

“Inshallah/Ojalá: God Willing”

Perception of Autism in Immigrant Families: Implications for Screening, Diagnosis and Treatment

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Neurodevelopmental Disabilities

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Agenda

- **Introductions**
- **Screening & diagnosis of Autism in young children and immigrant families**
 - Clinical examples/definitions
 - Concept of screening & diagnosis
 - Autism in different cultures - stigma
- **Family Navigation**
- **Project A.N.C.H.O.R**
- **Conclusion**
 - Tips/resources



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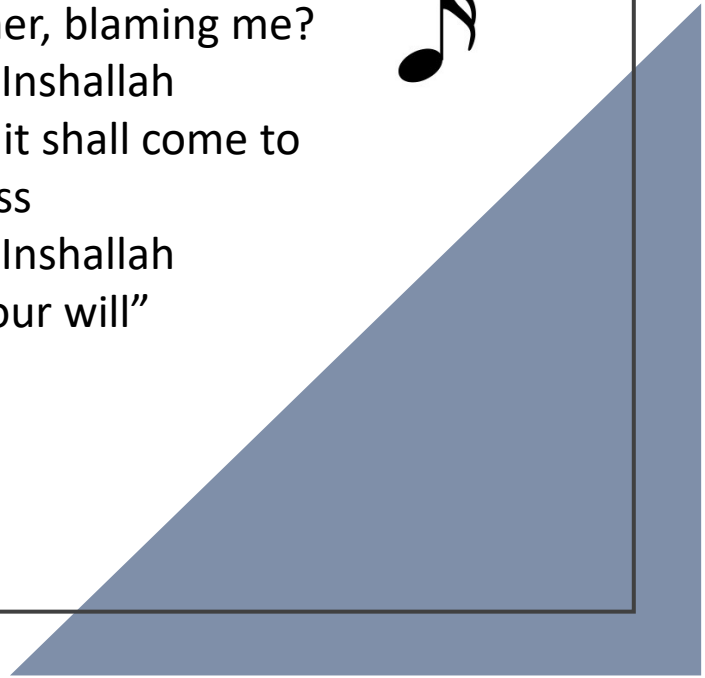
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John Moore/Getty Images

Inshallah= God Willing Ojalá = God Willing

“Sleeping child, on my shoulder
Those around us, curse the sea
Anxious mother turning fearful
Who can blame her, blaming me?
Inshallah, Inshallah
If it be your will, it shall come to
pass
Inshallah, Inshallah
If it be your will”



Definitions

Culture

- Customary beliefs, social forms, and material traits of a racial, religious, or social group
- The characteristic features of everyday existence shared by people in a place or time
- Set of learned traditions and living styles shared by members of a society: thinking, feeling and behaving



Mentimeter

What word comes to mind when working with immigrant families?

Go to www.menti.com and enter the code 62485678

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%**
- **34% speak language other than English**



Population Background

MOST COMMON ORIGIN

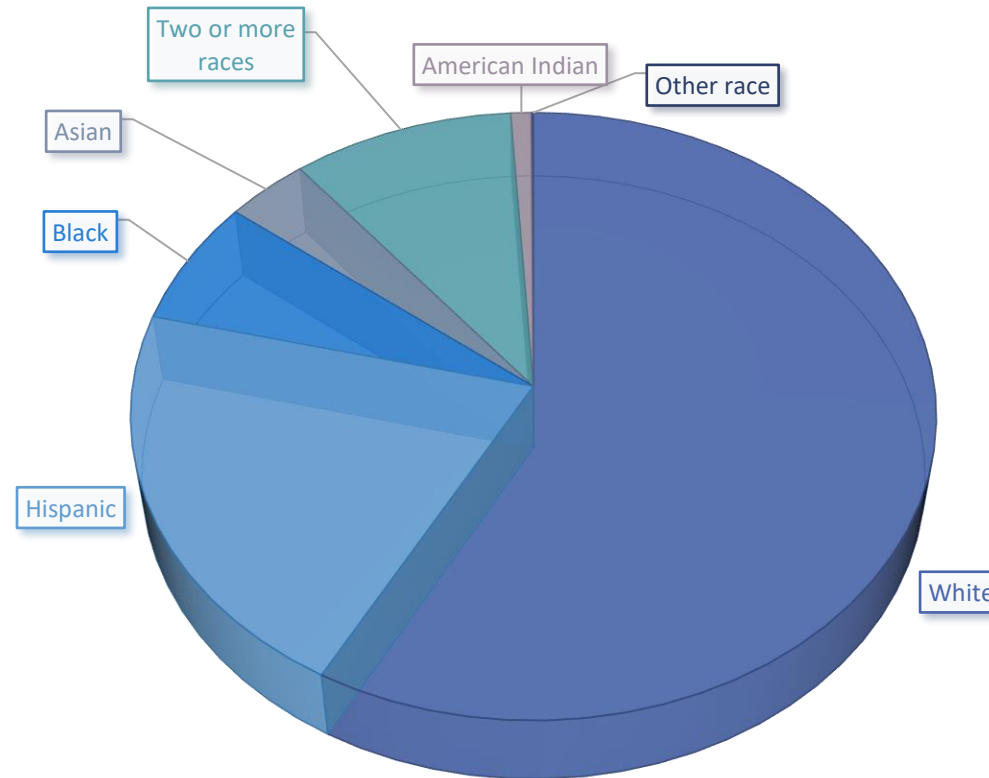
1. Ghana
2. Dominican Republic
3. Vietnam

MOST COMMON LANGUAGE SPOKEN

1. Spanish
2. Portuguese
3. West African Languages

ETHNICITY:

1. White
2. Hispanic
3. Black



Background: Important Numbers

- Prevalence of Autism: 1/54 (CDC, 2020- period covered is 2016)
- Age of diagnosis: close to 4 years though clinical signs sometimes seen starting 12 months of age
- **Access to diagnosis still difficult for “minorities”**
- **Access disparity increased with COVID**
- **EARLY DIAGNOSIS KEY FOR EARLY SERVICES**



Clinical Scenarios: Names have been changed

- **Mario/ Francois/Naomi/Omar is 2 years old. PCP is concerned about autism and refers to DBP.**
 - Clinician meets with family and interpreter. Child shows clear signs of ASD. Parent does not report concerns. Concerns discussed and second appointment made...Patient does not show up.
 - Clinician evaluates child with family and interpreter. Provides with diagnosis of Autism. Explains next steps. On follow up with clinician, patient is still not receiving treatment recommended...
- **Are those families “difficult families”? Do we need to “report” them?**

Assessment of Autism in Infants and Toddlers

- **Rely on certain behaviors:** history and observation
- **Require navigation of complex systems** and highly trained professionals who can communicate effectively with child & family
- **Successful intervention** must include family involvement
 - **Disability:** socially and culturally situated construct





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
- **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

Autism Screening

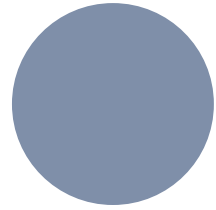
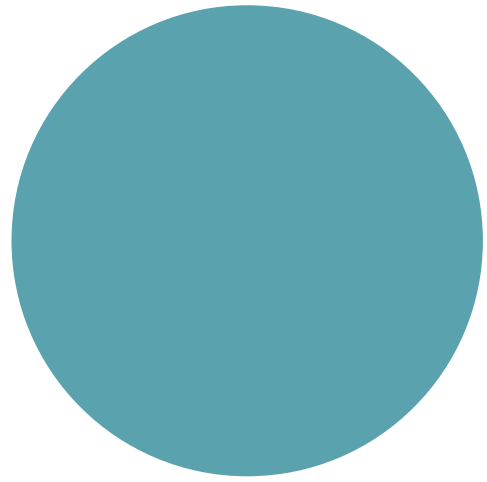
Unfamiliar concepts of autism and screening

Inherent cultural factors in the screening of autism

- Child's behavior may reflect cultural norms
- Some behaviors seen as culturally appropriate

Screening tools may be anxiety provoking, and confusing

- More involved than just translation
- **STIGMA**



Maternal Stigma Video

www.maactearly.org



Examiner's Characteristics

Demographic characteristics of examiner important role:

1. Age: older vs. younger

2. Gender: match or mismatch

3. Ethnicity: example



Autism screening & diagnosis rely on behavioral criteria based in cultural norms:

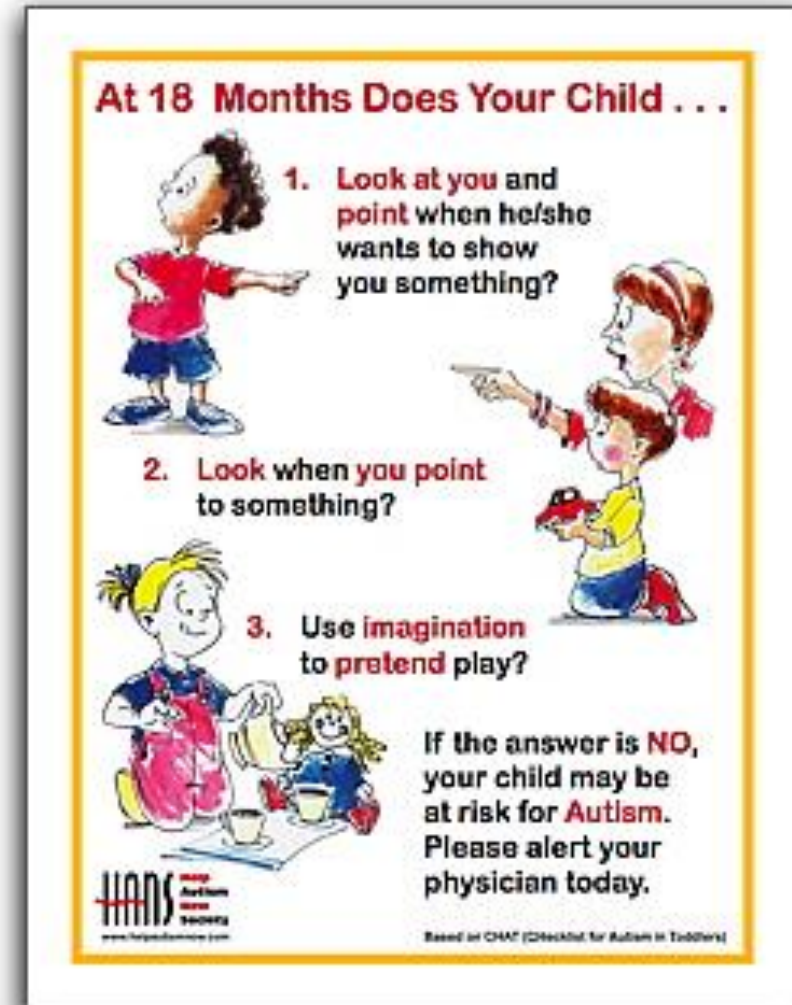
- Eye contact, hand movements, echoing, pointing

Learn the Signs.
Act Early.



Screening: MCHAT-R/F

- Modified Checklist for Autism in Toddlers – Revised/Follow up interview
- Initially more questions, but questions misunderstood by different groups
- Rephrased with examples in 2013
- Translated in different languages
- Concepts culturally bound
- International Studies



Screening RITA-T

◆ Home | Research | Research Labs | RITA-T Research | RITA-T Training Course

RITA-T (Rapid Interactive Screening Test for Autism in Toddlers)

RITA-T Training Course



- No language
- Evaluates developmental constructs delayed early in Autism
- Item: choice between a baby's face and rails: adding faces of infants' representative of all races







Improving Early Identification and Access to Diagnosis of Autism Spectrum Disorder in Toddlers in a Culturally Diverse Community with the Rapid Interactive screening Test for Autism in Toddlers

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Abstract

The objective of this study was to test a screening model that employs the Rapid Interactive Screening Test for Autism in Toddlers (RITA-T), in an underserved community to improve ASD detection. We collaborated with a large Early Intervention (EI) program and trained 4 providers reliably on the RITA-T. Toddlers received the Modified Checklist for Autism in Toddlers (MCHAT-R/F), the RITA-T, developmental and autism testing, and a best-estimate clinical diagnosis. Eighty-One toddlers were enrolled: 57 with ASD and 24 with Developmental Delay (DD) non-ASD. Wait-time for diagnosis was on average 6 weeks. The RITA-T correlated highly with autism measures and EI staff integrated this model easily. The RITA-T significantly improved the identification and wait time for ASD in this underserved community.

Keywords Screening · Autism · Interactive · Toddlers · Access · Underserved · Cultural diversity · Early intervention · Community · RITA-T (Rapid Interactive Screening Test of Autism in Toddlers)

Implications for Evaluation, Referrals, and Treatment

- Learn about the families you work with
- *Each family is unique*
- **History of their country**
 - Health system, education system
 - Demographics: age, expectancy; maternal/infant mortality rates; average literacy





Learn about the families you work with...

- Did they witness wars?
- Did they witness violence?
- Were they refugees in camps?
- Were they detained or separated upon arrival to the US?



Important Questions to Ask Families

- What do you know about autism/developmental delay?
- What do you think causes autism/developmental delay?
- Have you talked to family or friends about your child's development?
 - What did they tell you?
 - What do you think?



Challenges with the term “autism”

- **Not Translated to all other languages/cultures or difficult meaning...**

- **English:** Autism- coined from Latin “Autismus” in 1910 by psychiatrist Bleuler to describe schizophrenia. Latin word derived from Greek, “Autos”: self.
- **Chinese:** “Loneliness Disease”; “Closed self-disease”
- **Hmong:** Ib qho kev tsis taus uas yog puas rau phab kev nrog lwm tus tham thiab koom nrog lwm tus...Kev tsis taus no yuav tshwm sim tawm rau thaum muaj hnub nyoog 3 xyoos thiab yuav muaj mus tas lub neej. Hom uas tshwm sim tsis loj yog hom hu ua Aspe
- **Somali:** Cilladaha ootiisamku waxaay saameyn karaan maskaxda. Waxa dhacda in carruuraha qaba cilladaha ootiisamku sida ay bulshada ula dhaqmaan, hadlaan, ama u fakiraan ay ka duwan tahay carruuraha kale. Marxalado aad u adagna yeelan karaan
- **Spanish:** Autismo

Parental Beliefs about Causes of their Child's Autism

Parents beliefs about the cause of their child's autism

- **Impact on decisions regarding future health care, family planning, *maternal mental health***
- Those attributed to **God's will or fate: less stressed**
- Those who assumed responsibility were the most stressed (punition of parents' sins)

Autism

- No definitive information on cause, course or treatment
- *Parents come to their interpretation of the disorder*

Link between beliefs and choice of interventions

- Non-traditional treatments



1, 2, 3, GROW!

Caregiver's Stories

Catch a Cod



Cultural Perception

Catch
a Cod



UMass Medical School

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Massachusetts

What is Family Navigation?



What is Family Navigation?

The Family Navigator role falls under the umbrella of community health worker

Community health work was established to target health disparities by addressing social determinants of health (i.e., wealth, unstable housing, substandard education, etc.)

Navigators help their patients overcome barriers to wellness and empower them to make meaningful changes in their lives

What is Family Navigation?

Family navigation is a unique intervention designed to help families in pediatrics navigate medical, community, and government systems with the goal of improving health and wellbeing

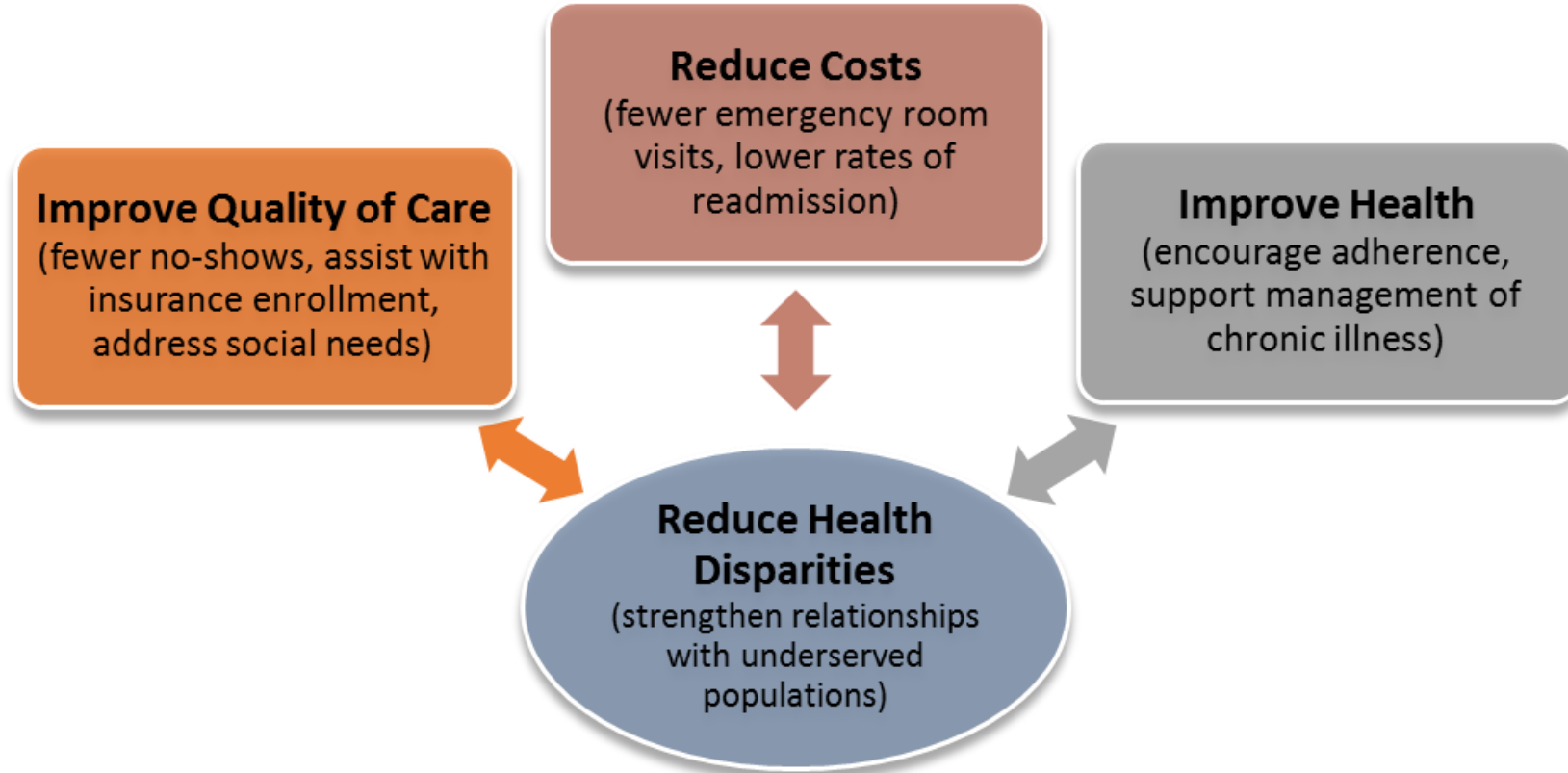
Family navigation is founded on the same core principles as patient navigation and Motivational Interviewing

Together with a foundation in family systems theory and ecological systems theory, we help families address their needs and concerns when providing care for children

We are advocates and we empower families to take charge of their health

What is Family Navigation?

The Triple Aim of all Healthcare Providers



Why is Patient Navigation useful?

- Patient Navigation reduces or eliminates systemic barriers in healthcare
 - Uncoordinated care
- Health disparities
 - Why do some populations experience worse outcomes for certain diseases?
- Barriers specific to vulnerable populations

Family Barriers

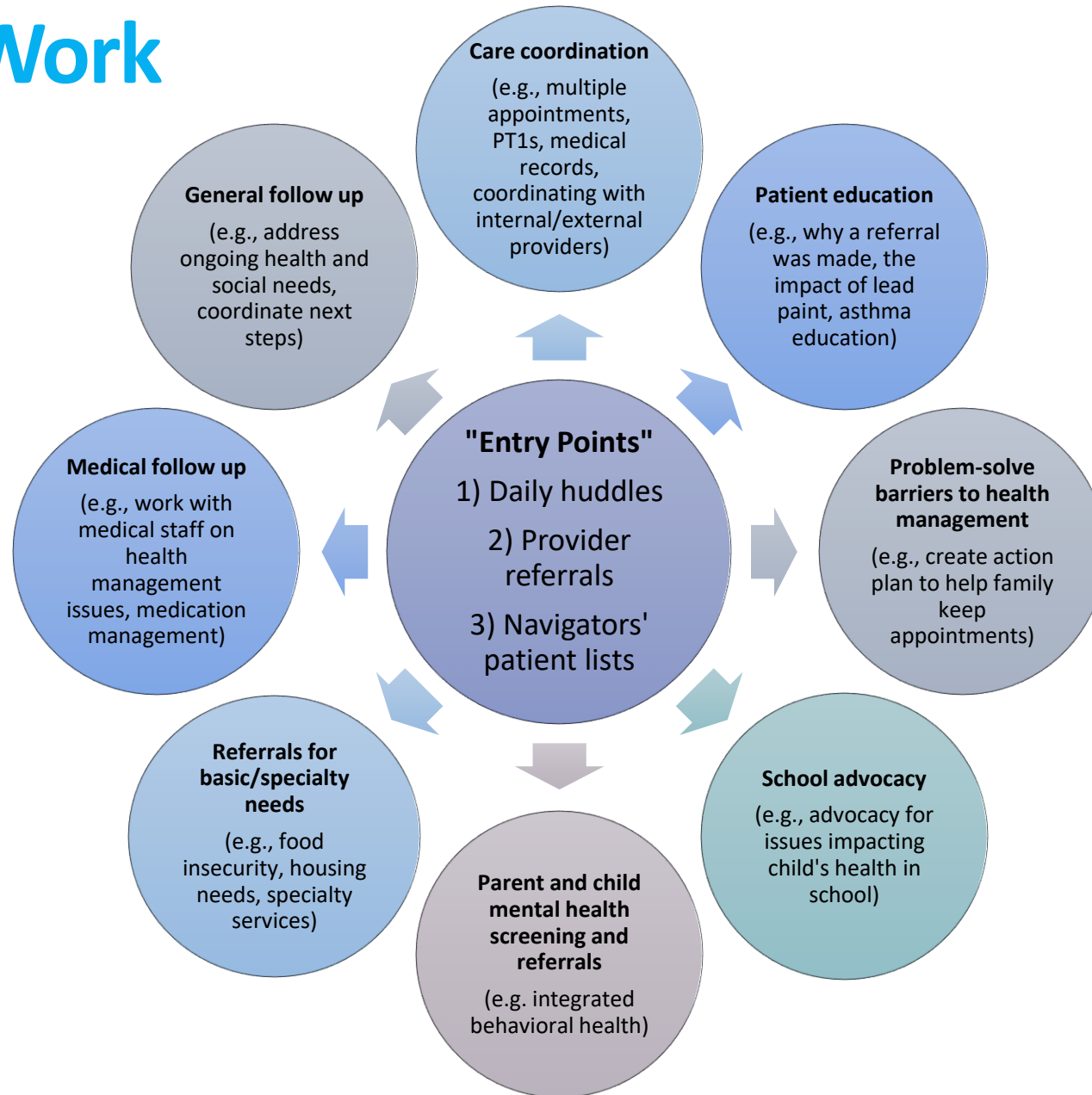
Child behaviors/diagnosis	Homelessness/Housing issues
Migratory status	Food insecurity
Transportation	Other children with disabilities
Language	Domestic violence
Lack of family support	Isolation/Depression
Money	Lack of knowledge/insecurity



Family Navigator Role

- Build Relationships
- Empower and support families by building self-efficacy
- Provide education and information
- Problem-solve barriers
- Navigate families through the health care system and through community-based systems to help access services
- Manage and organize information with families

Scope of Work



**Why was my
child diagnosed
with ASD and
what does it
mean?**

Cultural issues

Stages of reaction

Services and resources

Ways to Reduce Disparities in Access and Care for Immigrant Families

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



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

- Family Navigators: Grant Funded or philanthropy
- NEW IDEA: Build capacity by training Early Childhood providers in community centers
- Funded by Remillard Community Grant
- Strengthen network to support families
- Learn early detection, support, **create resources and a community**





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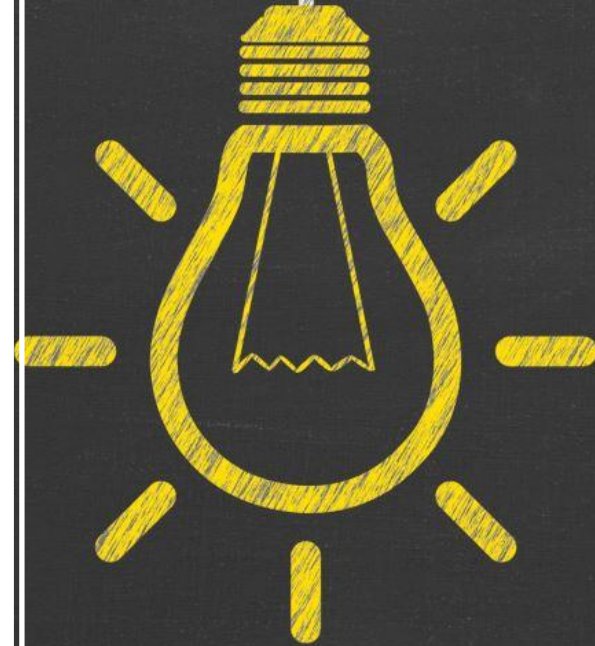


Meet the Team

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

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



Timeline



Total of 6 Online Sessions weekly then monthly meetings for a year



March 2021 to March 2022



Combination of independent work and one-hour live sessions



Pre- and Post- Surveys to discuss and understand impact of our Learning Community

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

Website link:

- <https://www.umassmed.edu/DBP-ANCHOR>

Content on project/training
information, curriculum

Tool kit

Community Resources

Build a community Forum

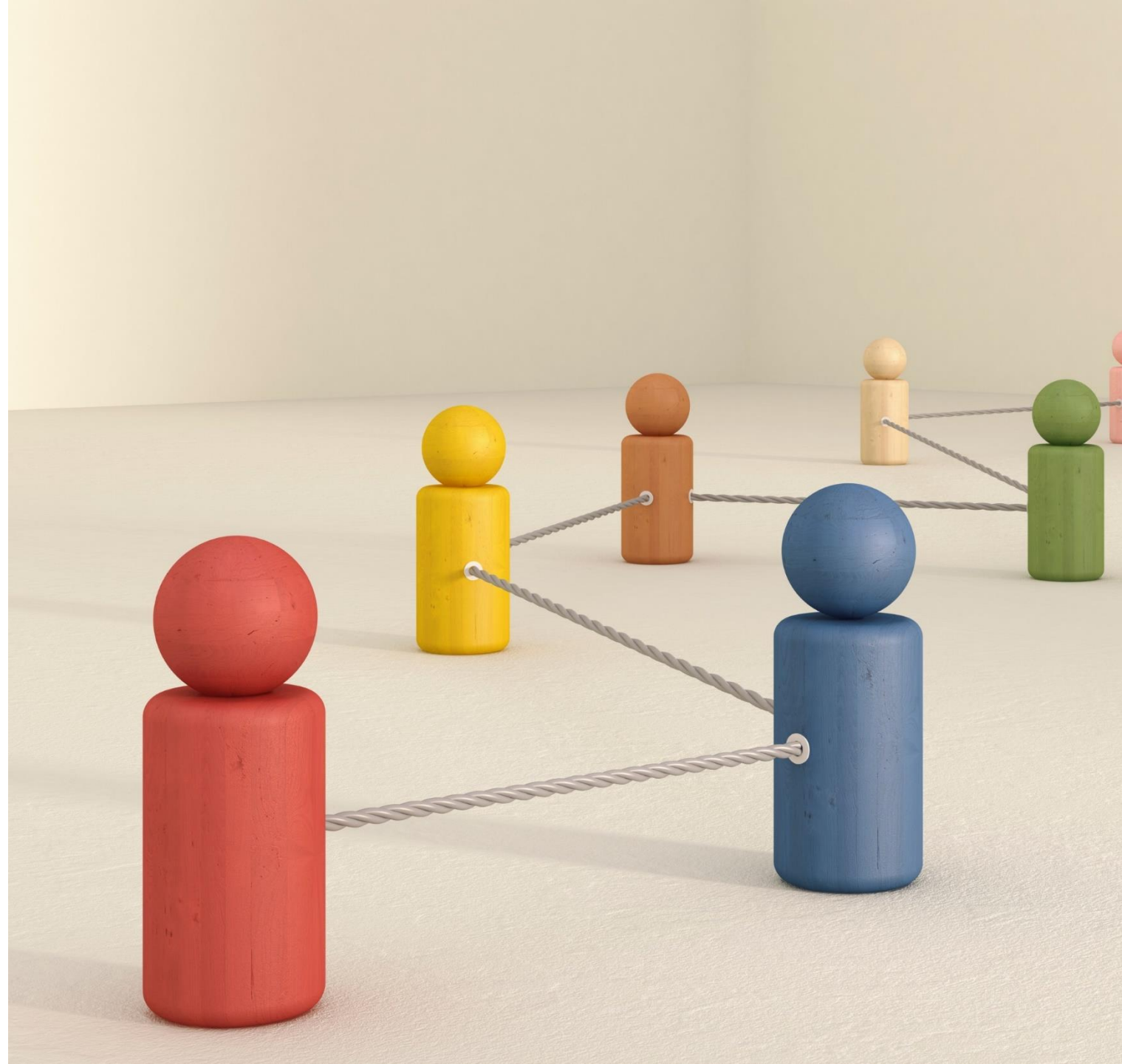


Practical Tips

- Clarify if an interpreter is needed *before* the visit
- Explain testing of young children for early intervention
- Ask open ended questions
- Communicate slowly and clearly
- Cultural liaison
 - Early Intervention provider
- It can sometimes take multiple conversations to discuss concerns with families and work towards referral
 - **“HOW” more important than the “WHAT”:**
 - **PATIENCE, COMPASSION: CROSS CULTURAL**

Resources

- MA Act Early - <https://www.maactearly.org/>
- www.umassmed.edu/DBP-ANCHOR
- Considering Culture in Autism
- Translated material including Parent Information Sheets, ASD screening Fact Sheets, and other helpful material in 21 different languages
- 1, 2, 3 Grow! – Online shows provides equal access to information about healthy development in young children as well as what to do and where to go when concerned.



MA Act Early Culturally Competent Autism Screening Kit

Promoting the early identification of autism spectrum disorders across culturally and linguistically diverse populations.

Massachusetts has a diverse population and “one size” does not always fit all when it comes to monitoring healthy development. Even though effective autism screening requires your full range of clinical skills and resources, screening families from diverse backgrounds may take an expanded set of knowledge and skills.

The Massachusetts Act Early State Autism Team, along with pediatric developmental specialists, primary care clinicians practicing in neighborhood health centers with diverse populations, and community members, collaborated to learn the challenges and provide clinicians who screen with tips for promoting the identification of autism spectrum disorders (ASDs) and other developmental disabilities for children from immigrant families or from families whose primary language is not English. Our team interviewed a variety of experienced clinicians and community members who shared their thoughts about what works well in ASD screening for children from families from these diverse backgrounds.

Included in this screening kit, you will find:

- Clinician Tips for Culturally & Linguistically Competent Autism Screening
- Modified Checklist for Autism in Toddlers (M-CHAT) screening tool in English and in four translations: Chinese, Haitian Creole, Spanish, and Vietnamese. (Please note that there are a number of autism screening tools available. The M-CHAT is enclosed in this screening since it is free to the public, offered in many translations, and provides a follow-up interview to reduce false positive rates. More information at: www.tinyurl.com/m-chat-autism-tool.)
- An assortment of CDC “Learn the Signs. Act Early.” materials for use in your practice.
- Resource and referral information may be found on the “Referral Information at a Glance” sheet.

We hope that this resource will prove valuable in helping navigate the ASD screening and referral process with all children and their families.

For more information, please contact Elaine Gabovitch, MA Act Early Ambassador & State Team Leader at: Elaine.Gabovitch@umassmed.edu.

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Thank you to the following contributors

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More information at:

■ www.MAActEarly.org ■ www.cdc.gov/actearly

Massachusetts Act Early

Considering Culture in Autism Screening

Learn the Signs. Act Early.



Massachusetts Act Early
www.MAActEarly.org
www.cdc.gov/actearly
1-800-CDC-INFO



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Clinician Tips UNIQUE CONSIDERATIONS

Our experts highlighted unique considerations in the screening and referral process when working with culturally and linguistically diverse populations from immigrant backgrounds and/or whose primary languages are not English. These tips may help you find a new approach if your typical process meets with challenges.

Awareness

- Be aware that discussions about a problem, concern, or potential diagnosis such as autism can be anxiety provoking and confusing for most parents, and even more so if language and cultural barriers are layered on.
- Some families may not have seen children with ASDs included in their communities or in their countries of origin.
- Media campaigns around ASD awareness may not reach many of these populations.

→Have you ever considered that most media campaigns are typically in English?

Surveillance

- Recognize that children’s behavior in the office may reflect cultural norms and may not be a true reflection of a disorder. When in doubt, explore further.
- Conversely, some behaviors seen in ASDs may be viewed as culturally appropriate or even desired behavior.

→Did you know that in certain cultures, eye contact with adults is discouraged as an inappropriate, even rude, behavior? Active children may be regarded as undisciplined. Parents may be embarrassed by such behaviors. On the other hand, playing alone may be interpreted as being independent and may be highly valued. Having no friends may be a good thing to avoid problems with other children.

Screening Administration

- Introduce the screening tool as an important way to catch concerns so you and the family can address them early if necessary.
- Go over the screening tool with the family during or after completion if at all possible.
- Use of translated screening tools and an interpreter will increase the accuracy of the results, even for fluent English speakers.
- When clinicians are not aware of diverse cultural beliefs and practices, cultural liaisons can provide insight to increase sensitivity to such differences.

→Note that there are different levels of fluency in a second language. Families can be fluent in ordinary interactions, but not have the level of fluency to understand new and complex material. There should always be a choice for families about interpreters and translated materials.

Communicating concerns and screening results

- Ask first about the family’s concerns, if any, when discussing screening results.
- Finding common ground between your concerns and families’ perceptions may take time and possibly multiple visits. Building a trusting relationship with families is key.
- Keep the conversation going, looking for shared interests and building on those over whatever time the family needs.

→In some cultures, even talking about autism may be viewed as stigmatizing, brought on by perceived supernatural forces, or “bad luck.”

Referral for diagnostic evaluation and services

- Check to make sure your referrals offer appropriate linguistic and cultural resources. Help families with the legwork.
- Make sure they know the date and time of the visit, have a way to get there, and have a contact number to call with questions.
- When needed, use community supports to help connect families to professional referrals.

→It’s important to have a system in place in your practice to coordinate families for referral appointments.

More information at:

■ www.MAActEarly.org ■ www.cdc.gov/actearly

CULTURALLY COMPETENT AUTISM SCREENING KIT | 5

Massachusetts Act Early

Clinician Tips THINK PROCESS

More than Translation

Because terms used in screening tools may have somewhat different meanings once translated, consider whether parents understand the screening questions in addition to having other possible primary language barriers. Consider literacy level, as well as language. Interpreters (who are proficient in the language) and cultural liaisons (who are proficient in distinct cultural issues) can assist greatly with written screening tools that may be difficult for some families to complete, and for clinicians to interpret. When working with families from diverse backgrounds, having thorough and clear conversations about the screening questions is critical to be certain that families understand and answer questions accurately.

→ For some screening tools, follow-up questions are a formal part of the assessment (e.g., the follow-up interview in English for the M-CHAT - see page 3.)

→ It is important to consider that some terms may not exist in a target language. In addition to translation, it may be equally important to develop new materials in the target language as well.

using the word "autism" if families do not ask you about it specifically. If they do, it is critical to ask:

"What have you heard about autism?"
"What does the term 'autism' mean to you?"

Reassure parents that when a child has problems with talking, interacting, or behavior, there are many things that can help a young child develop these skills.

Don't Go It Alone

Whether you work with interpreters, cultural liaisons, nurses, community agencies, social workers, or others, enlist their collaboration in supporting the family through the referral process. Identifying an available person in your practice or community with cultural and linguistic knowledge, and professional experience in ASDs, can make a positive difference to families in a successful identification and intervention process.

NEXT STEPS: Referral for Further Evaluation

- Contact the evaluation specialist (e.g., developmental pediatrician, pediatric neurologist) and/or referral agency directly to discuss any unique needs the family may have.
- Call to remind the family when and why the evaluation will be done.
- Discuss the family's comfort with speaking and understanding English and offer an in-person interpreter to assist at all visits, making sure that the interpreter is available free of charge.
- Schedule a follow up visit for one or two weeks after the specialty evaluation to talk through what happened at the visit.
- Reinforce that such an assessment is part of standard care since the concepts of 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 these practices.

→ In some cultures, the word "research" or "evaluation" may be met with mistrust. Take time to explain.

Ask

Communicating concerns about a child's development in a different language or across cultures can sometimes be tricky. While having a general understanding about the cultural group you serve may help in anticipating particular reactions or issues, clinicians must avoid stereotyping. Each family is distinct, irrespective of racial or cultural identity. When discussing screening concerns, miscommunication can often be avoided by starting with the families' perspective.

Ask:

"Do you have any concerns about your child's development?"
"What do you think is the cause of this concern?"
(This is an invitation for the parents to tell you what they are thinking).

Clinicians should express their concerns only after the family's perspective has been shared, but they should also be mindful that families may not see a concern, especially if they are first-time parents. Targeted questions about the child's behavior, communication, play, and interactions with other children and adults help clinicians probe further.

When the issue is a failed (positive) screening test, it is important to emphasize that it identifies only that a child is at higher risk for ASDs, but is not a diagnosis. Be careful about

More information at:
■ www.MAActEarly.org ■ www.cdc.gov/actearly

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Clinician Tips PUTTING IT ALL TOGETHER



Daniel's Story

On a busy Monday afternoon, you walk into the exam room to greet your new patient, three year-old Daniel and his family. Daniel's mother speaks only Vietnamese so you call the telephone interpretation line because you do not have an in-house interpreter available. Through the interpreter, Daniel's mother reports that she is worried because Daniel only uses three to four words and has "bad" behavior like temper tantrums and not listening. He also sleeps poorly and is a picky eater.

His mother shares that she has been concerned about Daniel since before he turned two. He is very different from his two older sisters. She shared her concerns with their previous primary care clinician at his 24-month well-child visit, but was told that boys often talk later than girls, he was hearing both Vietnamese and English at home (through television and his sisters), and she needed to be more consistent with discipline. Daniel, his sisters, and mother live with her parents who also believe that Daniel is a boy and will talk later, especially because he has two sisters who are more than willing to speak for him. His mother feels there is something more going on and has decided to see you after her friend told her how you helped them find a special education classroom for their preschooler with a developmental delay.

You observe Daniel and are concerned that he does not use any words and wanders around the exam room without purpose. You want to complete an M-CHAT with the family but don't have a Vietnamese copy. You then remember it is available online and download a copy that his mother completes. She endorses three critical items and you review these with the telephone interpreter who confirms that these are accurate responses. You revisit his mother's concerns and support her sense that Daniel needs a more detailed evaluation which she requests you help arrange with a developmental pediatrician. You also connect her with her local school system since at age three, Daniel is now eligible for school-based services.

Questions to ask families

- What is causing the most concern now?
- What kind of things do you think would help your child develop these areas (such as: language, play skills, social engagement, etc.)?
- Did they have Early Intervention in your country? What would happen there to kids whose development was behind?
- What do you think is causing these concerns?
- What would you like to happen as a result of this visit?

Practice points

- A parent may not respond immediately to your offer of early intervention and specialist evaluation. Some may need several more visits to get to the point of understanding and readiness necessary to enable further assessment and treatment.
- Providing written information in the family's native language will give them an opportunity to process what you have said in their own time frame. Following up with native speakers or staff from the family's culture may provide another level of support as well.
- If you or the child's family has persistent concerns about development, refer for further evaluation.

More information at:
■ www.MAActEarly.org ■ www.cdc.gov/actearly

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Clinician Tips THINK PROCESS

Culturally & Linguistically Competent Autism Screening

Screening for ASD is the first step of an ongoing process of identification. It is especially critical for clinicians to understand this when working with families from diverse backgrounds, particularly when their primary language is not English or when they have different views on child development since it may require more persistent follow up in such circumstances to keep families engaged.

Getting started

- Explain to the family that you routinely screen and observe young children for healthy development.
- Ask general questions about the child's communication skills and social interactions, but it is also important to ask specific questions about how their child is doing by using a screening tool.
- It is equally important to ask questions about the family's understanding of and expectations for child development. This could provide a wealth of information and set the stage for mutual communication about child development in general and the child's development specifically.
- Remember that in some families, questions about a child's skills may go unanswered since they may feel intrusive. Some families may view screening as "looking for trouble" or feel that things clinicians think are problems are not an issue. Still for other families, their responses may shed light on their ability, background or resources. Thus, communicating slowly and clearly while listening carefully and fully engaging families produces the best results.

Following up

- Even if screening results are negative, it is still important to repeat the screening test at the next visit or sooner, if warranted.
- If you or the family have significant concerns, then referral to a specialist for additional evaluation may be the next step, even if screening results are negative.
- It can sometimes take multiple conversations, even several visits, to discuss concerns with families and work towards referral.

More information at:
■ www.MAActEarly.org ■ www.cdc.gov/actearly

4 | CULTURALLY COMPETENT AUTISM SCREENING KIT

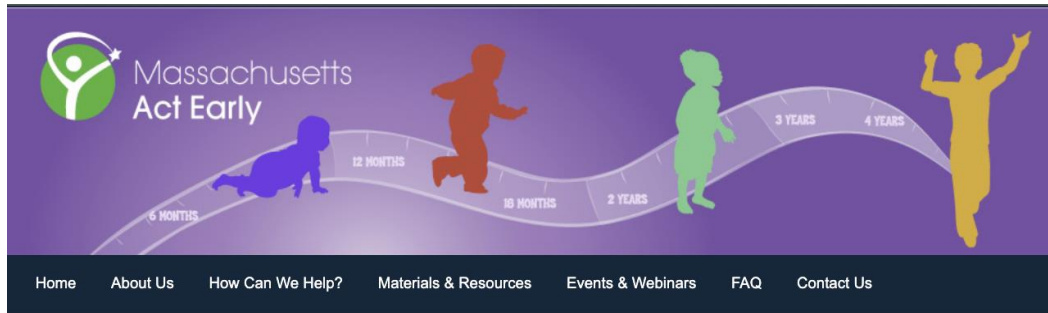
Massachusetts Act Early

Rising to the Challenge

- Approximately 1 in 68 children have an autism spectrum disorder.
- The American Academy of Pediatrics (AAP) recommends ongoing surveillance and ASD-specific screening at 18 and 24 months or whenever there is concern.
- Autism screening tools, such as the M-CHAT or M-CHAT-R/F are more accurate when used in conjunction with clinical judgment.
- Children with autism from minority backgrounds are often diagnosed at a later age than other children
- The concepts of 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 these practices.

→ Remember that all ASD screening tools must be used in their entirety to obtain valid results. For the M-CHAT or M-CHAT-R/F, this includes conducting the follow-up interview—a critically important final step in the process. It can be found at: www.mchatscreen.com

CULTURALLY COMPETENT AUTISM SCREENING KIT | 3










Translated Materials








Listed below are translated Parent Information Sheets, ASD Fact Sheets, and other helpful materials. Some languages have more materials than others. Thank you to the Autism Consortium, the Vermont Family Network, the University of Southern California's UCEDD, and the CDC "Learn the Signs, Act Early" Campaign for translating these materials.

Find materials in your primary language below:

English

-  [Developmental Screening Facts.pdf](#)
Download File
-  [VT ASD Fact Sheet for Parents.pdf](#)
Download File
-  [How to Help your Child.pdf](#)
Download File
-  ["It's Better to Know" Fotonovela.pdf](#)
Download File
-  [AC Parent Information Packet.pdf](#)
Download File
-  ["Amazing Me" Book.pdf](#)
Download File
-  [Tips for Talking to Parents.pdf](#)
Download File

Spanish

-  [Act Early ASD Fact Sheet.pdf](#)
Download File
-  [VT ASD Fact Sheet for Parents.pdf](#)
Download File
-  [How to Help your Child.pdf](#)
Download File
-  ["It's Better to Know" Fotonovela.pdf](#)
Download File
-  [AC Parent Information Packet.pdf](#)
Download File
-  ["Amazing Me" Book.pdf](#)
Download File
-  [Tips for Talking to Parents.pdf](#)
Download File

Haitian-Creole

-  [AC Parent Information Packet.pdf](#)
Download File




Chinese

-  [AC Parent Information Packet.pdf](#)
Download File




French

-  [Act Early ASD Fact Sheet.pdf](#)
Download File
-  [VT ASD Fact Sheet for Parents.pdf](#)
Download File



Vietnamese

-  [Act Early ASD Fact Sheet.pdf](#)
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-  [VT ASD Fact Sheet for Parents.pdf](#)
Download File
-  [AC Parent Information Packet.pdf](#)
Download File

Somali

-  [Act Early ASD Fact Sheet.pdf](#)
Download File
-  [VT ASD Fact Sheet for Parents.pdf](#)
Download File
-  [Milestones Brochure.pdf](#)
Download File
-  [Milestones Booklet.pdf](#)
Download File

Bosnian

-  [Act Early ASD Fact Sheet.pdf](#)
Download File
-  [VT ASD Fact Sheet for Parents.pdf](#)
Download File

Armenian

-  [ASD Fact Sheet.pdf](#)
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German

-  [Act Early ASD Fact Sheet.pdf](#)
Download File


Japanese

-  [Act Early ASD Fact Sheet.pdf](#)
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Portugese

-  [Developmental Screening Facts.pdf](#)
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-  [CDC Information Packet.pdf](#)
Download File
-  [AC Parent Information Packet.pdf](#)
Download File
-  [Tips for Talking with Parents.pdf](#)
Download File



Arabic

-  [Act Early ASD Fact Sheet.pdf](#)
Download File
-  [VT ASD Fact Sheet for Parents.pdf](#)
Download File
-  [Developmental Screening Facts.pdf](#)
Download File
-  [CDC Information Card.pdf](#)
Download File
-  [Tips for Talking with Parents.pdf](#)
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Nepali

-  [Act Early ASD Fact Sheet.pdf](#)
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-  [VT ASD Fact Sheet for Parents.pdf](#)
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Burmese

-  [VT ASD Fact Sheet for Parents.pdf](#)
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Thai

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Swahili

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Korean

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-  [Developmental Screening Facts.pdf](#)
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Farsi

-  [Act Early ASD Fact Sheet.pdf](#)
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Italian

-  [Act Early ASD Fact Sheet.pdf](#)
Download File

Tagalog

-  [Act Early ASD Fact Sheet.pdf](#)
Download File



Community Resources

- Interviews with **Marcia Fontes**, LICSW, Pediatric BH Consultant & **Hilda Ramirez**, Executive Director, Latino Education Institute – Brazilian and Latino families
- Immigrant families are community oriented - more trust in each other than in clinicians
- Delivery of care needs to be oriented to better serve diverse communities

Community Resources

- Utilize interpreters as much as possible
- Have translated material ready to give to parents/families
- Reach out to community Cultural Brokers whenever possible
- Latino Education Institute
 - Empower parent model: provide parents with education and resources to make them health ambassadors
Promotoras de Salud
- Autism Alliance of Metrowest
 - Support group for Brazilian families with a child who has an Autism diagnosis
 - 1881 Worcester Rd #100a, Framingham, MA 01701

Community Resources on Project A.N.C.H.O.R Website

www.umassmed.edu/DBP-ANCHOR

Email us with resources you have!

Valerie.tokatli@Childrenshospital.Harvard.edu



Project A.N.C.H.O.R
Developmental and Behavioral Pediatrics

HOME

A.N.C.H.O.R TEAM AND BACKGROUND

CURRICULUM

RESEARCH

COMMUNITY RESOURCES

DEVELOPMENTAL & BEHAVIORAL PEDIATRICS



Project A.N.C.H.O.R: Autism. Network. Culture. Healthy Outcomes. Resilience.

Funded by the Remillard Family Grant

Strengthen resilience for families in Worcester by improving the early identification and disparities in access to services for young children at neurodevelopmental risk (birth to 5 years) and their families in Worcester



THANK YOU FOR JOINING US!

**Mentimeter Results
& Questions**
