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:
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  - Ileana Gatica, MD, MPA
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■ Principal Investigator:
  - Roula Choueiri, MD

■ Project Coordinator:
  - Valerie Tokatli, BA
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/](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 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.”

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

• Reflective and Respectful Listening
• Open Mind
• Willingness to Take Risks
• Openness to Non-Closure
• Willingness for Introspection and Intentional Self-Reflection
• Protection of Confidentiality
• Share the air (W.A.I.T.)
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
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 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
<table>
<thead>
<tr>
<th>Ways to Reduce Disparities in Access and Care for CLD families…</th>
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<tr>
<td><strong>Utilize…</strong></td>
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<td><strong>Build…</strong></td>
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<td><strong>Educate about…</strong></td>
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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 family-centered 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/family-navigator/

- 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.

https://diversityinformedtenets.org/the-tenets/english/
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.

https://www.psychologytoday.com/us/blog/healing-through-social-justice/201903/the-psychology-radical-healing