

SPAN Parent Advocacy Network & Family Voices-New Jersey comments on the Maternal and Child Health Block Grant Application Federal Fiscal Year 2021

July 27, 2020

Thank you for the opportunity to comment on New Jersey's (NJ) Maternal and Child Health (MCH) Block Grant Application. The SPAN Parent Advocacy Network (SPAN) is NJ's federally designated Parent Training and Information Center, NJ State Affiliate Organization for National Family Voices and Family-to-Family Health Information Center, and RSA Transition Parent Information and Training Center. We also house a chapter of the Federation of Families for Children's Mental Health, NJ Statewide Parent-to-Parent, and a Military Family Support program. Finally, we provide technical assistance and support to the network of 96 Parent Centers through the National Center for Parent Information and Resources (www.parentcenterhub.org) and the network of 59 Family-to-Family Health Information Centers through our collaboration with Family Voices in the Leadership in Family Professional Partnerships project. Our comments today are based on our over 30 years of work supporting diverse families in advocacy on behalf of their children as well as in systems improvement activities across the Maternal and Child Health priority areas.

We appreciate the collaboration between SPAN and the NJ Department of Health, Division of Family Health Services, on various projects EHDI (Early Hearing Detection and Intervention), and Family-to-Family Health Information Center, Learn the Signs: Act Early Ambassador, Essex Community Doula pilot, Empowering Women in Community Leadership for Healthier Families-Lead Poisoning and FASD Prevention project, Infant Mortality CoIIN, Home visiting programs, the Community of Care Consortium (COCC), and the Parents As Champions for School Health Parent Leadership Development Initiative. Some other programs of great importance based in NJ's MCH block grant include County SCHS (Special Child Health Services) Case Management Units, lead poisoning prevention, Traumatic Loss county coalitions, Family-centered Care HIV Network, Child Evaluation Clinics, and Newborn screening/Birth Defects and Autism Registry. SPAN shares vignettes on how families are helped with systemic issues by our services supported by the Department of Health. We recognize the commitment of NJ's Title V program to engage diverse stakeholders, respect parent leaders and family organizations, and to allocate resources to reduce health disparities and increase access.

We do want to note one important issue at the outset. SPAN has for many years assisted underserved families, including in particular immigrant families and other families of color, to understand the components of the block grant, identify areas that they wanted to support or otherwise comment on, and help them both develop their comments and have the resources to come in person to provide their comments. Again this year, despite our usual offer of assistance and stipends, many immigrant parent leaders who do support the Block Grant and the Department's MCH services, including but not limited to services for children with special healthcare needs (CSHCN), are feeling terrorized in the current climate of immigrant-bashing and ICE raids, and do not feel that they can take the risk.

They are willing to complete a survey, but do not want to disclose any identifying information about their families or the services they have received. This is relevant not just with regard to soliciting public testimony from the most underserved families who often have the poorest health outcomes, but also in terms of considering how services must be delivered to these populations. Like last year we again urge the Department of Health to convene a Task Force that includes immigrant advocacy organizations, service providers, and others, including SPAN, to discuss the implications of this issue on how services must be planned, delivered and evaluated to assure equitable access to quality services for all as well as on the public statements and steps the Department should take to reassure immigrant and other families of its commitment to addressing their needs and improving their health outcomes.

I. General Requirements

1. D. Table of Contents

2. Logic Model

3. A. Executive Summary

We strongly support the three priority goals, which are, ensure a culturally competent workforce and service delivery, improve access to health services, and reduce disparities using the Life Course Perspective (LCP). We also support the goals and State Priority Needs (SPNs) consistent with the needs assessment which include increasing healthy births, nutrition and physical activity, reducing black infant mortality, youth development, quality care for CYSHCN (children and youth with special health care needs), reducing teen pregnancy, improving and integrating information systems, and smoking prevention.

We remain deeply concerned that although NJ's infant mortality rate is below that of the national average, black infant mortality is three times higher than whites with differences also seen on a countywide basis. We appreciate that data was drilled down to counties (Atlantic, Camden, Cumberland, Essex, Hudson, Mercer, and Passaic) and even municipalities (Atlantic City, Camden, East Orange, Irvington, Jersey City, Newark, Paterson, and Trenton) so there are areas to target. SPAN's doula project has been piloted in Essex to assist in these efforts, as has SPAN's lead poisoning/FASD Prevention program. We strongly agree that the Healthy Women, Healthy Families (formerly Improving Pregnancy Outcomes) project prioritizes black infant mortality starting in 2019. Other programs using LCP are Maternal and Infant Early Child Home Visiting (MIECHV) to reduce infant/maternal mortality and pre-term births, reducing teen pregnancy, youth development, physical activity/nutrition, and programs, and the corresponding projects such as Whole School, Whole Community, Whole Child (WSCC) School Health NJ Project, and effective, evidence-based programs to reduce teen pregnancy.

Regarding CYSHCN, we support the Newborn Screening and Genetic Services (NSGS) as NJ is one of the leading states in this area. We also support the Birth Defects and Autism Registry System (BDARS). We also strongly support the structure of NJ's county-based Special Child Health Services Case Management Units (SCHS CMUs), which are within the Family Centered Care Services (FCCS) Program. We agree that "SHCS CMUs, Family WRAP (Wisdom, Resources, and Parent to Parent), and Specialized Pediatric Services Providers (SPSP) via Child

Evaluation Centers (CECs), Cleft Lip/Palate Craniofacial, and Tertiary Care Services support NJ's efforts to address the six MCH Core Outcomes for CYSHCN." We note that FHS also provides referrals to "public health insurance options; legal services; food stamps...." and are deeply concerned that the changes to the public charge rule will adversely affect families. We co-lead the Community of Care Consortium, which provides family, advocate, and provider input on access to care.

3.A.2 How Title V Funds Support State MCH Efforts

3.A.3 MCH Success Story

3. B. Overview of the State

Again, we understand that the priorities are access, reducing disparities, and cultural competency. We understand that NJ has identified the following State Priority Needs (see Section II.C. State Selected Priorities):

- #1) Increasing Healthy Births,
- #2) Reducing Black Infant Mortality,
- #3) Improving Nutrition & Physical Activity,
- #4) Promoting Youth Development,
- #5) Improving Access to Quality Care for CYSHCN,
- #6) Reducing Teen Pregnancy,
- #7) Improving & Integrating Information Systems, and
- #8) Smoking Prevention.

In addition, we understand that NJ has chosen the following National Performance Measures (NPMs) with 6, 11, and 12 as the most important for CYSHCN:

- NPM #1 Well woman care,
- NPM #4 Breastfeeding,
- NPM #5 Safe Sleep,
- NPM #6 Developmental Screening,
- NPM #9 Bullying,
- NPM #10 Adolescent Preventive Medical Visit
- NPM #11 Medical Home,
- NPM #12 Transitioning to Adulthood,
- NPM #13 Oral Health, and
- NPM #14 Household Smoking

We also understand that SPMs (State Performance Measures) being retained are:

- SPM #1 Black non-Hispanic Preterm Infants in NJ,
- SPM #2 Hearing Screening Follow-up,
- SPM #3 Referral from BDARS to Case Management Unit, and
- SPM #4 Age of Initial Autism Diagnosis

We are concerned that last year's SPM #2 Children with Elevated Blood Lead Levels, was discontinued and seek the rationale on why. Many school districts and municipal water systems

have recently tested positive for lead, which is detrimental to development. We would recommend including this as a continued priority

We support the initiatives to improve maternal and child health in our state. We were particularly pleased to see the MIECHV expanded to all counties by June 2015 and the MIECHV innovation grant for training strategy for home visitors GPS (Goal Plan Strategy.). We support the COIIN initiative using FQHC (federally qualified health center) pilots to improve adolescent well visit rates.

In the area of CYSHCN, we support the Early Hearing Detection and Intervention Program, which “monitors compliance with the NJ universal newborn hearing screening law, and measures NJ’s progress in achieving the national EHDI goals ensuring that all infants receive a hearing screening by one month of age.” NJ has the highest autism rate (approximately one in 31.4) we are appreciative that the Birth Defects registry was revised in 2009 to become the Birth Defects and Autism Reporting System. We remain deeply concerned with addressing health disparities in autism, particularly age of diagnosis, as early intervention is key to best outcomes. We are appreciative that there is also a Governor’s Council for Medical Research and Treatment of Autism supported by the NJDOH. As stated above we strongly support the county-based SCHS units. Again, we agree that the SCHS CMUs, CECs, Cleft Lip/Palate Craniofacial, and Tertiary Care Services support the six MCH Core Outcomes.

3. C. Needs Assessment

C.1. Needs Assessment Update

In light of the opioid epidemic, we were pleased to see that “FHS is currently funding the 3 Maternal Child Health Consortia to implement Opioid education.” We note that SPAN was previously funded by the Office on Prevention of Developmental Disabilities to provide support groups for diverse women of childbearing age and instruction for HS students in three districts on FASD prevention and note that issues of substance abuse above and beyond alcohol are also addressed via this project. SPAN continues work around FASD prevention via our Empowering Women in Community Leadership for Healthier Families project also funded by OPDD where we are training diverse women from underserved communities to bring their lived experience to tables and coalitions addressing prevention of FASD and lead poisoning. We are also pleased to see “through restoration of significant funding for family planning, NJDOH support this provision through a grant with the New Jersey Family Planning League to ensure that family planning services are available in all 21 counties.”

As an update to the Needs Assessment, SPAN would like to note that there are several areas where existing problems/needs/disparities have already been, and will continue to be, exacerbated by actions from the federal government and that will require proactive action by our state – not just the Department, but across NJ Departments, the legislature, and the Governor’s office – to ameliorate. These again include the never-ending attacks on immigrants, the poor, and families from diverse racial, ethnic, language, and socio-economic backgrounds as well as sexual orientation and disability; the cuts to critical and already underfunded services, and the

even more significant threatened cuts; the proposed and implemented changes to policy such as imposing work requirements for Medicaid recipients; the failure to enforce existing health, human, and civil rights protections; and the toxic atmosphere where bullying, harassment, and discrimination is practiced by national leaders, leading to these negative behaviors flourishing across our nation, including our own state. We urge this Department, along with all of the other state Departments as well as the Governor and Legislature, to proactively address these issues.

III.C.2. Five-Year Needs Assessment Summary

III.C.2.a. Process Description

III.C.2.b. Findings

III.C.2.b.i MCH Population Health Status

We appreciated the information presented in supporting documentation of stages utilizing the logic model, which address MCH Population Needs.

III.C.2.b.ii Title V Program Capacity

III. C.2.b.ii. a. Organizational Structure

We strongly support that all Maternal and Child Health (MCH) programs including programs for Children and Youth with Special Health Care Needs (CYSHCN) are organizationally located within the Division of Family Health Services. This infrastructure avoids fragmentation of services to families.

III.C.2.b.ii.b. Agency Capacity

III.C.2.b.ii.b. Preventive and Primary Care for Pregnant Women, Mothers and Infants

III.C.2.b.ii.b. Preventive and Primary Care for Children and Adolescents

III.C.2.b.ii.b. Preventive and Primary Care for Children with Special Health Care Needs

III.C.2.b.ii.c MCH Workforce Capacity

III.C.2.b.ii.c Preventive and Primary Care for Pregnant Women, Mothers and Infants

III.C.2.b.ii.c Preventive and Primary Care for Children and Adolescents

III.C.2.b.ii.c Special Child Health and Early Intervention Systems (SCHEIS)

III.C.2.b.iii. Title V Program Partnerships, Collaboration, and Coordination

III.C.2.c. Identifying Priority Needs and Linking to Performance Measures

3.D. Financial Narrative

3. D.1. Expenditures

3. D.2. Budget

Although we were deeply disappointed that funding for the Parent-to-Parent and Family Voices components of Family WRAP (Wisdom, Resources, Advocacy, and Parent-to-Parent) was discontinued, we were pleased to see the increase for early intervention, which is key to best outcomes.

3. E. Five-Year State Action Plan

3. E.1. Five-Year State Action Plan Table

3. E.2. State Action Plan Narrative Overview

3. E.2.a. State Title V Program Purpose and Design

3. E.2.b. Supportive Administrative Systems and Processes

3. E.2.B.1. MCH Workforce Development

Preventive and Primary Care for Pregnant Women, Mothers and Infants

We appreciate that despite a hiring freeze, succession planning for the long term included cross-training staff. We strongly support using life course “as a means to decrease infant mortality.” We have been concerned about this issue, particularly for African American mothers, as the infant mortality rate was triple that of other groups and birth outcomes are worse for college-educated African-American mothers than for white high school graduates. We support the initiatives on prenatal care, preterm birth, low birth rate, and infant mortality. We appreciate being able to make a difference through the Essex County Birth and Breastfeeding Coalition¹ and hope that we will continue to be able to make a contribution via the Healthy Mothers, Healthy Families funding.

Preventive and Primary Care for Children and Adolescents

We appreciate that SPAN “is funded to implement ‘Parents as Champions (PAC) for Healthy Schools’ and note this as an effective model for other initiatives. In PAC, there are three regional entities that are funded to work directly with schools to implement components of the Whole School, Whole Child, Whole Community framework. SPAN is funded to provide the family leadership and engagement work across the three regions in collaboration with the regional grantees. This is consistent with several initiatives currently or previously funded by the NJ Department of Children and Families. For example, SPAN was funded to provide training and TA to the County Councils on Young Children and their host agencies. SPAN is contracted to provide the services of Deepa Srinivasavaradan across the Early Childhood Comprehensive Systems, Help Me Grow, and Home Visiting initiatives as the Parent Lead, responsible for working with other grantees to identify, recruit, train and support diverse parent leaders to partner in systems improvement efforts.

Preventive and Primary Care for Children with Special Health Care Needs

We strongly support that the agency capacity is “designed to provide family-centered, culturally competent, community-based services for CYSHCN age birth to 21 years of age, as well as to enhance access to medical home, facilitate transition to adult systems, and health insurance coverage.” The Catastrophic Illness in Children Relief Fund remains a vital component of the safety net for families of children with special health care needs. We are deeply concerned that insurance coverage for children has been dropping and will adversely affect access to care resulting in poorer health outcomes.

3. E.2.b.2. Family Partnership

¹ <http://www.njspotlight.com/stories/18/04/24/black-mamas-highlight-racial-maternal-health-disparities/>

We strongly agree that SCHEIS staff participation in various capacities such as the Medicaid Assistance Advisory Council, State Special Education Advisory Council, etc. demonstrates that the Department “places a great emphasis on the active and meaningful participating of parents and consumers in the development, design, and implementation and evaluation of Title V Programs.” We strongly support that, “According to State statute the Title V agency has a seat on the NJ CDD.” We also support coordination with the Medical Assistance Advisory Council which we attend and that “State SCHEIS staffs participate at MAAC meetings.”

We greatly appreciate that SPAN “and the NJ-AAP are key partners with the Title V Program in NJ in many initiatives and projects to better serve CYSHCN and empower families.” In addition to the collaboration on the aforementioned Statewide Community of Care Consortium, we appreciate that “SPAN’s guides, publications and presentations are consistently developed, by design, with family and consumer involvement.”

3. E.2.b.3. States Systems Development and Other MCH Data Capacity Efforts

3. E.2.B.4. Health Care Delivery System

Although we agree that the Affordable Care Act has significantly reduced barriers, we are deeply concerned at the erosion of the ACA on the federal level and appreciate state initiatives to address this. We remain concerned that NJ’s uninsured rate is increasing, including for children. This is especially true as families are losing employer-sponsored insurance due to COVID-19.

E.2.c. State Action Plan Narrative by Domain

E.2.c.i. Introduction

3.e.2.c.ii. Women/Maternal Health

3.e.2.c.2.p Plan for the Application Year - NPM #1

E.2.c.2.a. Perinatal/Infant Health

3 e.2.c.2. Perinatal/Infant Health

3.E.2.c.2.a - Annual Report - NPM 4:

Annual Report NPM #5 (infant safe sleep)

Annual Report – SPM #1 (*The percentage of Black non-Hispanic preterm births in NJ*)

E.2.c.2.p. Plan for the Application Year - NPM 4:

Plan for the Application Year - NPM 5: (Percent of infants placed to sleep on their backs)

Plan for the Application Year SPM 1: (*The percentage of Black non-Hispanic preterm births in NJ*)

E.2.c.3.a. Child Health

Child Health – Annual Report

Annual Report - NPM #6:

Plan for the Application Year - NPM #6: (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)

We support NPM #6 regarding developmental screening. We also remain concerned with health disparities for underserved populations in which children are diagnosed with autism later than

their peers. We strongly support the “Grow NJ Kids (GNJK) a Quality Improvement Rating System (QRIS) developed for early learning programs requires the use of a ‘state approved’ developmental screening at Level 2 of a 5 level rating with the expectation that 90% of high needs infants and children participating in GNJK will receive developmental screening by 2018 with an emphasis on using the parent completed child monitoring system Ages and Stages Questionnaires (ASQ and ASQ: SE) screening tools” and note that SPAN’s NJ Department of Human Services Division of Family Development-funded NJ Inclusive Child Care Project has worked to provide screening training and resources to child care providers, especially family care providers. We have also worked on this issue via the COCC’s Early and Continuous Screening workgroup and have developed and disseminated resources with the Boggs Center for Federally Qualified Health Centers and for early childhood providers on resources and steps to take if a child needs follow up to screening. We note that SPAN houses NJ’s Learn the Signs Act Early Ambassador, who has worked with state partners to “NJ-ize” CDC materials and also to develop and disseminate the well-child passport in English and Spanish that includes information on and places to record the results of developmental screening as well as all other well-child visit data. As the home of the LTS.AE Ambassador, SPAN is partnering with the Boggs Center and other state agencies, service providers, and early childhood advocates to seek funding from AUCD/ CDC to work with the network of NJ’s Family Success Center to integrate information on family developmental monitoring and screening into their ongoing work, and to engage 10 diverse family leaders/ambassadors to help curate effective and culturally and linguistically responsive materials related to developmental monitoring and screening as well as to building family resilience in the face of COVID-19 which will be shared with families across multiple systems and agencies statewide.

E.2.c.4. Adolescent / Young Adult Health Annual Report - NPM #9: Bullying

We agree that this is a key area of concern and has worsened in schools and neighborhoods. This is one of the issues on which SPAN receives the greatest number of calls from families. Bullying, including cyber-bullying, based on racism, immigrant status and language, poverty, disability, body size, and LGBTQ status, is rampant and we welcome partnering with the Department to address this issue through our NJ YELL leadership group and our ongoing weekly Youth Chats.

Annual Report - NPM #11:

Table- NPM 11: Percent of children with and without special health care needs having a medical home

We greatly appreciate that “linkage agreements between partnering practices and both SPAN and SCHS CMUs to increase integration across partners.” We strongly support increased use of the Shared Plan of Care to help families and providers partner to ensure that children have access to coordinated care.

Annual Report - NPM #12

Table NPM #12: The percentage of adolescents (12-17) with (and without) special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

We support that the “SCHS CMUs and SPSP will continue to facilitate transition to adulthood with youth by ensuring a transition to adulthood goal on the ISP. Likewise, exploring youth and their parents' needs to facilitate transition with insurance, education, employment, and housing, and linking them to community-based partners will continue.” We appreciate that there is a multi-faceted approach to transition, not just school-to-work. The Family Voices Coordinator served on the State Special Education Advisory Council and added adding health care resources to the forthcoming NJ Department of Education Transition Toolkit. In addition to our ongoing work providing information, training and support to families of and youth with SHCN in the area of transition, we have collaborated with the Boggs Center, Autism NJ, and the US Government Accounting Office to identify areas of concern around transition and possible solutions to those concerns. SPAN is also the home for REACH (Resources for Employment, Access, Community Living, and Hope) and RAISE (National Resources for Access, Independence, Self-Determination, and Employment) transition projects which will help with this initiative. We are concerned that over time this number has decreased.

We note that the types of transition activities now include:

1. identification of an adult-level primary care physician (i.e., pediatrician excluded in the current definition),
2. transition-specific services including Division of Developmental Disabilities (DDD),
3. employment,
4. health insurance,
5. Supplemental Security Income (SSI),
6. Shared Plan of Care (SPoC),
7. Any service tied to ‘transition to adulthood’ documented as an Exceptional Event in the youth’s record.

We appreciate the addition of #s 5-7 to help address transition issues.

We would also suggest the addition of “or post-secondary education” to #3 “employment.” In addition, we are finding that some parents are having difficulty transitioning to adult PCPs if they have Medicaid secondary to private insurance. Most providers are simply refusing to accept these patients, which is a concern, as most CSHCN will have Medicaid.

Annual Report - NPM #11: Percent of children with and without special health care needs having a medical home

We appreciate that Title V will continue to collaborate with “community-based partners through the COCC...will continue to promote linkage for CYSHCN with a medical home.” We also note that SPAN’s Family to Family Health Information Center provides information, training and

support to families of children and youth with special health care needs across the six core outcomes, including medical home, transition, adequate public and private healthcare financing, access to easy-to-use community services, early and continuous screening, and family engagement at all levels and satisfaction with services.

Plan for the Application Year - NPM #9: Bullying

Plan for the Applicant Year - NPM #11: (Medical Home)

Plan for the Applicant Year - NPM #12 (Transition)

We agree with the plans for addressing these three NPMs in the future and stand ready to assist.

E.2.c.v. Children with Special Health Care Needs

Annual Report (Last Year's Accomplishments)

State Performance Measure 2:

For the percentage of newborns who are discharged from NJ hospitals, reside in NJ, did not pass their newborn hearing screening and who have outpatient audiological follow-up documented, we are concerned that the number of newborn hearing screenings has decreased. We support this initiative to ensure “timeline and ear-specific audiological follow-up for children that did not pass initial screening.” We continue to collaborate on the EHDI project to engage parents of children with deafness and hearing loss in systems improvement as well as to connect them to parent to parent support.

b. Annual Report (Last Year's Accomplishments)

State Performance Measure 3:

We agree that linkage with BDARS, autism registry, and SCHS has been successful.

b. Annual Report (Last Year's Accomplishments)

State Performance Measure 4:

We were again pleased to see increasingly improving numbers on the chart.

Plan for the Application Year - State Performance Measure 2:

Plan for the Application Year - State Performance Measure 3:

Plan for the Application Year - State Performance Measure 4

We agree with the plans to address these three SPMs.

Plan for the Application Year

State Performance Measure 4: Average age of initial diagnosis for children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

SPM #4 was chosen to measure the timeliness of diagnosing autism in children

We strongly agree that this is an urgent matter as NJ has the highest autism rates but age of diagnosis, despite significant recent improvement, remains in the preschool range on average. For underserved populations, children are diagnosed later at around age 5. We know that early intervention for children up to age 3 results in the best outcomes for children with autism or any disability. We understand that children with Asperger Syndrome may be diagnosed later due to the nature of their disability. We support capturing the age of the child when he or she was first diagnosed as opposed to the date of first diagnosis to help address the issue of age of diagnosis of autism. Should our proposed project to partner with Family Success Centers to support parent-engaged developmental monitoring and screening, we hope to contribute to earlier identification especially of African-American/Black and Latino young children.

b. Annual Report (Last Year's Accomplishments)

E.2.c.6.a. Cross-cutting or Systems Building

Annual Report - NPM #13:

Plan for the Application Year NPM # 13:

- A) Percent of women who had a dental visit during pregnancy and
- B) Percent of children, ages 1 through 17, who had a preventive dental visit

We are concerned that this program is in transition and possibly needs a new RFP. Dental health is an important factor affecting overall health for both mothers and their children.

Annual Report - NPM #14:

Plan for the Application Year - NPM #14:

- A) Percent of women who smoke during pregnancy and
- B) Percent of children who live in households where someone smokes

We appreciate the inclusion of the effects of both maternal and secondhand smoke on child health.

Other Program Activities

Emerging Issues

We agree that the pandemic has raised awareness of public health inequities and that it is a priority that these are addressed. SPAN's *foremost commitment* is to children and families with the greatest need due to disability or special health/mental health needs; poverty; discrimination based on race/ethnicity, gender, language, immigrant or homeless status; involvement in the child welfare or juvenile justice systems; geographic location; or other special circumstances.

F. Public Input Process

We appreciate the opportunity for public input at the annual hearing. SPAN has outreached to families to provide testimony annually but reiterate our concerns about the timing of the availability of the draft application for review as expressed in our opening comments.

G. Technical Assistance

We appreciate that this is an area available if needed for changing needs of the system.

Conclusion

Thank you again for the opportunity to provide input on the MCH Block Grant. We look forward to continued partnership on improving health outcomes across all of the MCH domains through increased healthcare access, addressing health disparities, and culturally/linguistically appropriate approaches competency for NJ children and their families.

Sincerely,



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To empower families and inform and involve professionals and other individuals interested in the healthy development and education of children, to enable all children to become fully participating and contributing members of our communities and society.