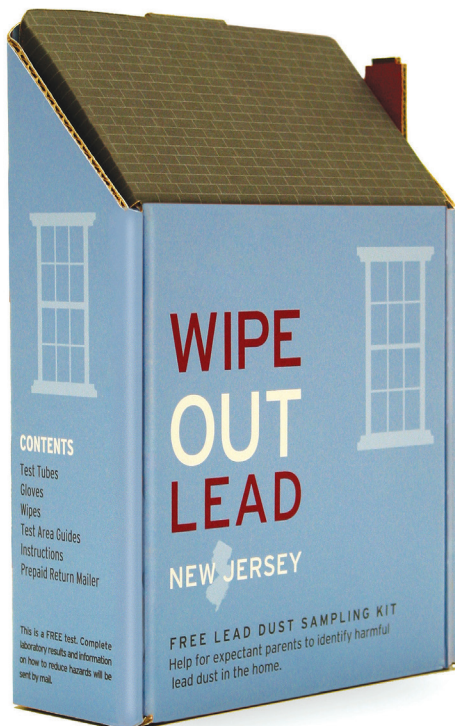
Free DIY testing kits for lead paint dust (the most common source of childhood lead poisoning) were provided to 116 families. The number of positive results was 46, of which 16 were at the hazardous level triggering immediate intervention.

Post-hurricane recovery was the focus of two new Healthy Homes educational offerings: a consumer oriented, 1-hour workshop, “Creating a Healthy Home in the Aftermath of a Hurricane” and a full-day professional training, “Healthy Homes for Community Health Workers”. In the last 4 months of 2014, the professional training was held seven times for a total of 106 participants; the consumer workshop was offered five times, with a total of 67 participants.

The Healthy Homes Action Sheets remain the number one download on SNJPC’s website. The sheets provide step-by-step instructions to safeguard homes from mold, pests, accidental injury, contaminants and hazards. ■



*A participant models the latest in personal protective gear for cleaning a flooded home at a “Creating a Healthy Home in the Aftermath of a Hurricane” workshop conducted by HH staffer Daniela Fumu. (right).*



*Homes built before 1978 (when lead-based paint was banned) should be tested for lead dust. The free testing kits provided by the Cooperative are easy to use and reliable in identifying the level of lead paint dust – the most common source of childhood lead poisoning.*





## Early Intervention Service Coordination Unit

*Eliana Moore was born weighing 1 lb 10 ounces. She spent her first 5 months in a hospital, tethered to life-saving equipment. "I was there every day," says mom Jennifer Clawges, "except when Hurricane Sandy hit and I was forced to stay home."*

***"I don't know how I would have managed without Trish."***

*From the start, Jennifer knew her journey with Eliana would be entirely different than what she experienced with her other two daughters. The future felt bleak; she was overwhelmed and unsure.*

*Two and half years later, Jennifer laughs watching Eliana run across the living room to plop in her favorite chair and pose for a photograph. Expressive and engaging, the toddler delights in being the center of attention.*

*Eliana's impressive progress is all due to early intervention, according to her mom. 'If not for Early Intervention, Eliana would not be where she is today,' says Jennifer.*

*She also adds that without the assistance of the EI Service Coordination Unit, this working mother of three may not have accepted the service. 'On my own and without Trish (Trish Doebler her EI Service Coordinator) I would not have gone*

*with EI," Jennifer states. "I do not know how I would have managed without Trish."*

*EI Service Coordinators help parents manage the complex maze of EI services, working closely with parents to set and monitor care plans, schedule therapy and intercede as needed with providers.*

*'We have settled into a routine and it is working out,' Jennifer reports. While Eliana still has significant developmental and health challenges, the mood in the household is one of empowerment and hope.*

*In 2014 the EI Service Coordination Unit served 3,561 client families in South Jersey. ■*



# Mom's Quit Connection

2014 was a memorable year for MQC and tobacco control at the Cooperative, as the state made a significant philosophical and financial commitment to help pregnant smokers and their families by expanding the MQC program statewide\*. Implementation required four new staff, increased provider outreach and training, and a comprehensive public awareness campaign utilizing both traditional and new media elements (television ads, posters, Facebook and email blasts).

At the same time, MQC was also approached by the NJ Office of Tobacco Control (OTC) to promote the NJ Quitline, the state's telephone counseling and referral service. This project involved workplace tobacco education, provider training with a focus on counties with higher tobacco use and dedicated media dollars to increase call numbers from the south.

The MQC staff made good use of those media dollars generating a 26% increase in Quitline activity from South Jersey. In 2014, calls from the region represented 34% of all registered Quitline users, compared to just 27% before the campaign began. In some counties the change in call volume was dramatic. Between 2010 and 2014 the number of registered callers from Cumberland County rose 330%, Gloucester 340% and Salem 59%.

MQC continued its role as co-facilitator for Tobacco Free for Healthy NJ, a three-year statewide initiative launched in 2012. By the end of 2014, all 21 counties and 279 municipalities (77 in South Jersey) had adopted bans on smoking in outdoor public spaces. ■



Two online Toolkits illustrates MQC's skill in producing quality educational and resource tools for the provider community. Kits are available to help pregnant women, moms, families and community members quit smoking.

## 2014 HIGHLIGHTS

- 199 women enrolled in case management
- MQC's self-help materials were distributed to 838 individuals
- 69% of case managed clients either quitting or substantially reduced nicotine consumption
- Staff conducted 27 trainings, educating a total of 210 health and social service professionals.
- Community education and outreach efforts reached a combined total of 1681.





Healthy Families participant Leslie Bright and her three children Nicole, 7 months, Omar, 3 years and Dru Valerie, 17.



"When you're in a box, it's hard to think outside the box," says Leslie Bright, mother of three and a proud participant of the Healthy Families (HF) program.

Nine days before giving birth to her 3rd child, Leslie found herself suddenly single after 10 years of marriage. "I was at my weakest point, scared, overwhelmed and crying every day."

## **"It's like she read my mind about what I needed."**

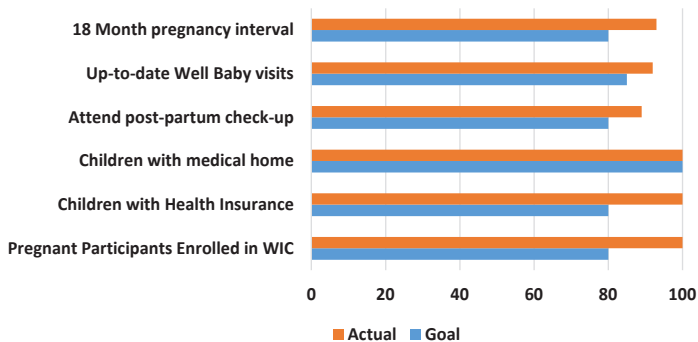
Initially reluctant to accept a referral, because 'who wants a stranger in your home pointing out what you do wrong', Leslie is now a vocal advocate for home visitation and, in particular her HF case manager.

"It was like she read my mind about what I needed," Leslie says about Jennifer Krichman. "The kids took to her right away and now she's like part of the family."

Even with two children already, Bright says she still learned a lot from HF about parenting and child development. She also changed her mind about home visitation. "Being in the home, they can see exactly what you need without you having to ask."

The family is thriving. Leslie is back to work and in training for a managerial position. "I am striving for more, so my children can have more," she says. She has re-discovered her positive outlook and credits the many people who showed they cared about her and her kids. ■

### 2014 Healthy Families Performance Measures

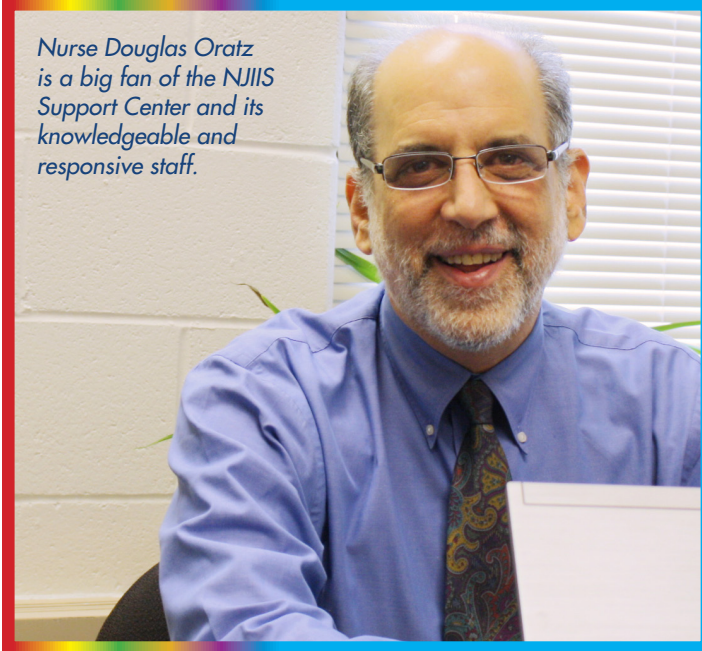


Healthy Families served 176 families in 2014, marking a 17% enrollment increase over 2013. The acceptance rate rose to 79% as a larger portion of those invited to participate in the program chose to enroll. Skilled outreach and recruitment efforts by staff resulted in the successful completion of 133 initial assessments, well above the year's target of 125.

Again this year, the program met or surpassed all performance measures and reached an all-time high record for home visits with 1,858.



Nurse Douglas Oratz is a big fan of the NJIS Support Center and its knowledgeable and responsive staff.



In 2014, the NJIS Support Center exceeded all training and submission goals set for VFC providers (providers who receive free vaccines from the government) and made impressive gains with non-VFC providers (those who do not receive free vaccines).

Staff was charged with assuring that at least 85% of the VFC and non-VFC sites in each of the region's seven counties were trained and actively submitting records. For VFC providers the training rate in each county was 100% and the active submission rate ranged from 91% to 100% - comfortably above the 85% goal. The submission rate is carefully monitored because it proves active use of the system.

Overall, the Center trained a total of 313 users and recruited/retrained 42 provider sites. Since 2006 the Center has recruited 610 provider sites and trained/retrained 2,907 users.

"No one falls asleep at one of Barbara's trainings," says Douglas Oratz, a Senior Public Health Nurse with the Burlington County Health Department commenting on the efficient, focused and fast-paced presentation style of NJIS Support Center Coordinator, Barbara Alston.

Oratz is among hundreds of health care professionals whom Alston has trained on the NJ Immunization and Information System (NJIS), the state's premiere tool for ensuring all NJ children are properly immunized.

A proponent of the system, Oratz says NJIS is a robust, multi-faceted data management system with an electronic interface that "offers an essential standard for quality data."

With an emphasis on teamwork at BCHD, Oratz appreciates how NJIS supports the staff in working together proactively to provide exceptional service. In 2014 the BCHD Children's Clinic provided more than 500 vaccinations to more than 200 children, many of whom had varied vaccine histories and represented "all continents except Antarctica.

Looking ahead, Oratz is encouraged by discussions of future NJIS versions that would include online access for parents to their children's NJIS record. Increased engagement and autonomy, Oratz says, could spur increased participation in vaccination programs and that is the ultimate objective. ■

## Professional Education

### Food for thought:

### The Impact of Maternal Weight and Eating Disorders on Pregnancy Outcomes

Wednesday May 14, 2014

Location  
Shore Medical Center  
Somers Point, NJ

Speakers:  
Michael Thomas, PsyD  
Marie O'Neill, MD  
Meena Khandelwal, M. D.  
Brenda Braun, BSN, RN, CEN, CPEN

Agenda:  
Registration 8:30  
Welcome 9:00  
Adjourn 3:00

Cost \$25

Included:  
Parking, continental breakfast, lunch, contact hours

Accreditation  
Nurses: Participants who complete the program will be awarded 5 Nursing contact hours by the Southern New Jersey Perinatal Cooperative.

Social Workers: This program is Approved by the National Association of Social Workers (Approval #886502628-2004) for 4.5 Social Work continuing education contact hours.

LCADC, CADC, CPAS, CPS: The Certification Board, Inc. Application has been made to award 5 recertification credit hours

*Food for Thought* was among 12 professional education offerings the Cooperative sponsored in 2014, that drew a combined audience of 540 and awarded a total of 2270 nursing contact hours. The program's focus was prompted by findings of the Atlantic/Cape May Fetal and Infant Mortality Review Team which found obesity a significant contributing factor in the 30 cases it reviewed in 2014.

click here to register or visit:  
<http://www.snjpc.org/eatingdisorders>

Presented by the Southern New Jersey Perinatal Cooperative  
snjpc.org 2014

# Not To Be Missed



More than 50 at-risk families in Atlantic City enrolled in the Infant and Family Development, a home visitation program to support healthy parent-child relationships.



Participants of the Atlantic County home visitation programs include 15 graduates from Project Teach the DCF School for pregnant and parenting adolescents.

## Family Fun Time

# HAPPY HEALTHY HALLOWEEN

October 21, 2014  
10 am to 11:30 am  
A **FREE** event for Camden Healthy Start families.

**FREE**  
VISION + HEARING SCREENS  
REFRESHMENTS  
ACTIVITIES  
PRIZES

**Rsvp:**  
856/963-1013

**WHERE:**  
Camden Healthy Mothers,  
Healthy Babies-Healthy Start  
2600 Mt. Ephraim Ave.,  
Suite 401, Camden, NJ 08104

**FATHERS and FATHERS TO BE!**  
Please join us! your presence is greatly appreciated

*Mark your calendars & watch for our next event on November 18 for "Giving Thanks."*

SNJPC was awarded \$28,000 grant to improve breastfeeding rates among African American and underserved women in Atlantic City and Pleasantville.



Family Fun Time was a popular monthly activity for participants of Parents As Teachers, a program founded on the belief that parents are a child's first and most influential teacher.



School-Nurse Program for Non-Public Schools in Camden County provided nursing services to 30 schools in 12 districts, serving 4740 students.

Postpartum Wellness Initiative was invited to present at the Postpartum Support International conference on its innovative strategy of teaching stress reduction and coping skills to underserved new moms. Staff detailed how mindfulness stress reduction techniques were incorporated into the PWI-SJ group support meetings.





# Family Health Initiatives

2014 was a banner year for the Cooperative's subsidiary agency; its many accomplishments a validation of the potential its founders imagined. While FHI remains a vehicle to broaden the reach of SNJPC programs and expertise, it is increasingly the originator of new services and products - especially in the area of information technology.

## Vital Information Platform

The much awaited Vital Information Platform (VIP) was implemented in 2014 at six New Jersey hospitals. The Department of Health contracted with FHI to develop and coordinate training for all users in hospitals across the state. In collaboration with the regional Maternal and Child Health Consortia (including SNJPC) FHI conducted 82 training events for over 600 users in every NJ birth hospital.

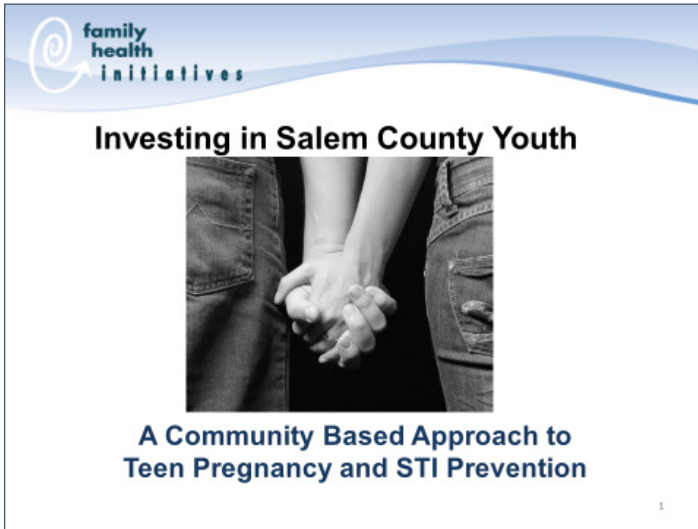
In addition to conducting training in-person and online, FHI developed a training portal ([www.learnvip.org](http://www.learnvip.org)) to provide ongoing support to VIP users post implementation. Updates will be made to reflect VIP system changes in 2015 and hospitals can use the portal to communicate about issues and find answers to frequently asked questions about system use.

The VIP system roll out has been challenging for hospitals, as the data requirements have expanded and new technological components of the system have pushed busy units to change existing work processes to collect signatures from parents. However, VIP will allow New Jersey to meet federal reporting requirements and to retire the obsolete DOS Electronic Birth Certificate system. ■



*Virtua Voorhees and Virtua Memorial served as the two South Jersey pilot sites for VIP, the state's revamped Electronic Birth Certificate. Above are some members of the VIP Team at Virtua Voorhees (L-R) Cathy Surina, Linda Hirn, Wendy Rosen and Amanda O'Neal. Feedback from the pilot sites contributed to important system improvements that benefitted all users.*





## Salem Health and Wellness Foundation Teen Pregnancy Reduction

The partnership between FHI and the Salem Health and Wellness Foundation (SHWF) took shape in 2014. Thanks to the work FHI has done to support the SHWF grantees in their implementation of community engagement strategies to reduce teen pregnancy, there is a growing groundswell of support for teen pregnancy prevention among diverse stakeholders in Salem County. Together with the SHWF, FHI began actively implementing youth development as a strategy to prevent teen pregnancy.

FHI will host a training in 2015 on talking with teens to engage adults in frontline roles communicating with youth about their sexual health. This training capitalizes on the momentum from a July 2014 training. FHI has been able to bring together educators, Big Brothers/Big Sisters and other mentoring organizations, child study team and school-based counselors, partial care providers, DCF staff and others to build community capacity to prevent teen pregnancy.

Additionally, Salem County stakeholders have committed to creating a youth advisory council to give a youth voice to the pregnancy prevention planning, a best practice among national programs. ■

## Improving Pregnancy Outcomes / Perinatal Risk Assessment

FHI oversees all record and data needs for Central Intake, a key component of the new state initiative Improving Pregnancy Outcomes (IPO). In 2014 the initiative grew rapidly and so did FHI's workload with responsibilities for database design/implementation, training, contract management, quality improvement and technical support.

In many instances staff was starting from scratch to meet the data needs of IPO participating sites. This included 5 new coordinating agencies, 13 new Community Health Worker programs, 16 new Central Intake and 24 Community Home Visiting programs.

Hundreds needed training in SPECT (Single Point Entry Client Tracking), a cornerstone of Central Intake operations. By year's end, FHI provided trainings for 58 programs, with over 299 attending.

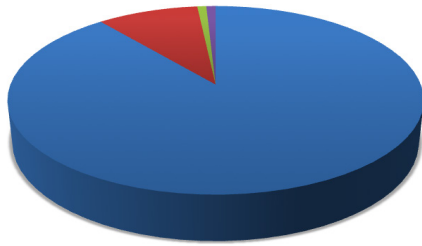
Presently, FHI and the SPECT database support: 13 HUBS covering 17 counties, 31 agencies representing 82 programs (including 18 CI Managed Programs), and 360 active SPECT users

FHI also supports the Perinatal Risk Assessment (PRA) tool, discussed earlier in this report. The PRA is used by 177 OB provider sites with 789 active users. ■

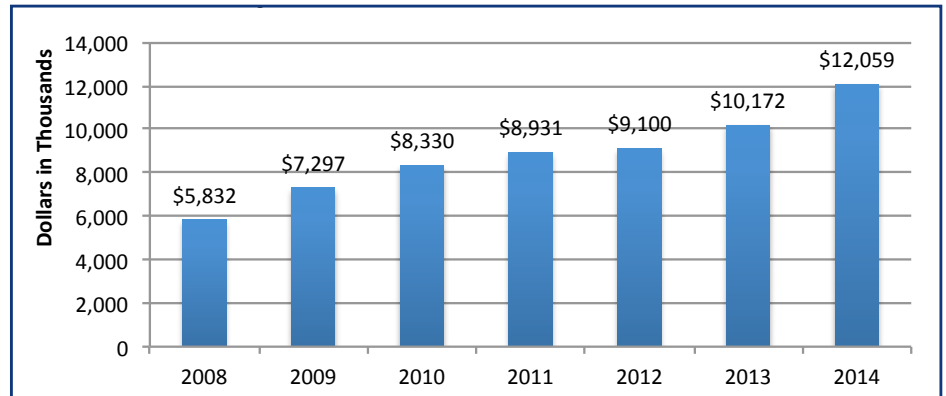


## Cooperative Revenue 2008-2014

**Revenue**  
**\$12,058,578**



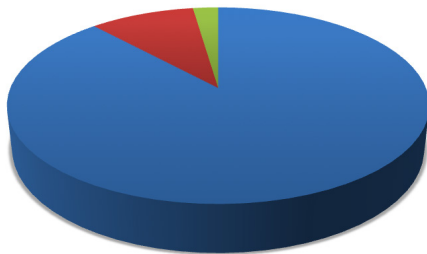
- Grants **89.09%**
- Dues **9.24%**
- Investments **.82%**
- Program/other **.85%**



## Moving in the Right Direction

The agency reached a financial milestone in 2014 when revenue topped \$12 million. This represents an increase in revenue of \$1,887,000 for the year ended 12/31/14. This accomplishment follows seven years of steady growth, representing a 106% overall increase from 2008. Other notable accomplishments include continued success in reducing the portion of the budget supported by dues from member hospitals with a new record low of 9.24%, well below the 2013's record of 10.77%.

**Expenses**  
**\$11,809,381**



- Grant Services **88.18%**
- Educational/Info **9.53%**
- Management/General **2.30%**





# Thank You

## Board of Directors

As of December 2014

<b>President</b> Margaret Fernandes, MD	<b>Hospital Representatives</b> Robyn Boniewicz Pat Cerveny, RN Fran Cusick, RN, MSN Mary Beth DeCredico, RN Pamela Gallus, MSN Dawn Goffredo, MSN Barbara Hansen, RN Paul Kouyoumdji, MD Robyn Harvey, RN, MBA Helene Lynch, RN Karen Sharkey, RN Robin Taylor, RNC, BSN Laurie Trongone, RNC, MPA Peggy White Melissa Zak, RN, MBA	<b>Non-Hospital Provider</b> Sharon Buttress, MD Ann Diese, CNM, MSN Margaret Fernandes, MD Ruth Gubernick, MPH Jacqueline Kaari, DO Ronald Librizzi, DO Karen Shields, CNM Gary Stahl, MD Patricia Suplee, PhD, RN John Tedeschi, MD Michelle Torchia, MD Nancy Gerrity, RN, MSN	<b>Consumer</b> Suzanne Conrad Anne Downey Brenda Goins Dan Lombardo Stephen Montgomery Phyllis Perkins Gail Robinson Lisa Scheetz Liliana Sobczak Calvin Woods Dianne Young Johnson
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\* January - June 2014

## Funders

### SNJPC Member Hospitals

AtlantiCare Regional Medical Center- City Division  
AtlantiCare Regional Medical Center-Mainland Division  
Cape Regional Medical Center  
Cooper University Hospital  
Inspira Medical Centers  
Elmer, Woodbury and Vineland  
Kennedy Health System- Washington Township Campus  
Our Lady of Lourdes Medical Center  
Shore Medical Center  
The Memorial Hospital of Salem County  
Virtua Memorial  
Virtua Voorhees

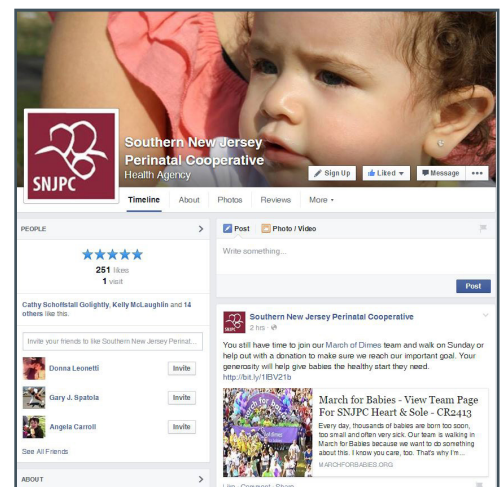
### Grants and Foundations

Camden County Non-Public Schools/School Nurse Program *(full list available upon request)*  
Centers for Disease Control  
US Department of Health and Human Services/MCH Bureau  
County of Gloucester  
March of Dimes – NJ Chapter  
NJ Department of Children and Families  
NJ Department of Health  
NJ Department of Human Services  
New Jersey Prevention Network  
Salem Health and Wellness Foundation\*  
South Jersey Health System Foundation, Inc\*  
\*awarded to SNJPC subsidiary agency Family Health Initiatives

### Event Support & Special Contributions

A.H.E.A.R.T.  
Atlantic County Health Department  
Cape May County Health Department  
Cape Regional Medical Center  
Camden County Educational Services Commission  
Craftsman Club' Haim Abiff Lodge  
Meridian Counselling Services, LLC  
Alyson Oswald  
Spruce Family Success Center EHT  
T. Wakes Smoked BBQ and Shrimp Shack  
Cynthia Wilson

Since the Cooperative's Facebook page launched in July 2014, it has attracted 251 followers and averages 140 users and 7 likes per post. Majority of visitors are women of childbearing age.



## *Programs and Services*

Atlantic County Infant and Family Development

Back To Basics

Camden City Healthy Mothers, Healthy Babies-Healthy Start

Early Intervention Service Coordination

Fetal and Infant Mortality Review Teams

Gloucester County Partners for Wellness

Healthy Families-TIP Atlantic County

Healthy Mothers, Healthy Babies Coalitions of South Jersey

Improving Pregnancy Outcomes

Lead and Healthy Homes

Mom's Quit Connection

Non-Public School Nurse Program

Nurse Family Partnership - Camden City & Burlington County

Parents As Teachers

Pediatric Initiatives

Perinatal Addictions Prevention Project

Personal Responsibility Education Program

Professional Education

Regional Perinatal Mood Disorder Program

Southern Regional Childhood Lead Poisoning Prevention Coalition

Support Center-NJ Immunization Information System

WIC Breastfeeding Program



**Southern New Jersey Perinatal Cooperative**

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**Pennsauken, NJ 08109**

**856-665-6000 / 856-665-7711 fax**