PROJECT A.N.C.H.O.R: STRENGTHENING RESILIENCE FOR FAMILIES WITH YOUNG CHILDREN IN WORCESTER

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Meet the Team

- Project A.N.C.H.O.R Trainers:
 - Ivys Fernández-Pastrana, JD
 - Ileana Gatica, MD, MPA
 - Yaminette Diaz-Linheart, LCSW, MPH
- Principal Investigator:
 - Roula Choueiri, MD
- Project Coordinator:
 - -Valerie Tokatli, BA

Land Acknowledgement

We acknowledge that we are on land that is **stolen** and occupied, and in a country built by enslavement.

We invite you to look up your address and explore who's land you are on: https://native-land.ca/

"Never use past tense when you speak of Indigenous people. We are here reading, writing, rising, and fighting. Dreaming of the day we hold our mother again to **heal** the neglect you've given her."

- Ahnaveitah

Acknowledgement

"We acknowledge that this country would not exist or prosper if it weren't for the enslaved labor of Black people, the spoils of our political warfare on the Global South, and the ongoing resource exploitation of our Latin American neighbors.

We recognize that acknowledgements are empty without meaningful actions that affect change.

We honor the legacy of Brown immigrants, of the African diaspora, and of the Black life, knowledge, and skills stolen due to violence and systematic oppression."



Virtual Engagement



Keep your video on when possible



Mute during content sharing



Use the hand raise reaction during large group sharing



Use the chat feature for questions

Project Introduction

- University of Massachusetts Medical School Developmental and Behavioral Pediatrics
 - Based in Worcester, MA
 - We evaluate with infants, children and adolescents for developmental delays, behavioral disorders, autism, language and cognitive delays, and provide counseling and treatments.
- Working with families from diverse backgrounds highlighted need for improving access, diagnosis, and a community of support



Background: Worcester Population (Census, 2017)

Residents below poverty level 21.8% (state: 10.5%)

- Ethnicity
- White alone 58.6%
- Hispanic 21%
- **Black alone** 6.8%
- Asian alone 3.7%
- Two or more races 9.9%
- American Indian alone 0.9%
- Other race alone 0.1%
- 33.8% speak language other than English

Worcester Population Background

MOST COMMON ORIGIN

- 1. Ghana
- 2. Dominican Republic
- 3. Vietnam

MOST COMMON LANGUAGE SPOKEN

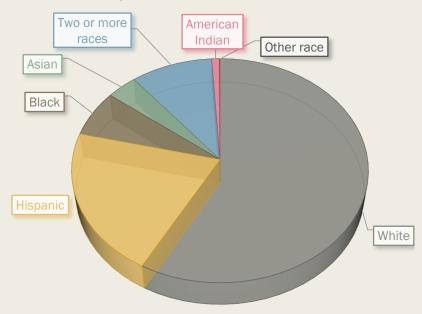
- 1. Spanish
- 2. Portuguese
- 3. West African Languages

ETHNICITY:

- 1. White
- 2. Hispanic
- 3. Black



Population by Race (2017)



Current State of the Evaluation of Toddlers with Question of ASD

Shortage of diagnosticians

 ASD signs can be seen as early as 12 months but diagnosis continues to be made close to 4 y of age

Minorities and underserved populations: further delays

Further delays and access gap increased by COVID

pandemic

The concepts of milestones, screening, early identification and early intervention may be unfamiliar for families from diverse backgrounds

For many families, these concepts are culturally bound, and they may perceive that their children will be stigmatized in their communities by participating in care practices

Improved access through services families receive can help improve these perceptions and the services received. Telehealth resources can be used as a tool to improve accessibility

Developmental Monitoring and Screening in Culturally and/or Linguistically Diverse (CLD) Families

Developmental Screening of Refugees (Kroening et al; Pediatrics, 2016)

- Interviews and focus groups: Buthanese-Nepali, Burmese, Iraqi and Somali refugees
- Most did not have a word for "development" in their language and were unaware of developmental milestones
- Standardized screening was supported
- Perceived barriers to identification of delays:
 - limited education
 - Poor healthcare knowledge
 - Language
 - Traditional healing practices
- Facilitators:
 - Community navigators
 - Trust in healthcare providers
 - In-person interpretation
 - Visual supports
 - Education about child development

Ways to Reduce Disparities in Access and Care for CLD families...

principles of Family Navigation to promote family-centered, culturally responsive Utilize... identification, screening and referral to resources to support family well-being community networks - trust in Build... community and in healthcare providers Educate child development about... culturally appropriate resources Have... available to facilitate families



Project A.N.C.H.O.R Goals

- Learning Community for Worcester-area community organizations
- Participants will
 - Understand child development through a culturally responsive and familycentered lens
 - Learn to identify early signs of neurodevelopmental disorders
 - Develop a network for ongoing learning

Project A.N.C.H.O.R Website

- Website link:
 - https://www.umassmed.edu/pediatrics/divisions/dbp/familynavigator/
- Content on project/training information, curriculum, and community resources
- Website will be continuously updated with information and project resources as training continues

OUR FRAMEWORK

Diversity Informed Tenets: Tenet #1

Self-awareness Leads to Better Services for Families:

Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

RADICAL HEALING AND SELF-CARE

In essence, radical healing involves **personal** and collective actions that promote living a life with dignity and respect. Such a life necessitates **freedom from all forms of oppression**.

