

**NJSNCC Annual Meeting February 19, 2010
Middlesex County Fire Academy
Minutes**

The session was opened at 9:00 a.m. by Stephen Smith, Chair of the Steering Committee. Steve focused on the NJSNCC brochure and shared a bit about the history of the Coalition.

Tom Seilheimer, Executive Director of Department of Human Services, Middlesex County, gave a welcome from Middlesex County, the “self proclaimed best county in the USA.” The Department was a co-sponsor of this meeting and helped arrange the use of the Fire Academy. He thanked Jag Vasudev who helped arrange the meeting, through his work with New America Project in the Middlesex United Way.

Middlesex County: 56-44% decrease in white, 17-23% in Latino, close to 20% Asian Americans. Believes that the 2010 census will show even more change. Quote: “Strength in the differences between us and comfort in the ways we overlap.”

Introduction to NJSNCC

Bill Gaventa gave a short history of the NJSNCC, the listserv, major areas of focus, and how people can be involved. See the Fact Sheet and Summary of History on the website for more information.

SATHI, Inc. South Asian Total Health Initiative.: Dr. Naveen Mehrotra



Dr. Mehrotra gave an introduction to South Asians, and what is meant by it; languages, religions, and history of immigration. First wave in the 20's, then 1960's, allowing skilled workers to come in. Third wave now, in 1980's and 90's, allowing family members to come in. Highly affluent, highly educated group for the most part. Viewed as highly successful without health or social issues. But higher incidence of coronary disease, diabetes, cancer, dental disease. Poor understanding of disease prevention and health promotion. Cultural and gender differences around western medicine. Stigma around mental illness.

Family values: Strong family values, extended family support, traditional health care medicine beliefs. Superstition and religious beliefs. Evil eyes, rituals. Types of food affect disease management. Language barriers lead to misinterpretation and poor compliance. Emotional problems lead to shame and guilt. Maintain hope...disclosure of information to patient perhaps should be through the family. Family and elder members are usually involved in the treatment.

SATHI began to address these issues: Outreach, Research and Education. SATHI hopes to have a conference on Health Literacy in October 2010. They have done radio programs on South Asian radio program, Health Fairs and Health Screenings, Health assessments, oral health care, student elective with Samadhan, Inc. for early intervention for children with disabilities in India. Focus on different diseases each year. This year is obesity. Collaborating with many different agencies.

Q&A about disability and stigma and hope for families, cancer care, Alzheimers, and others.

Dr. Robert Like: Update on Training for Physicians



Dr. Bob Like (far right), at the round table lunch discussion with other Network attendees.

Dr. Like shared a little about his personal background and interest in cultural competency. The focus of his presentation was on cultural competency and medical education. He reviewed mandates for this training in terms of health disparities. Work in different areas is often silo-ed.

Cultural humility: Life long commitment to self evaluation and self critique, redress power imbalances, develop mutually beneficial relationships with communities.

Rationale: Demographic factors, disparities, improve quality of services and outcomes, meeting legislative, regulatory and accreditation mandates, gain competitive edge in the marketplace, and decrease likelihood of liability/malpractice claims. We need to make the business and economic rationales for doing this. Social justice should drive all of this.

Some states have adopted mandates, others have turned them down. Standards, accreditation, and guidelines will drive a lot of this training and services. He reviewed the required Cultural Competency topics of the New Jersey Board of Medical Examiners. We need to be careful about a cookbook approach to cultures, for there can be many differences within a given population.

He noted some of nationally available distance learning options in cultural competence and then some of the data from the trainings in New Jersey. Lot of resistance at times because of mandated nature. Learning about blind spots is one of the most important parts of training. When you don't know what you don't know, there is the danger. Important not to bash people for their lack of knowledge.

Qualitative Results: Opposition to mandates, anger toward subject area, frustration with health care, already know this, pleasantly surprised, relevant and useful, felt other topics, do it across the age span and professions. There is resistance, but often they become the big champions.

Issues: Be careful about cookbook approach, poorly designed programs, flawed curricula, lack of nuance, lack of faculty with expertise.

See DiversityRX.org website.

Learning to foster trust, maintain asset based, adult learning, avoid stereotyping, cultivate cultural humility, need for organizational focuses.

Questions to Look At:

Whose interests are being served?

How do we generate interest to become more culturally competent?

How do we define, measure, and evaluate cultural competence?

How to deal with the "hot button" and "cold button" issues, and prevent burnout."

How to partner with communities?

How to align the social, economic and business cases for cultural competence?

How to create and sustain a more participatory and culturally competent health policy environment.?

Mercedes Rosa: Statewide Parent Advocacy Network

SPAN likes to be seen as one stop for families for children with disabilities. Packets given to participants give information on all their programs. Most staff at SPAN have children with special needs. They work on developing parent leadership in a variety of cultures, using a strengths-based approach, engaging families at all levels. Try to ask the families how best to reach them. Use “cultural brokers” within their own communities.

Language access is a huge issue, including access to email and web.
Cultural reciprocity is key. “Seek first to understand, then to be understood.”
New grant to help develop cultural brokers for meeting health care needs.
SPAN willing to partner with other organizations around families and children.

Jose Hernandez (YWCA): Stand Against Racism

Quotes from papers about racial incidents. All within the last month. 41 registered hate groups within NJ. 37 in PA. Tracked by Southern Poverty Law Center. White supremacist web sites crashed after Obama was elected. Blaming recession on people of color. Campaigns of fear need to be resisted.

Stand Against Racism Campaign. Belief that there are more people against racism than racists. Simple. Decided not to do rallies or events. Reach out to organizations and companies. 2008: 61 events. 5,000 participated. 2009: 323 organizations. 30,000 participants. In 2010, inviting the rest of the country.

Participating sites. Literally stand against racism. Won't use jokes, laugh at them. Colleges, businesses, others are good allies. “Program in a Can.” Organization that is involved gets electronic templates, toolkit, ideas for events, how to report and evaluate.

2010, new component, discrimination against people with disabilities is added, modeled after the materials on racism.

All organizations are invited to join the campaign.

Nadia Cabana: Hudson County ARC

“Pessimist is someone who sees difficulty in every opportunity. Optimist is one that sees opportunity in every difficulty.”

Arc in Hudson started working with Latino families in Hudson but now realizing that there are many other cultural groups there, including South Asian, Muslim, etc.

Learning from the different groups as they reach out to them.

Website: www.hudsoncounty.org

Discussion

1. We will post presentations on the website.
2. The brochure can be reproduced by all participants.
3. New project at Rutgers to map the structure of immigrant communities in New Jersey, funded by the Carnegie Foundation. Through the Immigration and Democracy Program at The Eagleton Institute.
4. How do we affirm every day the ways that people uplift each other? We need to stand against something, but also display what we are doing to learn from each other.
5. Cultural competency needs to be seen as bipartisan in nature. We do need endorsement by state leadership. Report on Public Advocates Office. Commission on New Americans.
6. How do we build social capital and internal resources within the network?
7. Are we primarily connected to disability groups? No, but the question is how we remain broad and also be focused to specific areas.
8. Three cultural competence training centers in the Division of Mental Health. A lot of focus on skill building. srossovsky@iinj.org
www.culturallycompetentmentalhealth.org

The morning closed with an invitation to join the Network, and if there are ideas that people have for sponsoring events, sharing ideas, etc., they were encouraged to use the listserv and offer ideas.

