

HEALTHY TOGETHER

A NEWSLETTER FROM WOMEN'S HEALTH & COUNSELING CENTER

Spring 2008



Women's Health & Counseling Center

MISSION STATEMENT

Women's Health & Counseling Center is a community-based, nonprofit provider of personalized healthcare for women, particularly those who may not be able to obtain such services from traditional providers due to monetary, cultural, language or other barriers. Our goal is to provide a safe haven where compassionate and high quality services are available. These include medical- and preventative care, and counseling and support programs. We promote healthier communities by educating women to make informed healthcare choices.

VISION STATEMENT

We believe healthcare is a right, not a privilege. We will be recognized as a premier provider of personalized healthcare including medical, education, and support services to the population WHCC serves. We will broaden our services at multiple sites in NJ to serve our constituents.

SASS – Then and Now

Chrisula Tasiopoulos

The date was April 18, 1988. Carol Jackson, the Executive Director of the Somerset Family Planning Service, submitted a hand typed, 7 page proposal to the New Jersey Department of Community Affairs, Division on Women to start an official "rape crisis center", complete with a hotline and training program for volunteers and staff. The total budget for the Rape Crisis Center of Somerset County was \$25,540. Twenty years later, our program has a budget over four times that amount, with many changes in direct service and education.

And what a twenty years it's been! When this program began, Somerset Family Planning Service (our old name), began receiving medical referrals for survivors of sexual assault from the local domestic violence agency. Since we were not set up to do extended counseling for survivors, the staff pursued resources that could handle this service. As the grant goes on to state, "It became evident that clients referred to the mental health center were unavoidably placed in an institutional setting that was not conducive to the victim's needs". In other words, survivors were often placed in mental health or other institutional settings that was not conducive to healing from the trauma they just experienced. No one was able to provide a coordinated effort to provide survivors with both crisis intervention and on-going support. Additionally, no one was systemically collecting information on survivors or the prevalence of sexual assault and abuse. The alarming truth was that there was one or two centers across the state, and at the time, the agency strongly felt that there needed to be services in Somerset County and that we were specially equipped to serve survivors.

They were right, and thankfully the Division on Women agreed. Largely relying on two part-time staff and a number of volunteers, the center was able to formally begin the "Rape Crisis Service of Somerset County". Today, "Sexual Assault Support Services" continues to offer the 24-hour hotline, volunteer advocate trainings, crisis intervention, accompaniments to the hospital, police, and court 24-hours per day, as well as individual and group counseling, and educational programs to our community.

Our professional staff has expanded to include a full-time Master's level director, a full-time educator, and a full-time Master's level counselor/advocate. Additionally, SASS is able to train and supervise a Master's level social work intern throughout the school year to provide clinical services as well as hotline and advocacy support. Not only is the intern helpful to our program, but we can guarantee that we continue to train professionals to work in the community that can provide appropriate services to survivors.

Although our budget has grown since that first proposal in 1988, the budget for these services in

New Jersey has remained relatively stagnant. Our state coalition continues to represent the collective voices of all 22 sexual violence programs in New Jersey to advocate for increased funding for direct services. This need is as prevalent as ever due to a shift in funding priorities from our federal government through the Centers for Disease Control and Injury Prevention (CDC).

The importance of education around sexual violence cannot be stressed enough. Young adults, especially children, need to hear that all forms of sexual violence, from bullying to sexual harassment to sexual assault, should not be tolerated. Furthermore, programs can help our young people to know where to go for help or how to assist a friend who is at risk of becoming a potential victim. Prior to this shift at the CDC, our program has provided educational presentations, from date rape drugs to sexual coercion, to the community since our inception in 1988. We have reached an average of 1,000 students annually providing such education in the last several years, as well as hundreds of professionals in Somerset County.

The CDC's shift in funding priorities is from these types of educational programs to primary prevention, that is, to stop the incidence of sexual violence before it even starts. This is a difficult task for programs whose job it is to respond to survivors after an assault has occurred, whether that is days or years after. In adjusting to this shift, we are working towards creating a healthier community that rejects assumptions based on gender, race, and other stereotypes and myths that support sexual violence.

In 2008, our goals are to create an anti-violence coalition in Somerset County, where we establish collaborative relationships with schools and other key stakeholders in the community to start promoting healthy, violence-free relationships. Using a public health model, we will be looking not only to create this coalition, but find ways in which we can empower both youth and adults in challenging myths and stereotypes about men and women which often support a "rape culture".

Twenty years ago, the staff started a small program to respond to crises and to be able to continue assisting survivors of sexual violence. Today, we continue that vision and remain steadfast in providing supportive, empowering, and non-judgmental services to survivors of all kinds of sexual violence, as well as working towards ending sexual violence once and for all. This is no easy task. We will need the enduring, unwavering support of our community to support us to be able to continue this ever-important work. We hope to see all of you in another twenty years, when we are celebrating the steady decline of sexual violence in Somerset County!



Carmita Padilla

Farewell from Carmita Padilla

At the beginning of each year, I enjoy sitting down to write this letter because it allows me to fully reflect upon the work and dedication of the staff, board, and volunteers, which allows WHCC to continue responding to the health care

needs of our community. However, this year it is bittersweet for me to write this letter because it will be my last letter as the Executive Director.

Since May 2001, it has been a privilege to be a part of Women's Health & Counseling Center. The impact that WHCC has made in the community for the past 35 years is tremendous and, because of that, a great family of clients, volunteers, community members and staff has been developed. One of the first people I spoke with when I started with WHCC was our co-founder, Carol Jackson. Speaking with her gave me a great sense of how WHCC had become an integral part of our community and my excitement grew with the understanding of how much work there was for us to continue keeping our community healthy. And, each year everyone has worked tirelessly to get the agency to where it is today.

In 2007, our major accomplishments were related to our strategic planning. In January, a committee comprised of Board and Staff started defining a 5-year plan by brainstorming the different growth areas: constituents, mental health, healthcare and geography/infrastructure. Sub-committees performed initial needs assessment for each category and their preliminary recommendations were reviewed and discussed based on the primary question "Is this a strategic fit with WHCC's vision and mission?" This resulted in a strategic plan identifying short-term and long-term goals.

Implementation of the short-term goals started immediately and their progress reviewed throughout the year. These goals and the activities performed were:

- 1) Provide social work / case management services to our health center clients.
 - In September a Rutgers MSW intern joined WHCC to pilot these services for us. At the end of the school year we will assess the effectiveness of this program.
- 2) Implement an onsite, immediate nutrition counseling intervention program for our clients.
 - WHCC received a grant from the United Way to hire a part-time nutritionist for the 2008 fiscal year. Additionally, we are working to complete this team with a nutritionist intern to pilot this service.
- 3) Find a local dermatologist(s) to collaborate with WHCC.
 - We have started discussions with a dermatologist to see if we can form a collaborative relationship.
- 4) Define and implement creative ideas to present to local dentists and optometrists, allowing us to refer our patients for their services.
 - Various ideas have been generated and are being refined to then be implemented.

Additionally, the Strategic Planning Committee started discussing the implementation of an Electronic Health Record system. A separate steering committee has been put in place to oversee this project.

The long-term goals require more in-depth evaluation. Assessment of these goals will commence in 2008 and they are:

- General counseling services
- Transportation services to WHCC
- Expansion beyond Somerville

Operationally, 2007 was another successful year. Here are some highlights:

- We saw 2,361 patients, a 2% increase from 2006.
- Our sexual assault services staff and volunteers answered over 800 hotline calls, a 14% increase from 2006.
- Over 125 individuals, victims or significant others, received counseling from our sexual assault services staff. This was a 25% increase from 2006.
- Volunteers helped us by providing us with over 12,000 hours of assistance.
- Our fundraising efforts raised \$267,410
- Cash reserves at end of year totaled \$268,000, nearly 2 months of reserves.

The agency is in a strong position to respond to the healthcare needs of our community. I am excited to meet the new Executive Director and see the agency continue to grow in the future years. Even though I will not be here day-to-day, I will not be saying good-bye. I am grateful to have been a part of WHCC for the past 7 years and the agency will always be a part of me. Now I look forward to my next role as a WHCC volunteer. I hope to see all of you in the coming months!

Board of Trustees and Staff

Women's Health & Counseling Center has 501(c) (3) non-profit status with the United States government. As such, it operates with a set of bylaws and is governed by a volunteer Board of Trustees. Staff at WHCC includes 20 full-time and 6 part time employees with a total of 26 individuals. The efforts of these individuals allow WHCC to serve clients, help the community, and carry out its mission.

BOARD OF TRUSTEES

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WHCC STAFF

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Frances Palm

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Linkages Program

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Sexual Assault Support Services (SASS)

- Chrisula Tasiopoulos, MSW, LCSW
Director of Counseling & Support Services
- Tiffany Minichino, Community Education & Outreach
- Tiffany Jerinsky, MSW Clinician
- Jessica Hedges, MSW Intern

Somerset Teen Education in Pregnancy (STEP)

Bernadette Flynn-Kelton, RN



Daniel F. O'Connell, Esq.

Letter from the President of the Board of Trustees:

“WHCC celebrates 35 years – and goes on strong, one patient at a time”

The New Year has brought change to the Women's Health & Counseling Center. Change can be difficult but it also offers opportunities. As I begin my first term as President of the Board of Trustees of

Women's Health & Counseling Center, I would like to take this opportunity to thank Barbara Schwartz for all she has done as President of the Board for the past two years. She has gone well beyond what is expected for the position and has through her leadership and concern advanced the Center during these first two years as we settled into our new facility. She is to be congratulated for all of her achievements and thanked for helping us expand our services and programs so that we can see more and more patients.

I would also like to thank Carmita Padilla for all she has done for WHCC as its Executive Director for the past seven years. I am pleased that she has agreed to stay involved with WHCC as part of our networking board and as a volunteer. The networking board is now being led by Carolyn and Andy Stewart and Carmita is going to work closely with them to expand that group and bring new friends to the Center. As we say, you can leave the Center physically, but once a part of the WHCC family, always part of the family.

That has certainly been my experience. I first became involved with WHCC when my wife Barbara became a Board member in the early 1980s. She served for a number of years on the Board and, in fact, was President of the Board in 1988, exactly 20 years ago. Two presidents, husband and wife from the same family, go figure, never thought that would happen.

We do have two daughters, two son-in-laws and four grandchildren so the chance of more O'Connells/Smiths/Johnstons being involved with WHCC is a real possibility. The fact is they already are involved. As I said before, WHCC is a family affair.

In the early days with Carol Jackson as its Executive Director, the Center was quite different, but the mission was always the same – “changing the world, one person at a time.” We have always believe that “healthcare is a right, not a privilege” and we have attempted to provide the highest quality of care to women, particularly women who otherwise would not have such services available to them. We work to educate the women and their families. We have been there for women in crisis whether it's a health crisis or some form of abuse or sexual assault. We also make it a point to follow through with our patients to make certain that they do not fall through the cracks and get lost in the system.

In the early days, it was not easy since funds were limited, the facility less than adequate, but the spirit was always there. Our fundraisers in those days consisted of bake sales and telephone fundraising campaigns. We held community events which were often times coordinated with local organizations so as the Community Caring for its Own. We would have a dinner to raise funds, but if someone couldn't afford it, we would let them in for little or no cost. It didn't raise a lot of money, but it raised our spirits and made friends in the community and pushed us towards the commitment that was the benchmark for the creation of Women's Health & Counseling Center.

Over the years, WHCC has evolved. A major step forward came when Dr. Randy Protter joined WHCC. We now have more programs (CEED, APPI, STEP, Linkages), more space in our new building, more supporters for our gala and other fundraising events. For this we are very apprecia-

tive to all of our corporate sponsors and our individual friends. But as in the early days, funds are short. We are always in need of additional support so that we can continue to expand and add programs and support those existing programs which have become so recognized and needed within our community.

As I said at the beginning of this column, 2008 will bring more changes to WHCC. When I began writing this column we were in the process of searching for a new Executive Director. I am pleased to announce that we have found a new Executive Director, Frances Palm, who will be joining us on March 31, 2008 as our fifth Executive Director in our thirty-five (35) year history. I believe Frances is the right person to lead us at this time. I know she is committed to our mission and will continue the feeling of family at WHCC.

Frances will help continue the services which our patients feel so strongly about. Here are a few comments from last spring's Healthy Together:

“... Thank you for all your support during this crisis. You were extremely helpful as well as very comforting. It sure was good to know you were there for me. Additionally, the staff members in your organization were most courteous and friendly.”

“The graciousness with which you treated me was exceeded only by your skill I had anticipated a clinic exam would be hurried and somewhat condescending; you and the staff treated me as a lady.”

“You all are people who really care. The compassion you all gave me just when I needed it is second to none. May God continue to be with you all.”

Our staff feels it. Our Board feels it. And, hopefully all of our supporters feel it. We want to expand and grow our family. We are extremely fortunate to have Carolyn and Andy Stewart as the new Chairs of our networking board, and I know they will bring a family commitment to this effort since that is how they involve themselves in all of their community efforts. Our goal is to add new friends, women, men and families. We invite each of you to come and tour our facilities, talk to our staff, get involved in a fundraiser. You will, I am sure, get the same feeling that we all have and see the commitment of all who are involved with WHCC.

There are roles for all who care about our mission, from stuffing envelopes, buying tickets to events, training as a volunteer, service on a network board, service on the Board of Trustees, or simply telling a friend about our services so that people can gain access to healthcare. Whatever you do, you will help us carry out the vision of Carol Jackson and the legacy of Carmita Padilla, who both believed that “we can change the world one person at a time.”

What to Test for and When: Understanding Women's Preventative Health

Dr. Randi Protter, Medical Director - Women's Health and Counseling Center

Preventative health is about prolonging your health span, or extending your life without disease. Health concerns such as heart disease, high blood pressure, diabetes and colon cancer can be treated and deleterious consequences prevented when detected early. Women have the added opportunity to reduce or eliminate three gender-specific diseases: breast cancer, cervical cancer and osteoporosis.

Breast Cancer

Breast cancer detected at an early stage is curable. We recommend that women begin screenings at age 40. Breast cancer screenings may begin earlier if there is a family history of breast cancer, a personal or family history of the breast cancer gene or the breast exam is abnormal.

Mammograms, a kind of x-ray for the breasts, are used for screening. Ultrasound examinations used in conjunction with mammograms sometimes can add important information. Recent studies have suggested benefits from MRI examinations for women at high risk for breast cancer, such as those with a strong family history, the breast cancer genes BRCA 1 or BRCA 2, or a prior diagnosis of breast cancer.

Cervical Cancer

Cervical cancer incidence dramatically decreased since the use of Papanicalou (pap) smears, a trend that is sure to continue with the advent of the vaccine against the virus that causes cervical cancer. The cervix can become cancerous without symptoms. Cervical cancer is the end result of changes in the cervical cells, called dysplasia, or pre-cancer. A pap smear is a scraping of cells from the cervix. These cells are examined under the microscope for dysplasia. Treatment of dysplasia is relatively simple and can prevent cervical cancer.

Screening guidelines for cervical cancer vary by age and sexual activity, and is somewhat dependent on the type of test used. In general, a pap smear using liquid-based technology may be performed less frequently than the traditional glass-slide pap smear.

We recommend that the first pap smear be taken within the first two years of the vaginal sexual encounter, but not later than age 21.

The regularity of pap smears will depend upon a women's age and personal risk factors for cervical cancer. Your doctor will determine your frequency. Some risk factors for cervical cancer include previous abnormal pap smears or cervical cancer, DES exposure, HIV or chronic steroid use.

At age 70, if a woman has had three or more consecutive normal pap smears and there were no abnormal results in the preceding ten years, screening for cervical cancer may stop. Similarly, if a woman without any history of abnormal pap smears has had a hysterectomy with removal of the cervix, pap smears no longer need to be performed.

Osteoporosis

Osteoporosis is thinning of the bones and often has no symptoms until it results in a fracture. Bones thickness, or density, typically peaks by age 35, and then declines first gradually and then rapidly after menopause.

The risk factors for osteoporosis include advanced age, Caucasian or Asian race, sedentary lifestyle, smoking, excessive alcohol intake, and low body weight. Certain diseases and medications can expedite this problem, as can excessive exercise. Osteoporosis detected early is treatable, and treatment markedly can enhance quality of life.

Several techniques are available for osteoporosis detection. The gold standard is an x-ray called dual energy x-ray absorptiometry (DEXA). A consultation with your doctor will help assess risk factors and timing of this examination.

Ovarian Cancer

Ovarian cancer typically does not have any symptoms until the disease is advanced. Unfortunately, there is no consensus on ovarian cancer screening. Women who are at high risk, such as those with a family history of the disease or the ovarian cancer gene, may undergo pelvic ultrasounds annually or more frequently, and have a blood test for CA-125, a protein that is sometimes present in certain types of ovarian cancer. Until we have a reliable screening test, women who are at high risk may consider seeking screenings at large research institutions.

Screening timelines are for reference purposes only. If a parent or sibling has a particular disease, the general recommendation is to begin screenings 10 years before the age of the relative with the diagnosis. Personal risk factors that increase the likelihood of a particular illness also warrant earlier screening examinations.

Disease prevention is easy, and can make a huge difference in the quality of your life. Contact your doctor to see when you should have these female screenings, as well as general-health screenings including heart disease, stroke, and colon cancer.



On October 3rd 2007, WHCC and the Somerset County Cancer Coalition kicked off the 4th annual Breast Cancer Awareness Day - October is Breast Cancer Awareness Month.

What Our Patients Have to Say...

"As a victim of sexual assault, no words could express the fear, emotion and confusion I felt. Along with my family and close friends, the wonderful people I met and worked with at Women's Health & Counseling Center, gave me love, guidance and compassion I needed to rebuild myself."

"More than words can express thank you for getting me the appropriated care. You are valued, respected and loved by me and many."

"I want to thank you all for the dedication and love that you provide to victims of sexual assault, like me. It is because of you and what you work so hard for every day, that I am able to proudly say where I have come from and how far I have made it."

Never believe that a few caring people can't change the world.

For indeed, that's all who ever have.

- Margaret Mead



Cooper Jewelers of Warren held a special ribbon cutting ceremony on Saturday, September 29, 2007 to celebrate the grand opening of their new flagship store on Mountain Boulevard. As part of the grand opening, Cooper Jewelers was raising funds for two of Somerset County's leading women's organizations – Women's Health & Counseling Center of Somerville and The Resource Center for Women & Their Families of Hillsborough. Former Governor Donald DiFrancesco, Joanne Kaiser of Resource Center for Women & Their Families, Cooper Jeweler owners Elayne Pei and Jack Kung, and Mae Belin of Women's Health & Counseling Center.

Things We Need - That You Can Spare

As a non-profit organization, WHCC is constantly on the lookout for donations, material and volunteer time, that help us improve the quality of our services to our clients. Currently our wish list contains:

For Staff: Laser Jet printers (3)
Desktop Computers (3)

Our minimum requirements for a donated computer are:

Processor: Intel Pentium 4, D or Core Duo (1 GHZ and up)
AMD Athlon 64, Duron (1 GHZ and up)

System Memory: 512MB (1 GB preferred)

Hard Drive: 80 GB and up

Optical Drives: CD-ROM, DVD, or CD-R/RW

Network: 10/100BaseT Ethernet Network Adapter

Peripherals: Keyboard, 2-Button Wheel Mouse

Monitor: Flat Panel LCD 17" and up

For Clients: New baby items (must have price tags) such as diapers, wipes, shampoo and non-perishables.

Mobile Screens: Mobil design. Each 27"-wide panels with flame-retardant, bacteriostatic white vinyl curtain. Unit contains 4-2" twin-wheel casters. Overall height: 69"each

Ritter by Midmark – 204 perfect positioning manual exam table

Burdick Atria 3100 ECG machine

Automatic, manual or 12- lead rhythm operation for maximum flexibility

If you can donate any of these items, please call

Amanda Barron at 908-526-2335 x123

For current wish list needs, please check our website *Thank you!*

Women's Health & Counseling Center 2008 Calendar of Events

April

WHCC – A Night of Comedy

Enjoy an evening of fun and laughter, tricky trays & 50/50.
Friday, April 18, 2008, 7:00 PM – 11:00 PM
Somerville Elk's Lodge in Bridgewater, NJ
To purchase tickets or for more information contact:
Annick Klein at 908-526-2335 x134 or by email
aklein@womenandhealth.org

May

6th Annual Sexual Assault Support Services Community Conference

Relational Healing Approaches to Complex Trauma
Friday, May 9, 2008, 8:00 AM – 4:00 PM
Bridgewater Marriott, Bridgewater, NJ
For more information contact: Chrisula Tasiopoulos at
908-526-2335 x130 or by email
ctasiopoulos@womenandhealth.org

6th Annual Women's Health Week celebration at WHCC

May 11 – 17, 2008

All patients coming in for appointments will receive heart health educational material and gifts.

Friday, May 16 – Open event for women in the community to receive screenings for a cardiovascular disease risk assessment. For more information contact: Mae Belin at 908-526-2335 x131

June

Car and Photo Show

Friday, June 6, 2008

Raritan Valley Auto Club & Michael Kehl Productions
For more information contact: Annick Klein at
908-526-2335 x134 or by email aklein@womenandhealth.org

WHCC night at the Somerset Patriots Game

Thursday, June 26, 2008, Game starts at 7:05pm

The Somerset Patriots vs. Long Island Ducks. Join us for Post Game Fireworks Extravaganza. Commerce Bank Ballpark Bridgewater, NJ
\$9 a ticket, proceeds to benefit WHCC
To purchase tickets contact: Amanda Barron at 908-526-2335 x123 or by email abarron@womenandhealth.org

July

Crab Fest at Verve Restaurant

Join us for delicious fun in the summer time while supporting WHCC!

Date To be announced

18 East Main Street, Somerville, NJ

For more information contact: Annick Klein at 908-526-2335 x134 or by email aklein@womenandhealth.org

September

8th Annual Imperial Ball

Saturday, September 27, 2008

Bridgewater Marriott, Bridgewater, NJ

Join us for a wonderful evening of elegant dressing, sumptuous dining, and divine dancing to the tunes of the Peter Duchin Orchestra. It's our 8th annual ball raising funds to support WHCC!

For more information contact: Annick Klein at 908-526-2335 x134 or by email aklein@womenandhealth.org

December

Taste and toast to good health –

A Walk Around Wine Tasting

Friday, December 5, 2008, 6:00 PM – 9:00 PM

Somerville Elks' Lodge on 375 Union Avenue in Bridgewater. Proceeds to benefit WHCC. For tickets or information contact Annick Klein at 908-526-2335 ext # 134 or by email aklein@womenandhealth.org



Please check our website
www.womenandhealth.org
throughout the year for updates on our events.



Honor Roll

In 2007, over 500 donors contributed approximately \$500,000 to the operating expenses of WHCC. We extend our sincere thanks to the following supporters for their generosity.

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Queen Takes the Night

Women's Health & Counseling Center held its 7th Annual Imperial Ball on Saturday, September 28, 2007 at the Bridgewater Marriott in Bridgewater, NJ. Former Chief Justice Deborah T. Poritz, NJ's first woman Attorney General and first woman Chief Justice of the Supreme Court of NJ, was honored for her public service representing a strong role model for women. Guests enjoyed gourmet food, dancing to the Peter Duchin Orchestra and fabulous silent and live auctions. The auction was very successful, raising more than \$40,000. The entire event raised over \$120,000!



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