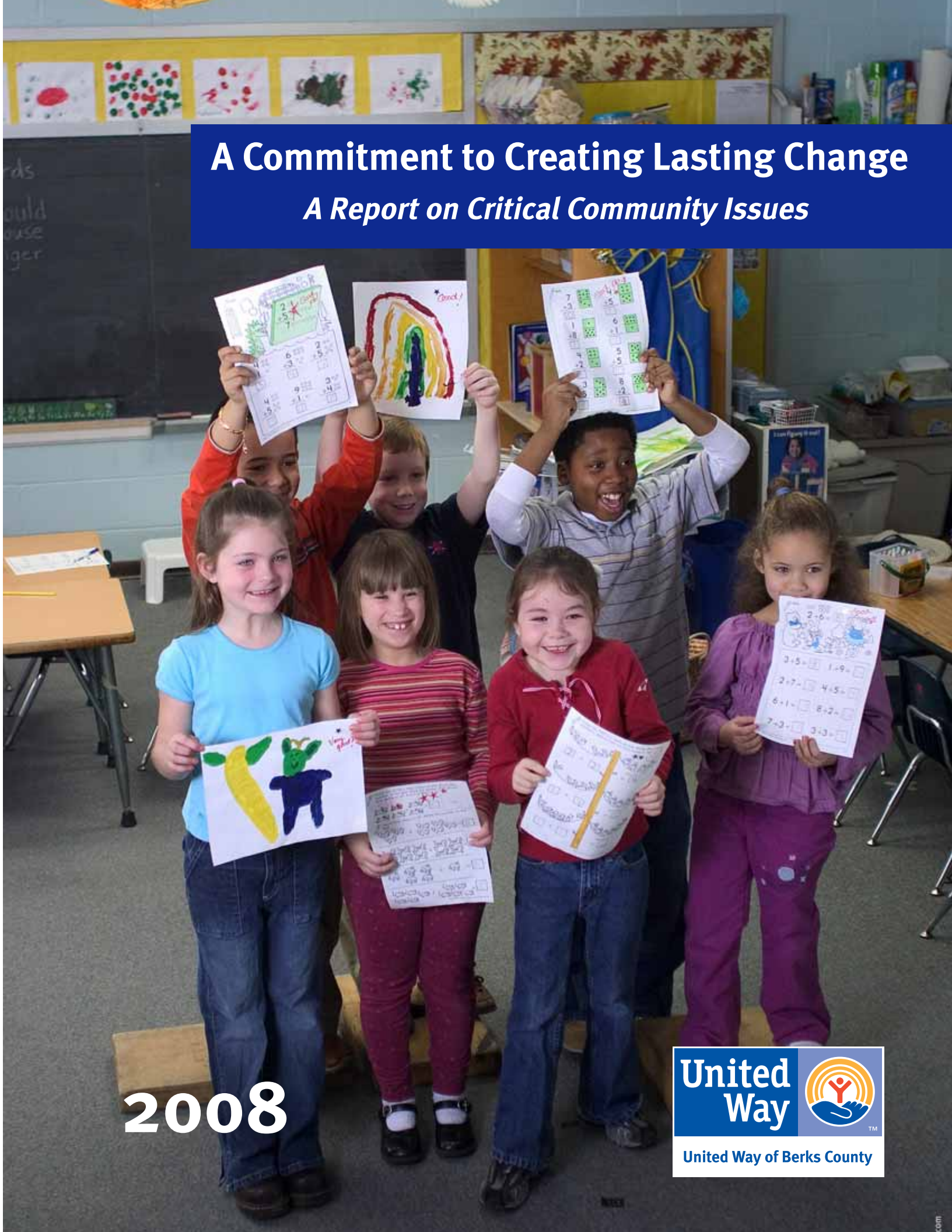
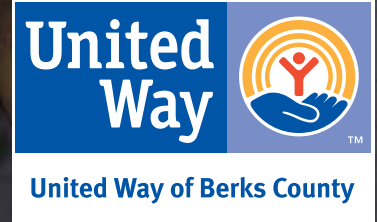


A Commitment to Creating Lasting Change

A Report on Critical Community Issues

2008



Vision

The United Way of Berks County will enhance the quality of life in our community by mobilizing the desire and capacity of people to care for one another.

Mission

To be the steward of a voluntary community process which harnesses human and financial resources toward building a stronger community through collaborative resolution of identified health and human service challenges.

Extensive time has been spent conducting research, compiling data, writing and producing this report, which has been a collaborative effort of many individuals, including:

Volunteer members of United Way Community Impact Cabinet
and
Community Impact Councils

Patricia Giles, Senior Vice President, Community Impact
Jennifer O'Brien, (current) Director, Community Research & Planning
Sharon Mast, Director, Right from the Start Initiative
Yamil Sanchez, (former) Director, Community Research & Planning
Chris Spanier, Director, Marketing & Communications
Jessica Heil, Marketing/Communications Program Manager
Joseph Pettyjohn, Resource Development & Leadership Giving Specialist

The accuracy of the information and data contained within the report has been checked and verified to the degree possible. However, in the likelihood that there are errors of fact contained in the report, we apologize in advance and ask that they be brought to our attention for correction in future reprinting of the report.

To the Berks County Community,

Although United Way is best known for our role in providing annual financial support for a comprehensive network of critically needed health and human service programs in our community, there are many other key roles that we play in support of the nonprofit sector. Over the years, one of those roles has been for United Way to provide leadership and facilitation of community research and planning efforts of various types. This report provides the results of our most recent efforts in that capacity.

In 2004, United Way implemented a new business model to ensure that we strategically address the underlying causes of our community's critical issues and collaboratively work towards solutions to create lasting change. A fundamental component of this work is to periodically examine community trends and data through the collective participation of members of Community Impact Councils formed around our five focus areas. The end product of this process is the identification of a set of key issues and community outcomes that can serve to guide the ongoing work of not just United Way, but also others in the community.

In 2007, United Way reconvened these Impact Councils to engage them in the planning and priority-setting process again and we are grateful to the many individuals and organizations who participated and who are listed in the back of this report. The continued commitment to this process they demonstrated by sharing their knowledge, expertise, experience and opinions is invaluable. In addition, we have relied upon their assistance in providing background information and data needed to develop the enclosed "issue papers". These brief overviews of each issue are intended to provide a sampling of relevant facts and data underlying each issue, and hopefully, are a fair and accurate representation of current conditions of each, although limited in scope. We believe it is important to compile and share this information with the entire community to support the collective work we must all do if we are ever to make sustained progress on addressing these challenging issues.

It is United Way's hope that the identification of these issues and the information contained in this report will form the basis for continuing community conversations as we work collaboratively to help vulnerable children, families and older adults live more positive and stronger lives.

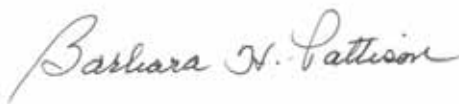
Sincerely,



Karen A. Rightmire
President



Eric Jenkins
Chair, Community Impact Cabinet
2007



Barb Pattison
Chair, Community Impact Cabinet
2008

Reading and Berks County at a glance...

	2000 Census		2006 ACS* (estimate)	
Population	Reading	Berks	Reading	Berks
Total	81,207	373,638	83,463	401,149
White	48,059 (59.2%)	329,460 (88.1%)	40,680 (48.7%)	340,569 (84.9%)
African American	9,947 (12.2%)	13,778 (3.7%)	10,220 (12.2%)	17,979 (4.5%)
Asian	1,296 (1.6%)	3,785 (1%)	1,513 (1.8%)	4,611 (1.1%)
American Indian / Native American	356 (0%)	611 (0.1%)	90 (0%)	784 (0%)
Pacific Islander	32 (0%)	77 (0%)	0	0
Two or More Races	3,392 (4%)	5,610 (1.5%)	2,866 (3.4%)	5,218 (1.3%)
Other	18,125 (22.3%)	20,317 (5.4%)	28,094 (33.7%)	31,988 (8%)
Hispanic/Latino**	30,302 (37.3%)	36,357 (9.7%)	42,204 (50.6%)	51,436 (13%)
GENDER				
Male	39,205 (48.3%)	182,956 (49%)	40,535 (48.6%)	197,249 (49.2%)
Female	42,002 (51.7%)	190,682 (51%)	42,928 (51.4%)	203,900 (50.8%)
AGE				
Under 5	7,037 (8.7%)	23,032 (6.2%)	7,080 (8.5%)	24,862 (6.1%)
5 - 19	20,094 (24.7%)	79,942 (21.4%)	21,273 (25.4%)	82,369 (20.5%)
20 - 24	6,669 (8.2%)	21,972 (6%)	6,646 (8%)	25,526 (6.6%)
25-44	23,505 (28.9%)	107,943 (28.9%)	25,404 (30.4%)	109,036 (27.1%)
45-64	13,834 (17%)	84,559 (22.6%)	15,418 (18.5%)	102,411 (25.5%)
Over 65	10,068 (12.4%)	56,190 (15%)	7,642 (9.2%)	55,945 (13.9%)
Median Age	30.6	37.4	29.6	38.1
ECONOMIC PROFILE				
Median Household Income	\$26,698	\$44,714	\$30,270	\$50,039
Families Living in Poverty	22.3%	6.3%	25.4%	7.1%
Families w/ female householder Living in Poverty	40.3%	23.3%	42.4%	23.7%
Individuals Living in Poverty	26.1%	9.4%	30.9%	10.5%
Unemployment Rate	5.4%	3.3%	6.8%	3.5%
EDUCATIONAL ATTAINMENT				
Percent HS graduate or higher	62.3%	78%	60.8%	81%

* The American Community Survey (ACS) is sponsored by the U.S. Census Bureau and is part of the Decennial Census Program. It is a national survey conducted every year to give communities a picture of changes occurring throughout a decade, between each 10 year census. The ACS is sent to a percentage of the population on a rotating basis and gives estimates of population characteristics based on this sample. **Hispanic/Latino may be of any race.

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2008-2011

COMMUNITY ISSUES & OUTCOMES

Building Self-Sufficiency

Individuals will develop their ability to care and provide for themselves and their families, in order to live independently and participate as responsible citizens in community life as much as possible.

Affordable Housing

- ❖ People have access to safe, adequate, affordable rental housing and the ability to own a home throughout the City of Reading and the County
- ❖ Both landlords and tenants are better equipped to establish and maintain positive housing relationships
- ❖ Challenged individuals* have access to transitional or permanent, supportive housing leading to housing stability

Employment

- ❖ Non-English speaking individuals are adequately prepared for employment in jobs leading to economic self-sufficiency
- ❖ Unemployed and underemployed workers develop job skills that lead to good-paying jobs
- ❖ More students successfully graduate from Reading High School

Supportive Services

- ❖ Challenged individuals* receive effective supportive services, including case management and advocacy, leading to increased self-sufficiency
- ❖ Adults improve their ability to function productively in the community by acquiring and improving their literacy and English language skills

** Definition of challenged individuals: Non-English speaking populations, the physically or mentally challenged, the criminal justice population, those with low-literacy skills, low income population, people who don't understand the "cultural rules", chemically dependent individuals and victims of domestic violence.*

2008-2011

COMMUNITY ISSUES & OUTCOMES

Caring for People in Crisis

People experiencing a crisis, disaster or emergency will have their basic needs appropriately met, ensuring their safety and security.

Basic Needs

- ❖ Disaster victims and people in crisis, throughout Berks County, have their basic needs quickly met
- ❖ People who are homeless or experiencing a housing crisis have their emergency housing needs met
- ❖ Families and military personnel who are separated in time of war have access to communication and other support services

Interpersonal Violence

- ❖ Domestic and sexual violence is reduced through effective, research-based prevention education programs
- ❖ Victims of interpersonal violence are ensured of safety and supportive services

Children and Youth in Crisis

- ❖ Runaway and homeless youth have access to safe, adequate emergency housing and support services
- ❖ Youth “aging out” of foster care are appropriately prepared and supported to successfully live independently as young adults
- ❖ Families with truant youth are quickly identified and participate in appropriate services for successful reconnection with schools
- ❖ More children declared dependent receive consistent and effective advocacy for their interests, throughout the length of their case

2008-2011

COMMUNITY ISSUES & OUTCOMES

Nurturing Children & Strengthening Families

All children and families will grow and develop in a supportive environment that meets their individual, physical, emotional, and spiritual needs that encourages them to achieve their full potential.

Early Care & Education

- ❖ All children are appropriately prepared for school success. Children have:
 - ◆ Good health and physical development
 - ◆ Emotional and social competence
 - ◆ A positive attitude toward learning
 - ◆ Good communication skills
 - ◆ Age-appropriate cognitive skills and general knowledge
- ❖ All families, especially those in greatest need, have immediate access to affordable and quality childcare

Youth Development

- ❖ Youth participate in diverse and effective out-of-school programs that are supportive and develop skills, knowledge and values
- ❖ Youth develop age-appropriate life skills and social competence and have the opportunity to effectively utilize those skills
- ❖ Youth develop and practice healthy habits and active lifestyle

Strong Families

- ❖ Parents, parents-to-be and caregivers have the knowledge and skills they need to establish strong families
- ❖ All parents and caregivers have a strong formal and informal support system for dealing with parenting and family related issues

2008-2011

COMMUNITY ISSUES & OUTCOMES

Promoting Health & Independence

Individuals will achieve physical, mental and emotional well-being and maintain independence for as long as possible.

- ❖ Pregnant women receive early and adequate prenatal care
- ❖ Children with special health care needs* maximize their potential through early assessment and effective intervention services
- ❖ Youth reduce their use of alcohol and drugs through participation in effective, research-based prevention programs
- ❖ Older adults and people with disabilities and chronic health conditions live active, productive and independent lives in their homes and communities for as long as possible
- ❖ Individuals and families experiencing behavioral health problems improve their ability to function successfully
- ❖ Incarcerated individuals with physical and behavioral health needs are appropriately transitioned to community-based services as needed upon their return to the community
- ❖ Individuals at high risk for HIV and other sexually transmitted diseases receive effective prevention and care services
- ❖ Teenagers reduce their rate of pregnancy

** Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally (definition provided by the Maternal and Child Health Bureau, US Dept. of Health & Human Services).*

2008-2011

COMMUNITY ISSUES & OUTCOMES

Developing Community Capacity

People are able to access effective health and human services that help them be productive citizens in a safe and supportive community, without discrimination and intolerance.

Accessing and Coordinating Services

- ❖ People are easily able to locate accurate information about appropriate and available health and human services
- ❖ Individuals are able to receive culturally and linguistically appropriate health and human services
- ❖ People have access to affordable transportation to reach employment, child care, health care and other needed social services
- ❖ Agencies coordinate the collection of data and delivery of services to ensure the most effective and efficient services to clients

Diversity and Discrimination

- ❖ People share a common knowledge and appreciation of the diverse populations residing and working in our community
- ❖ Individuals in Berks County have access to a community-based process to respond to incidents of discrimination

Community Service and Leadership

- ❖ Individuals, families, businesses and organizations actively engage in volunteerism and community service activities in order to improve the quality of life in Berks County
- ❖ Individuals are encouraged, trained and supported in providing effective governance and leadership of community nonprofit organizations

Community Disaster Preparedness and Response

- ❖ The community is well prepared for, and can effectively respond to, local, regional and national disasters and emergencies

focus area

Building Self Sufficiency

***Vision:** Individuals will develop their ability to care and provide for themselves and their families, in order to live independently and participate as responsible citizens in community life as much as possible.*

Building Self-Sufficiency: Affordable Housing

Community Outcome #1:

People have access to safe, adequate, affordable rental housing and the ability to own a home throughout the City of Reading and the County.

According to The State of the Nation's Housing 2007 annual report by the Harvard University Joint Center for Housing Studies, affordability remains the nation's largest housing challenge. The number of American households spending more than half their incomes on housing is rising rapidly, and one of every seven households pays more than half its income for housing. This issue has especially become a concern for low-income households, who often are unable to keep up with rising housing or rental costs.

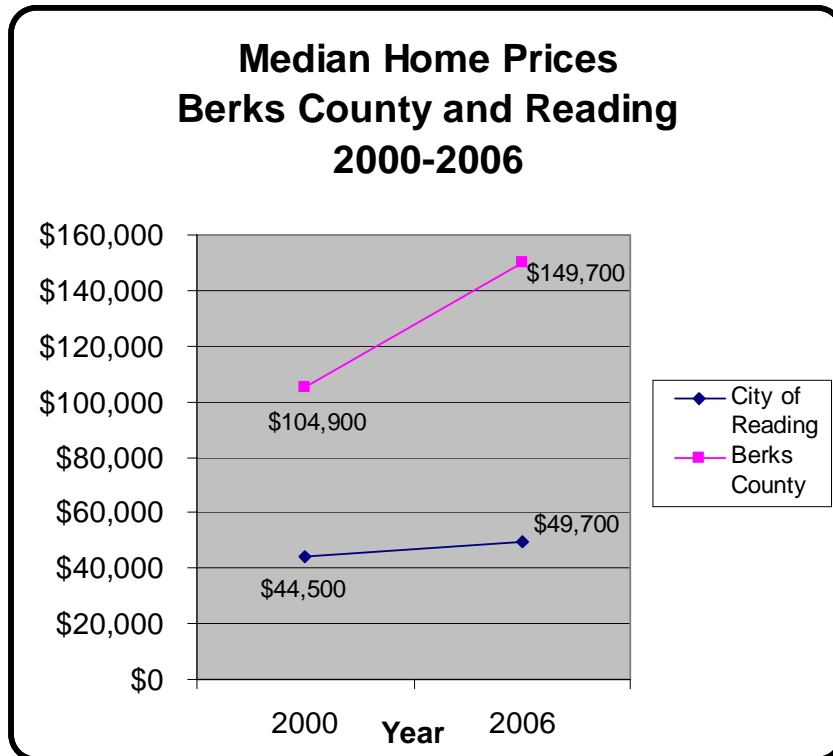
The federal government defines affordable housing as housing that costs no more than 30 % of a household's annual income. For those spending above this amount, they are classified as cost-burdened. In 2005, 78% of households earning \$23,000 or less annually were severely housing cost-burdened, in that they spent over 50% of their incomes on housing costs. Between 2001-2005 alone, 1.9 million low-income households were added to the ranks of those classified as severely cost-burdened. This issue is widespread, as 47 states reported a rise in low-income households with a severe cost burden in 2005. (Harvard University Joint Center for Housing Studies, 2007).

According to the 2006 American Community Survey (ACS) data, Berks County's monthly median housing costs were \$1,332 for mortgaged owners and \$672 for renters. When comparing these costs with people's incomes, 34 % of owners with mortgages and 43 % of renters spent 30% or more of their household income on housing. Residents in the City of Reading experience even higher challenges. The 2006 monthly median housing costs for mortgaged owners was \$848 and \$590 for renters. According to the affordability scale, the data reflects that 36 % of Reading owners with mortgages and 53 % of renters spent 30 % or more of their income on housing. Considering that 44% of the housing units in Reading are owner occupied, and 56% are rented, as compared to 73% and 27% respectively for Berks County, these numbers present an even more concerning picture for city residents. Higher concentrations of those with housing cost burdens are concentrated within city limits.

Renting often is the most affordable choice for many residents, but there are few affordable rental options outside for the city for those who have lower incomes. In addition, there is a limited supply of subsidized rental housing outside the city, which limits choices even further.

Although Reading has one of the most affordable housing markets in the United States, when comparing housing prices to median income, low income residents still have very few options if they wish to own a home. According to ACS data, the 2006 median housing cost for a home in Reading was \$49,700, compared to \$149,700 in the county. The median housing cost for a home in Berks County has increased by 29% since 2000, compared to a 10% increase within the city during the same six year period. The dramatically higher median housing cost in the county causes the goal of owning a home outside the city to be a difficult, if not impossible task, for many people. Consequently, the increased costs related with renting or buying outside of the city forces high concentrations of low income housing in the urban section of the county.

Building Self-Sufficiency: Affordable Housing



Source: U.S. Census Bureau, American Community Survey

Compounding this problem is a growth in population of 3% in the City of Reading and 7% in Berks County. The growing population continues to add to the already documented high population density in the City of Reading, and it intensifies the need for affordable housing both inside and outside the city. Supply of this housing is not keeping pace with the population growth and economic characteristics of people living in our region. With the overall decrease of available housing and rental units in our area between 2000 and 2006, lack of affordable housing becomes an even more challenging issue. With the creation of home ownership and rental opportunities at a lower cost, more Berks County residents and their families have better options for adequate housing in safer and more secure neighborhoods, thus reducing the concentration of low income families in the city.

	Population	Housing Units	Density per square mile of land use	
			Population	Housing Units
Berks County	373,638	150,222	435	174.9
Reading	81,207	34,314	8,270.2	3,494.6

Source: 2000 U.S. Census Bureau

Building Self-Sufficiency: Affordable Housing

Community Outcome #2:

Both landlords and tenants are better equipped to establish and maintain positive housing relationships.

One of the greatest challenges in the property management business is fostering good relationships between landlords and tenants. These effective relationships cannot occur without both parties being educated on their rights and obligations within this business relationship. Through providing training and knowledge on how to be effective landlords and tenants, people are better equipped to have positive housing situations that provide for personal, business, and community stability.

The American Community Survey shows that the number and percentages of renter occupied housing units in Berks County have been on the rise since 2004. From 2004-2006, Berks County actually experienced a higher increase in the number of occupied rental units versus total occupied units across the county. Within the City of Reading, over 50% of occupied housing is rented. Between 2005 and 2006 alone, there was an estimated 4.1% increase in the number of people who are renting their homes.

Berks County Renter Occupied Units

Year	Total Number of Occupied Units	Total Number of Renter Occupied Units	% of Renter Occupied Units
2004	143,544	32,869	22.8%
2005	149,068	37,967	25.5%
2006	151,380	40,742	26.9%

Source: American Community Survey

As the number of rented housing units is rising, helping landlords and tenants to have good relationships is even more critical. Too often, however, one or both parties are not aware of the laws pertaining to their responsibilities, causing problems to escalate. Every state has a specific Landlord-Tenant Act to protect the rights of both parties in a rental agreement. The act also states that the rental agreement established between the landlord and tenant should be the primary determinant of what each party can and cannot do in the relationship, as long as the agreement follows established law.

Landlords and tenants can learn this knowledge through having access to educational programs that explain state and local regulations pertaining to property management. Landlords can be assisted in drafting leases that abide by regulations, learning how to appropriately screen applicants, and in basic maintenance issues. In addition, landlords can learn how to handle tenant issues immediately upon arising. Tenants have the opportunity to learn about what being a good tenant means, and how their behaviors may impact the future of their housing. They also can learn about how to appropriately address concerns with their landlords.

Landlord-tenant trainings are offered in various cities throughout the country, and have experienced success in promoting better relations between these two groups. Empowering these groups to know their rights and responsibilities promotes long-term relationships that benefit the tenants, their landlords, and their communities. Stability in safe, maintained housing builds stronger neighborhoods, and encourages people to have a stake in what happens in their local area.

Building Self-Sufficiency: Affordable Housing

Housing that is safe, adequate and affordable is a necessary and critical component for challenged individuals to be able to live as responsible citizens. However, many individuals in our community face living on the streets or are in jeopardy of soon becoming homeless. Others have housing, but are unable to maintain it due to their particular challenges and needs. Individuals returning from incarceration, people with mental illness or substance abuse issues and those with physical or other health conditions are among the sub-groups of challenged individuals who require stable housing in conjunction with a support system to help address the various problems contributing to their housing instability. Without supportive services, most who experience housing instability will continue to bounce from one emergency system to the next, with little hope for positive housing outcomes for their futures.

For challenged individuals to reach housing stability, they first must break the cycle of using emergency shelters or other inconsistent methods of assistance as long-term options. Instead, supportive housing options should be explored, as this can lead to a more permanent solution that produces lifelong results. This housing “continuum of care” model is aimed at moving challenged populations from emergency solutions to transitional or permanent housing situations as soon as possible.

Berks County utilizes this continuum of care model in its efforts to end homelessness. The Berks Coalition to End Homelessness is working to identify local reasons contributing to homelessness and use this information in a combined prevention and intervention model to maximize services. At the last point-in-time count completed by BCEH in January, 2007, 68% of the homeless were stabilized either in transitional or permanent housing environments. While more homeless people with disabilities were fortunately placed in permanent housing from the 2006 count, efforts are still being made to provide better services to those who continually utilize emergency options or remain unsheltered.

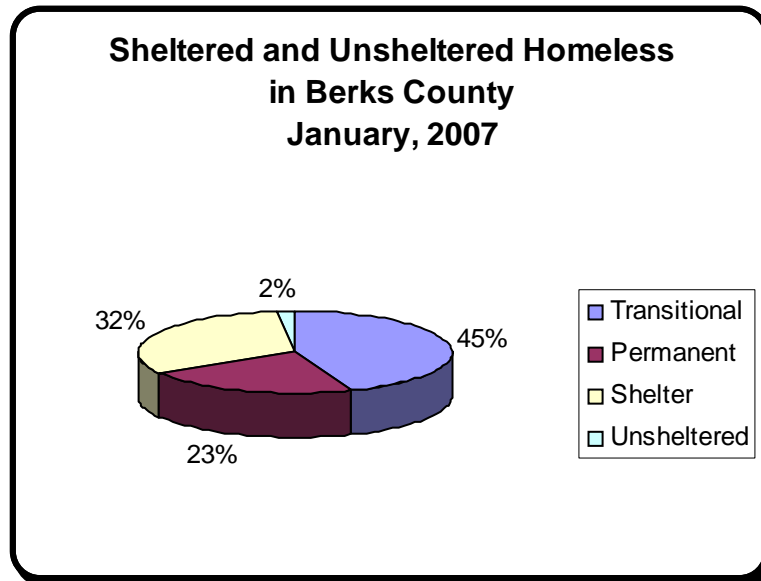
The goal for challenged populations is to help them acquire and maintain stable housing situations with as much independence as possible. However, this goal cannot be reached without the intervention of supportive elements that will help the individual progress to more independent living. Challenged individuals first must receive support in accessing housing, coupled with medical treatment and other supportive programs that will help them to better handle their needs. These programs may include case management, outpatient or in-home support to persons with mental illness or addiction issues and job skill training and placement.

**Definition of challenged individuals: Non-English speaking populations, the physically or mentally challenged, the criminal justice population, those with low-literacy skills, low income population, people who don't understand the “cultural rules,” chemically dependent individuals and victims of domestic violence.*

Community Outcome #3:

Challenged individuals* have access to transitional or permanent, supportive housing, leading to housing stability.

Building Self-Sufficiency: Affordable Housing



Source: Berks Coalition to End Homelessness Point in Time Count, January, 2007

Subsidized housing with the inclusion of these kinds of services provides for this need. Transitional housing options give challenged individuals a stable housing situation, usually for up to two years, where they receive the support they need to address their issues and move further in their independence. At the end of this transitional period, the hope is that these individuals will have received enough support to address their issues contributing to their instability, and they can be self-sufficient on their own.

For the most challenged individuals who may not ever be able to live on their own due to extreme issues, permanent, supportive housing may be the best option. With this option, these individuals are afforded a subsidized, stable housing situation for an indefinite period of time. They also receive continual supportive services to address their needs, in the hope that they can further their independence as much as possible.

Provisions of these kinds of services increase the likelihood that people can live more stable and productive lives in independent housing. Whether conducted as a prevention strategy for at-risk populations, or as an intervention for those already experiencing a housing crisis, individuals benefit from receiving services that address their obstacles to self sufficiency.

Building Self-Sufficiency: Employment

From now until the year 2015, it is estimated that half the growth in the United States working population will come from immigrants. A substantial number of these individuals will enter the workforce with little or no English proficiency. English literacy and fluency will impact the economic self-sufficiency of this population, as it has been shown that immigrants who are literate only in a language other than English are more likely to have sporadic employment, and will earn less than those who can function in the English language (The Manufacturing Institute, 2006). Data from the 2000 U.S. Census also shows a positive correlation between earning potential and English language ability (Chiswick and Miller, 2002).

While literacy and/or fluency in English is not a pre-requisite for securing a job that can sustain individual and family needs, it certainly can create more employment options for those seeking work. However, attaining fluency in a language can take up to five to eight years (Burt, 2003), which does not create a solution for the immediate need of obtaining and maintaining good employment.

The Working for America Institute conducted a study of eight workplace education and training programs that have generated innovative ways to address this problem. Common exemplary practices among these programs included offering job readiness training, where workers could learn enough English to fill out a job application and speak at an interview. Job placement services were another component of this program. On-site occupational training or apprenticeships gave the opportunity to learn job-specific vocabulary and technical skills and processes so workers could better understand job responsibilities and communicate with their peers. Offering continuous language instruction, on or off work time, with special attention to occupational needs, also furthered language proficiency (Working for America Institute, 2004).

For the businesses who utilized these practices, it was found that retention rates of LEP (Limited English Proficient) employees were improved. Those taking competency tests in their particular fields were better able to pass with the skills they had learned. Others were able to obtain skilled jobs and advance in their companies even before they were fluent in the English language (Working for America Institute, 2004).

While many employers recognize the promise of these kinds of efforts, few provide them, citing barriers such as lack of funding, personnel, and scheduling issues. These issues are very real for most companies across the nation. Some organizations have been able to overcome these obstacles and provide successful ESL programs with good outcomes. Duplication of these efforts may occur through research and implementation of similar strategies. Through treating ESL programs as a way to enhance productivity, employees are empowered with more employment options, and businesses may be helped in reaching their goals.

Community Outcome #1:

Non-English speaking individuals are adequately prepared for employment in jobs leading to economic self sufficiency.

Building Self-Sufficiency: Employment

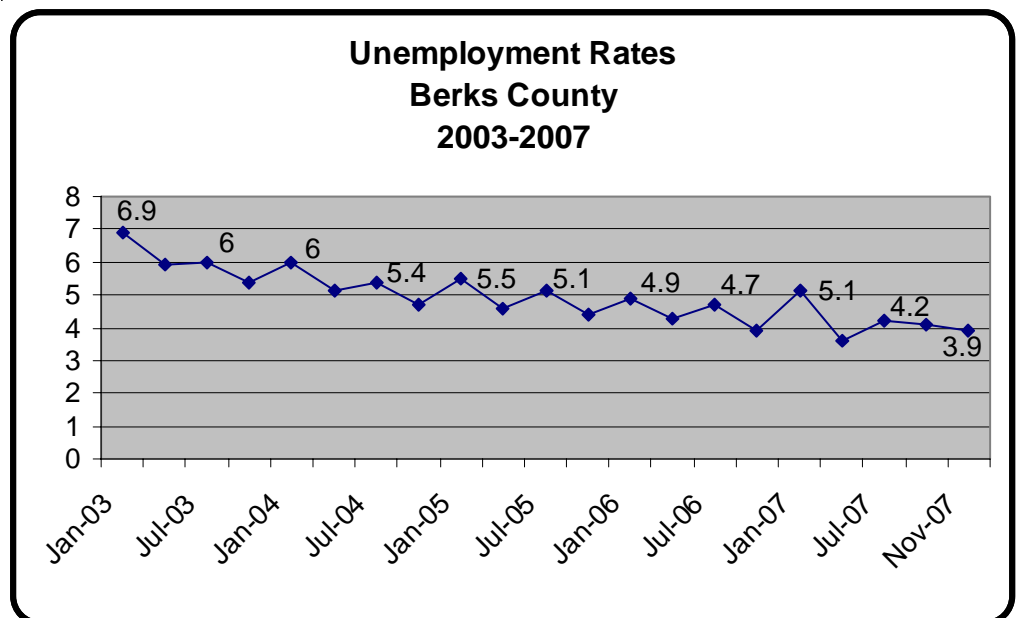
Community Outcome #2:

Unemployed
and
underemployed
workers develop
job skills that
lead to good-
paying jobs.

One of the most predictable indicators of self-sufficiency is the presence of a consistent and sustainable income. Yet, for many Americans, this factor does not exist due to being unemployed or having a job that does not pay enough to provide for individual and family needs.

With the workforce becoming more competitive everyday, the demand for highly skilled workers has greatly increased. The effects of globalization are felt throughout American business, which must be able to incorporate changes on a seemingly daily basis to remain viable in today's economy. For those workers with less education and skills, finding secure employment can be an extremely difficult task. In addition, with the growing trend to outsource work or downsize, more and more workers are left without jobs because their skills do not match the job market's needs.

Unemployment rates across our county and state are fortunately on a downward swing from the much higher rates of 2003 and 2004. While these figures do present some encouraging news, they do not represent the whole employment picture. An increasing reality is that the technological age is phasing other industries out of existence, causing once skilled workers to now be left unskilled and unemployed, with little chance of finding employment with the same earning potential.

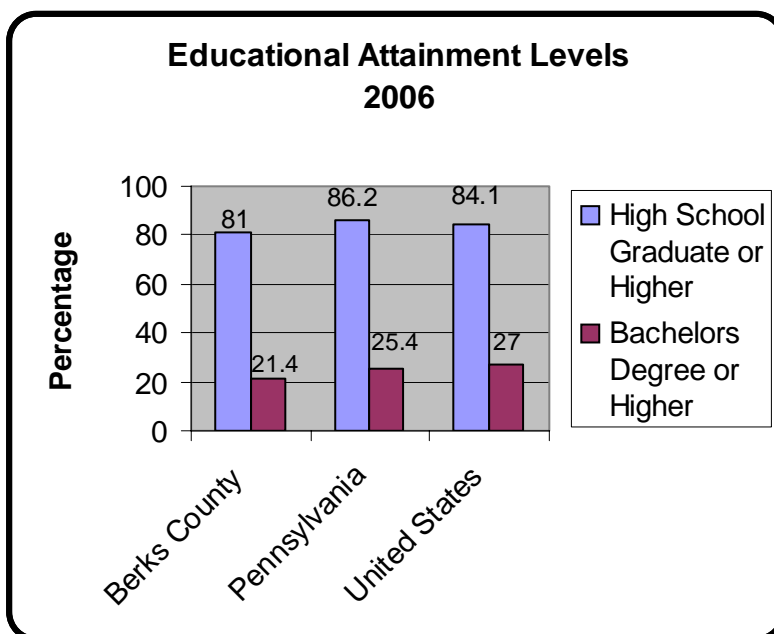


Source: United States Bureau of Labor Statistics

Education is the key to helping workers gain the needed skills to obtain and maintain good jobs. The U.S. Bureau of Labor projects that between 2000 and 2009 the number of jobs requiring at least an associate's degree or postsecondary vocational credential will have increased by 24%. By 2016, the greatest amount of growth will be in the professional, service, management, business, and financial fields. Within these fields, there will be an extremely high demand for healthcare practitioner and support jobs, technical occupations, education jobs and computer and mathematics science occupations. For all new jobs that are expected to open, 30% will require at least some type of training or education beyond high school (Franklin, 2007).

Building Self-Sufficiency: Employment

Berks County historically has lower educational attainment levels when compared to the state and nation, which can place residents at a disadvantage when seeking employment. While educational attainment levels across the county have improved a small degree since the 2000 Census was taken, there still is an imbalance between educational levels and the requirements of occupational fields that will need workers. The correlation between education levels and average median earnings is documented, especially for those with lower levels of education. Therefore, helping those who need to improve their skills becomes a crucial element for people becoming more marketable in the workplace.



Source: 2006 American Community Survey

Some inherent problems with this issue are the costs incurred in furthering education, and helping people in making career choices that have potential for adequate earnings. Addressing this concern requires having a system, such as that coordinated by the Workforce Investment Board and available at CareerLink, to help individuals access information on ways to get additional training and/or education. Expanding these kinds of programs can help fill jobs where there is a shortage of workers through connecting people with training opportunities. Additionally, high schools, higher education facilities and career training centers can provide career counseling to help those who are unsure of future employment options, whether they are seeking first time employment, or are looking to change careers. In all of these cases, educational and employment support can help people to secure and maintain employment that contributes to their living of productive and self-sufficient lives.

Building Self-Sufficiency: Employment

Community Outcome #3:

More students successfully graduate from Reading High School.

High school dropout rates are creating an epidemic across our nation. Almost one-third of our nation's students will not graduate from high school with the rest of their class (Educational Testing Service, 2005). While the reasons for dropping out are varied, the common element that exists is the long-term consequences that must be faced as a result of this one decision.

The consequences of dropping out have long been studied, and are found to cross over into all aspects of a person's life. Due to having little education, dropouts are more likely to be unemployed, or are forced to accept jobs with little earning potential. The 2000 Census Bureau data shows that high school dropouts had only a 52% employment rate, as compared to 71% for high school graduates and 83% for college graduates. On average, a high school dropout will earn \$9200 less a year than a high school graduate. They are more likely to live in poverty and receive public assistance. Education levels also seem to impact health issues—for those who did not graduate from high school, they report being in worse health than those who graduated from high school or college. (Bridgeland et al., 2006).

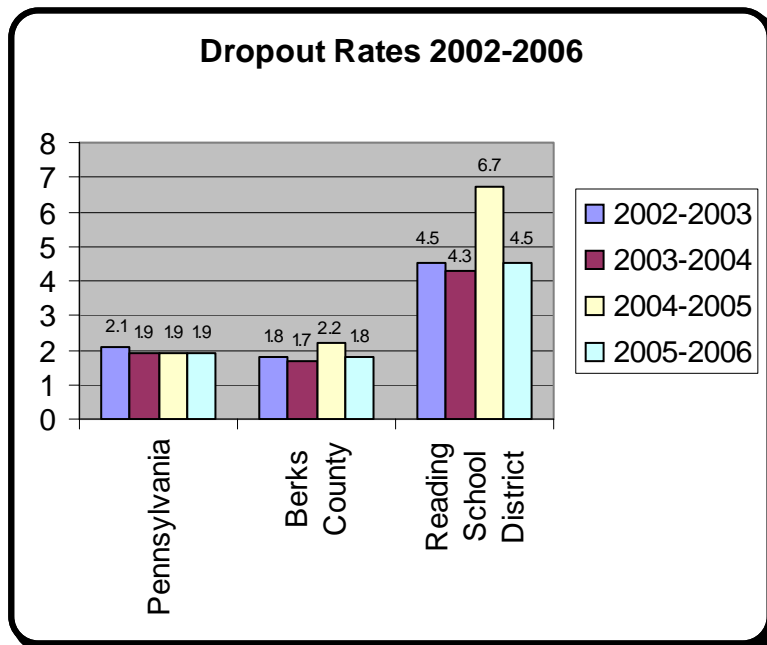
The effects of dropping out also cross into the overall health of a community. Aside from economic issues, dropouts are eight times more likely to end up in prison than those who possess a high school diploma. For each youth who drops out of school and engages in a life of criminal activity, the estimated lifetime cost ranges from \$1.7 to \$2.3 million dollars. In addition, the cycle of dropping out may continue, as many high school dropouts often have children who will eventually leave school early themselves. (Bridgeland et al., 2006).

There is no single indicator that can predict if a child will drop out of school. However, research has identified various populations who appear to be more at risk of not attaining a high school diploma. Students from low income, single parent and less-educated families are at much higher risk of dropping out (Educational Testing Service, 2005). Additionally, nearly one-half of all African-American, Hispanic, or Native American students will drop out before graduating (Bridgeland et al., 2006).

In a study conducted by Civic Enterprises, high school dropouts were interviewed to assess the reasons for why they left school. While most of the students stated that they fully realized the importance of school for their futures, they still made the choice to drop out. Many cited a lack of connection to the school environment; classes were not interesting or relevant to their lives and they felt unmotivated to work hard. Others gave personal reasons for dropping out: having a baby, being forced to get a job to make money for the family, or needing to care for an ailing family member. Additionally, others gave academic challenges as their reasons for leaving school. Some students were failing school and saw no way of catching up, while others felt they did not receive school support to help them with academics (Bridgeland et al., 2006).

This issue is a problem almost everywhere, even in communities that pride themselves on having a high percentage of college-bound graduates. However, Reading School District, with a student body comprising high percentages of students with those identified risk factors, has historically reported the highest dropout rates when compared to other districts in the county. While Berks County's last recorded overall dropout rate of 1.8 is actually below the state rate of 1.9, the Reading School District rate exceeds the county rate by 150%. Finding the dropout rate requires calculating the total number of dropouts for a given year divided by the total student enrollment for the year.

Building Self-Sufficiency: Employment



Source: Pennsylvania Department of Education

Another statistic that is useful in analyzing numbers of students who graduate is the graduation rate, which must be reported annually as part of the No Child Left Behind Act. The graduation rate measures the number of students receiving a regular high school diploma against the total number of dropouts. The state graduation target is 80%, yet the Reading School District's rate was 67.8 for the 2005-06 school year and 67.4 for the 2006-07 school year. These rates have caused the district to not meet Adequate Yearly Progress (AYP) by state standards in this particular area.

Reducing drop out rates requires taking away the barriers that prevent someone from finishing his/her high school education. Responses such as extra academic assistance, better opportunities for real-world learning and promoting better communication among parents and schools may help students to feel more engaged in their education. For those students dealing with personal issues outside of the school environment, coordinating community supports to lessen stressors in students' lives may give them a better chance to focus their efforts on school (Bridgeland, et al., 2006). While this may not always be possible due to individual circumstances, establishing supports within and outside the academic environment may encourage more students to successfully graduate from high school, and provide better options for their futures.

Building Self-Sufficiency: Supportive Services

Community Outcome #1:

Challenged individuals* receive effective supportive services, including case management and advocacy, leading to increased self sufficiency.

Individuals who experience various challenges in their lives must try and find ways to adapt and function, in spite of their needs. For many people across different populations, this fact does not occur. For the nearly 650,000 people released from U.S. prisons and over seven million who are released from local jails on a yearly basis, successful re-entry to society cannot take place due to lacking connections with employment, health care providers or housing options. The result is that these individuals resort back to criminal activity, which often continues the cycle of incarceration (Reentry Policy Council, 2005). For the homeless population, their situations may be compounded by the presence of mental or physical health issues. Of the 3.5 million people who are homeless every year in our country, the HIV prevalence rate is 3.4%, a rate three times that of the general population. (National Coalition for the Homeless, 2007). For chemically dependent individuals, their employment and/or personal lives and relationships become negatively affected through their addictions.

In all of these cases, supportive services are an avenue to helping people address their needs and maintain control of their lives. The problem exists in the fact that many of these affected individuals do not know how to access help or what programs are appropriate for their particular challenges.

For these challenged populations, having an advocate who can understand a person's needs and refer them to the appropriate sources can make a great deal of difference in the road to independent living. This advocate can be a person or organization who provides case management services that can assist with goal-setting and monitoring of progress. Case management offers support and can intervene with guidance when setbacks occur. Presence of case management also is a way to ensure that all needs are being met through coordination of services among various organizations.

Through the existence of supportive services, challenged individuals have a better chance of overcoming obstacles and achieving stability. When these people try to navigate the system alone to find assistance and solutions, they often will face complexity, rejection, unanswered questions or concerns and a feeling of helplessness. This results in needs not being addressed, and having issues turn into larger problems. Putting supportive elements in place, through the help of outside sources, helps those experiencing challenges to handle their problems directly, so they can live a more independent and productive life.

**Definition of challenged individuals: Non-English speaking populations, the physically or mentally challenged, the criminal justice population, those with low-literacy skills, low income population, people who don't understand the "cultural rules," chemically dependent individuals and victims of domestic violence.*

Building Self-Sufficiency: Supportive Services

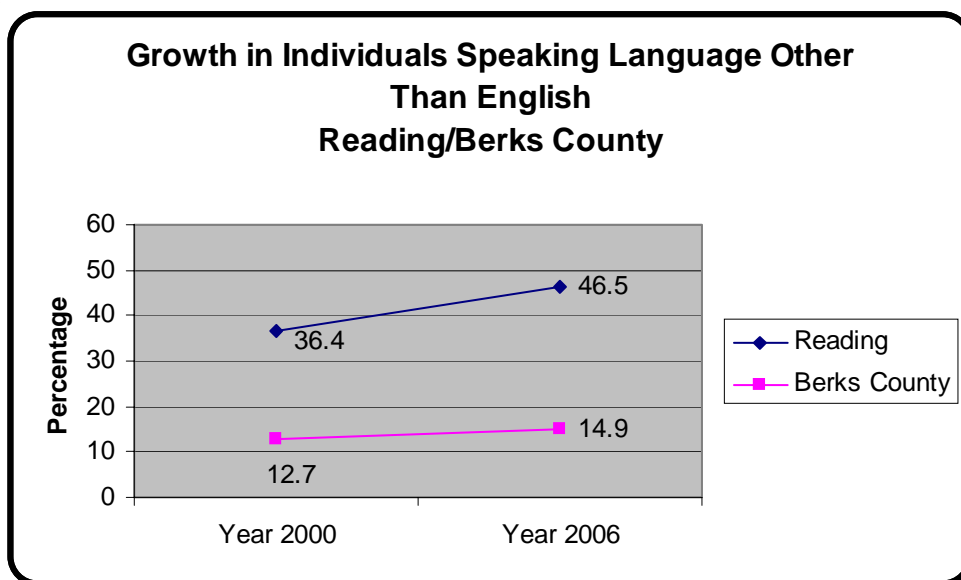
Having a strong command of the English language is a key component to productive functioning in America today. However, this fact is not a reality for many people whose native language is other than English or for those native English speakers whose literacy levels are low. For both of these populations, daily functioning can be a challenge, as so many aspects of our lives require language competence.

Part of the literacy issue includes the marked growth of non-English speaking individuals across our country. Between 2000 and 2006, there was a 17% increase in the number of people who report speaking a language other than English when at home, while in Pennsylvania, there was an 11% increase in this population during the same time period. In 2006, almost 20% of the total American population did not use English as their primary language. (U.S. Census Bureau; American Community Survey).

The changes experienced in Berks County and the City of Reading mirror these trends. While the growth across all of Berks County itself has been modest, the highest proportion of increase in non-English speaking households is occurring in the city. For most of these households, the primary language spoken is Spanish. In Berks County, there are 38,000 households who utilize Spanish as their main language, while in the city, 14% of Reading households are designated as “linguistically isolated,” in that no one over the age of 14 speaks English well (American Community Survey).

Community Outcome #2:

Adults improve their ability to function productively in the community by acquiring and improving their literacy and English language skills.



Source: U.S. Census Bureau; American Community Survey

Building Self-Sufficiency: Supportive Services

Aside from language barriers, another concern is with the numbers of individuals who are native English speakers, but possess low levels of literacy in reading and/or writing. The most recent National Assessment of Adult Literacy (NAAL) in 2003 found that 22% of Americans did not have the literacy levels to perform basic quantitative tasks such as balancing a checkbook or completing an order form. 12% were not able to read basic schedules, food and drug labels or complete a basic job application. 14% were not able to read and comprehend text found in news stories, brochures or instructional materials. Seven million Americans were considered non-literate in English, and could not communicate at even the most basic levels of our language, *not* due to language barriers.

Regardless of the reason for low functioning in English, be it a language barrier or other concern, the fact is that individuals need literacy in reading, writing and speaking English to be fully self-sufficient. Every aspect of our lives involves language; work, school and health care are just a sampling of areas where language plays an integral role. Lower literacy skills are connected to many problems in life, for individuals, their families and communities. Those with little to no literacy have greater health problems and more difficulty getting appropriate medical care. A majority of welfare recipients are shown to display the lowest literacy levels. Children of parents with low literacy levels tend to perform worse in school. The combinations of these types of literacy challenges, among many others, carries an estimated price tag of \$17 billion a year for our country (The Literacy Council of Reading-Berks, Inc.)

Therefore, the question becomes how we can address all of these language and literacy needs. Unfortunately, the need for language and literacy programs greatly outweighs the number of providers for these services. While some community-based organizations and local colleges attempt to provide services for this population, not all people will enroll in classes, and all those in need still cannot be helped due to lack of program availability. Since the problem of illiteracy affects all of us, more options need to be explored and implemented to help people gain the language skills they need. Only through these kinds of efforts can we help these individuals to function more productively as part of their families, the workforce and the community.

focus area

Caring for People in Crisis

***Vision:** People experiencing a crisis, disaster or emergency will have their basic needs appropriately met, ensuring their safety and security.*

Caring for People in Crisis: Basic Needs

Community Outcome #1:

Disaster victims and people in crisis, throughout Berks County, have their basic needs quickly met.

According to the US Census' 2006 American Community Survey, it is estimated that 42,131 people in Berks County or 11% of the total population are living below the poverty level*, which includes over 15 % of children under 18. In the City of Reading, proportions of those in poverty are even higher, as 31% of the total population and 42% of children under 18 live in poverty. Others may not be technically qualified as living in poverty by government standards, but they endure material hardships and financial pressures similar to those who are officially poor. Besides these groups of people who are forced to deal with inadequate food and goods on a continual basis, there are others who suddenly find themselves in need due to falling victim of a crisis or disaster situation. For all of these people, having their basic needs quickly met is the top priority.

During a time of crisis, whether temporary or ongoing, people need food, clothing, shelter, medication and other basic necessities in order to function in their daily lives and to work their way back to financial independence. Access to these basic needs, however, can be limited for some people. While local food banks, churches and other community organizations strive to provide programs that will reach as many people as possible, some victims still do not receive services due to transportation issues, or not knowing where to turn.

For those dealing with a disaster situation, options may be a bit easier to explore, due to public awareness of groups that are known to offer help in these situations. The local American Red Cross has always helped victims of disasters, demonstrated by their assistance with emergency food, shelter and supplies to 395 affected Berks County individuals and families in 2006-2007 (American Red Cross, Berks County Chapter, 2007). In other circumstances, friends, neighbors and community groups who know of a disaster situation will immediately mobilize their resources to provide assistance, thus preventing individuals or families from having to perform an extensive search for services in this very stressful time.

For those who deal with this issue on a daily basis, however, the challenge is deeper. While community programs can provide immediate assistance with food, clothing and shelter, these programs may be temporary in nature, and do not address the underlying problems of the reason for crisis. In addition, many of these programs rely on in-kind contributions or money to continually provide their services, causing some to not be a constant source of help. In this situation, the availability of consistent services in providing needs, along with assistance in addressing financial issues can help these people to have their basic needs met, while offering guidance on reaching future stability.

* Poverty definition — Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty.

Caring for People in Crisis: Basic Needs

The National Law Center on Homelessness and Poverty (2007) estimates that approximately 3.5 million people, 1.35 million of them children, are likely to experience homelessness in a given year. Causes contributing to homelessness span a variety of factors. While some are homeless temporarily for financial reasons, others are more chronically homeless due to issues such as domestic violence, substance abuse or mental health concerns.

Homelessness is not a new issue. Ending homelessness has been on the agendas of national, state and local organizations for years, with varying amounts of success. In 2001, The National Alliance to End Homelessness announced a plan for communities to end homelessness in a ten year period. The goal for this plan is to help identify the root reasons for homelessness, and address these reasons in a preventive manner so homelessness can be avoided.

In looking closer at the reasons causing homelessness, some issues can be addressed through a prevention model. Helping people to attain affordable housing, providing drug and alcohol prevention programs and addressing mental health issues can help many people who are on their road to homelessness. However, other factors contributing to homelessness cannot be avoided due to sudden crisis situations that may occur to an individual or family, such as eviction, a fire or natural disaster or the loss of a job. Regardless of the one or more factors that contribute to one's homelessness, the immediate goal is to have emergency housing needs met, and then explore transitional or permanent housing options as necessary and appropriate.

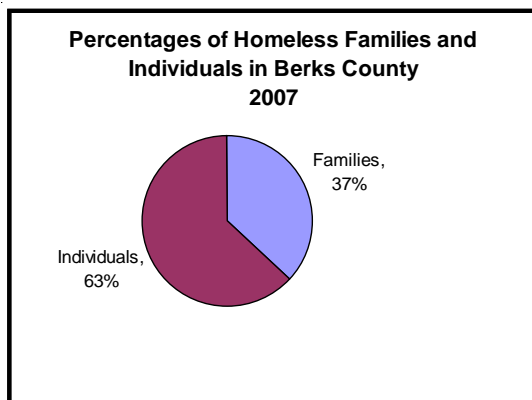
Homelessness is a difficult issue to quantify, as it may be regarded as a “revolving-door phenomenon” (National Center for Homeless Education, 2007). For most people, homelessness is a temporary circumstance, so having an actual and accurate count as to how many people are homeless in our communities can be a difficult question to answer (National Coalition for the Homeless, 2007). In addition, many homeless people cannot be counted accurately due to constant movement, or due to residing in places (i.e. vacant buildings, rural areas) where their presence is not known and cannot be tracked. For these particular people, this fact presents an additional challenge, as it is difficult to provide for their housing needs when they cannot be identified.

Here in Berks County, it is estimated that on any given day, over 450 people are homeless. Like the rest of nation, Berks County is experiencing higher numbers in the homeless population who are families. At a point in time count completed in January, 2007 by the Berks Coalition to End

Homelessness, it was found that there were 463 homeless people living in shelters or transitional housing, or living unsheltered. An additional 143 people were living in permanent supportive housing. Those living unsheltered on the streets numbered 58 at this particular time period. These numbers show that within this count, 32% were living in shelters, while an additional 2% were unsheltered, demonstrating that about one-third of the Berks County homeless are relying on emergency and/or their own means to provide for this basic need (Berks Coalition to End Homelessness, 2007).

Community Outcome #2:

People who are homeless or experiencing a housing crisis have their emergency housing needs met.



Source: BCEH, Winter point-in-time count, 2007

Caring for People in Crisis: Basic Needs

Community Outcome #3:

Families and military personnel who are separated in time of war have access to communication and other support services.

It is a fact of military life - military families are frequently separated and on the move. No matter how strong the family ties, deployments and separations often put a strain on relationships. The impact on physical and emotional health from the direct effects of combat and indirect consequences of being at war continue to be felt years after the conflict ends for both family members and military personnel. Therefore, it is crucial to provide families and military personnel access to communication and other support services. Ensuring these services, such as support groups and communication with relatives, helps lessen the emotional challenges experienced by those actively involved in war.

Given the present circumstances of war in Iraq and the War on Terrorism, there are a great deal of military men and women who are regularly deployed. In Berks County alone, many military men and women are currently serving overseas in Iraq, Afghanistan and other countries. The Army Reserve units that are located state-side in Berks County have a capacity of 350-400 personnel at any given time. The men and women serving in the reserves in the three local reserve units are expected to be deployed once every four years. Additionally, many men and women who are in the Pennsylvania National Guard are also being called to active duty to serve our country. As of the summer of 2007, there were over 460 men and women from Reading and Berks County serving in the Pennsylvania Army National Guard.

The stress placed on military men, women and their families is insurmountable. Military life often creates unforeseen hardships. The needs can include legal aid services, medical or psychiatric care, employment, housing and family and child welfare. In addition, family members rely on being able to communicate with their loved ones when dealing with serious health concerns, deaths, births or other urgent situations. When they are unable to do so, however, this impacts a family's ability to successfully continue with daily life activities. The stresses associated with war impact families in ways that lessen their ability to deal with everyday or more serious problems, which may lead to loss of work, eviction, dependency on public assistance and/or relationship difficulties. These stressors show that military personnel and their families need support services and access to resources in order to successfully maintain a functional level of living in society.

Nationally and locally, the American Red Cross provides communication and support services to both military personnel and their families. In 2007, over 196,000 military families were served through communication services provided by the Red Cross. Locally, the number of Armed Forces Emergency Communications messages steadily increased from 139 in FY 2002 to 212 in FY 2007, a 53% increase. In addition, supportive services including counseling and access to financial assistance were given to 24 families, to help provide for basic needs in the absence of their loved ones in the military (American Red Cross, Berks County Chapter, 2007).

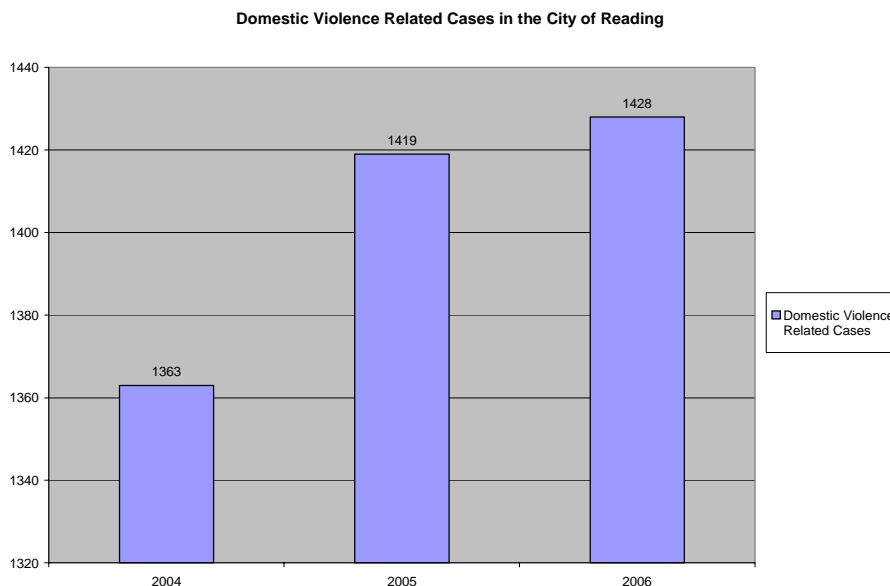
Undoubtedly, as the number of military personnel affected by the current war continues to grow, the need and number of services assisting with social, emotional, physical, financial and mental health needs for this population will also continue to increase. Having access to these services provides for the welfare of both military personnel and their families as they deal with the challenges of separation during deployment.

Caring for People in Crisis: Interpersonal Violence

Domestic and sexual violence is a serious, complex and widespread social problem in America. Estimates of domestic violence range from 960,000 incidents of violence against a current or former spouse or partner per year, to three million women who are physically abused by their husbands or boyfriends each year. This social problem does not discriminate, since women of all races are about equally vulnerable to violence by an intimate partner. In addition, victims of domestic and sexual violence may be of any age, with children and elderly often the most vulnerable. Along with the physical, emotional, and mental damage done to the victims, interpersonal violence impacts the community in a financial way. It is estimated that the health-related costs of rape, physical assault, emotional and psychological abuse, stalking and homicide committed by intimate partners exceed \$5.8 billion each year in this country (Violence Prevention Fund, 2008).

The issue of interpersonal violence, as seen daily in newspapers and TV news, also affects all communities, including Reading and Berks County. However, one of the challenges with strategically addressing this problem includes the difficulty to quantify the severity of this complex issue. The absence of recognizing all aspects of domestic and sexual violence clearly and collectively in the criminal code system makes it difficult to substantiate the severity of the problem and measure meaningful change in addressing it. In addition, since much of the violence occurs behind closed doors or occurs over extended periods of time, existing data often only represents the tip of the iceberg of the problem.

Looking at a sampling of available local data tells part of the story. At the furthest extreme, the loss of human life sometimes results from domestic and sexual violence situations. Data shared by ongoing work of the Domestic Violence Fatality Review Board led by Berks Women in Crisis reports that a total of 40 women, men and children have lost their lives to domestic violence in Berks County since 1999. In addition, Reading Police Department data shows a steady increase from 2004 – 2006 in the number of cases where the involved parties were in some sort of domestic dispute.



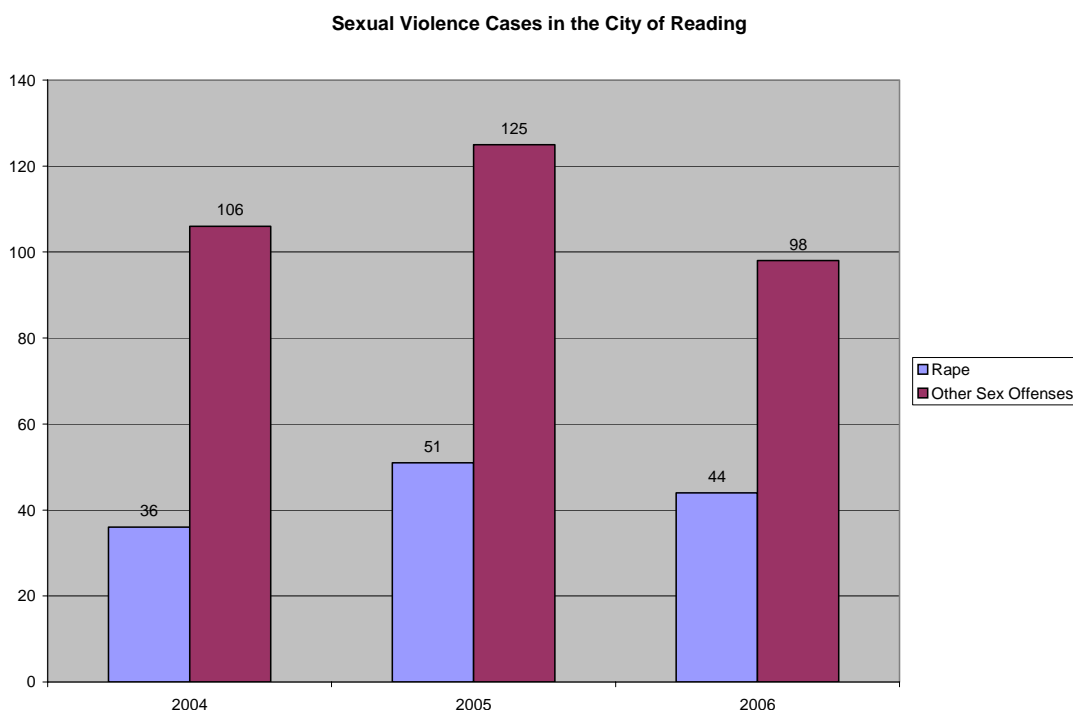
Source: Reading Police Department

Community Outcome #1:

Domestic and sexual violence is reduced through effective, research-based prevention education programs.

Caring for People in Crisis: Interpersonal Violence

Reading Police Department data also shows how local residents are affected by sexual violence. Sexual violence is categorized into two categories – rape and other sexual offenses (e.g. deviant sexual intercourse, indecent assault and exposure, incest, open lewdness, sexual abuse of a child, and sexual assault). Local data shows that from 2004-2006, the number of other sexual offenses was always more than double the number of reported rape cases.



Source: Reading Police Department

Although the statistics are grim, there has been notable progress in recognizing the need to provide legal remedies, social supports and coordinated community responses for victims. Since 2004, over 2,000 local women and children each year have sought help from Berks Women In Crisis to assist with domestic violence situations, and over 500 people a year received services for help with sexual violence issues (Berks Women in Crisis, personal communication, February 6, 2008). However, the violence cycle still continues as many families are traumatized by abuse, leading to increased rates of crime, violence and suffering. Therefore, the sole reliance on the criminal justice system is an inadequate response to this pervasive and complicated community issue, as it often can only provide a reactive versus proactive approach.

Instead, collaborative and sustained prevention programs are needed, along with the legal system, to stop domestic and sexual violence at the root level. The benefit of these programs is that it prevents violence before it occurs, and as a result, they help strengthen families and deter violence, rather than tearing families apart after abuse has occurred.

Caring for People in Crisis: Interpersonal Violence

Around the world, at least one in every three women has been beaten, coerced into sex or otherwise abused during her lifetime by a spouse or intimate partner (Violence Prevention Fund, 2008). From mothers and daughters who live in quiet suburbs to friends and neighbors who work in big cities, few people, particularly women, are immune to the possibility of someday becoming a victim of interpersonal violence. The effects of a rampant community issue like interpersonal violence, which touches the lives of so many people, adversely impacts individuals, families, and society in general. Those victimized often feel a sense of vulnerability, helplessness, and in extreme cases, horror. Children, particularly those who witness violence, are likely to view a world that is hostile and dangerous, putting them at risk of developing psychological symptoms related to stress induced by the violence. Research has shown that exposure to violence may have enduring consequences to a child's development. School-age children exposed to interpersonal violence are at higher risk for delinquency, substance abuse, school drop-out, and difficulties with personal relationships (Linares, 2001; Volpe, 1996).

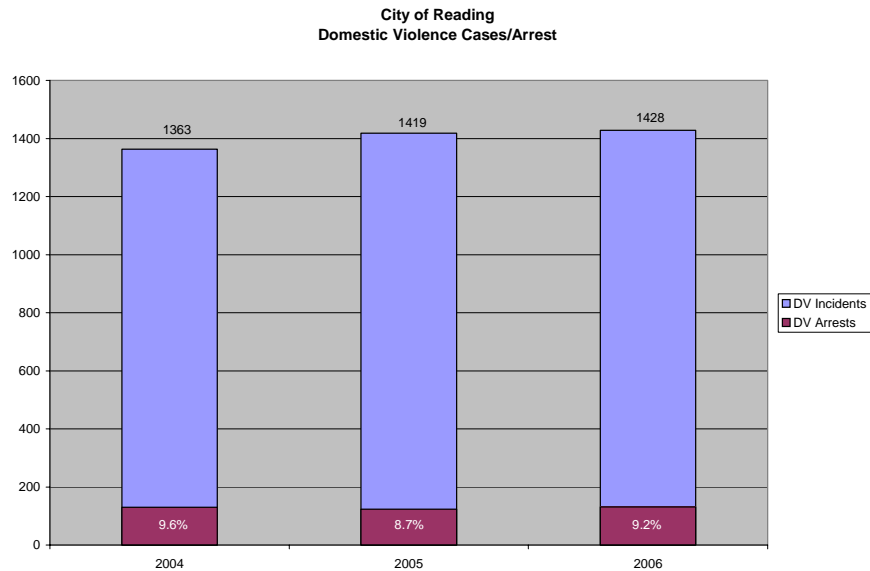
This daunting reality has served as an impetus for legislation to intervene and protect victims of interpersonal violence. The Family Protection and Domestic Violence Intervention Act of 1994 allows victims of domestic violence to receive assistance from their local law enforcement agencies and courts to ensure their safety. However, in addition to a required synergy among the government organizations designed to help individuals inflicted by violence, victims also need to know what resources are available to them in the community. Coordinating the efforts of community and legal resources can help provide for the safety of victims and their families.

While part of the often-hidden problem of interpersonal violence is that victims choose not to report, another concern is the disparity between reported cases and the number of arrests. Local data from the Reading Police Department shows that less than 10% of reported cases in 2004, 2005 and 2006 related to domestic violence resulted in an arrest. Although the data shows a steady increase in the number of domestic violence cases during the last three years, the cases resulting in an arrest has remained a dismal fraction of the total incidents. The low number of cases resulting in an arrest and/or charges against an abuser does not reflect the reality that many victims of interpersonal violence face in our community. In high numbers, many people across Berks County have taken measures to provide for their safety through the use of Temporary Protection From Abuse orders. While the numbers of these orders have decreased, they still demonstrate that violence is apparent across our county.

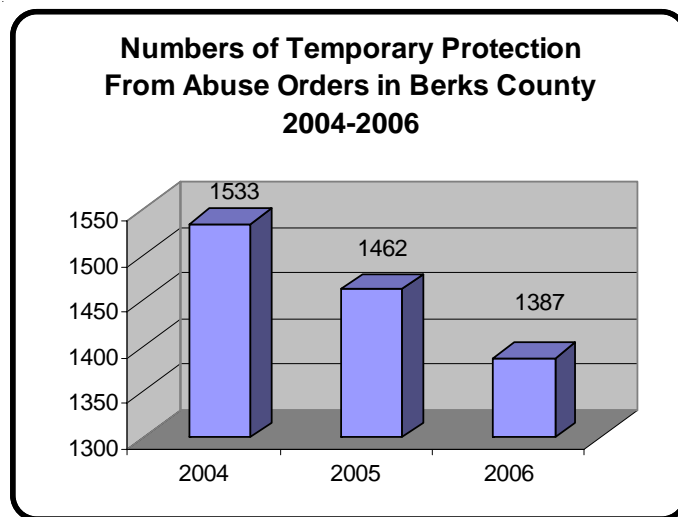
Community Outcome #2:

**Victims of
interpersonal
violence are
ensured of safety
and supportive
services.**

Caring for People in Crisis: Interpersonal Violence



Source: Reading Police Department



Source: Reading Police Department

The danger of failing to provide safety and supportive services to victims is that if left untreated, the cycle of violence will continue. Those who are abused often become perpetrators of abuse. Research on the intergenerational cycle of violence indicates that adults who were traumatized by abuse as children are more likely to commit crimes at a later age. Many victims also become substance abusers and suffer from behavioral and emotional problems (Linares, 2001; Volpe, 1996). High rates of physical and mental illness, suicide, substance abuse and addictions, behavioral problems, prostitution, promiscuity, and criminal behaviors are linked to interpersonal violence. These long term effects of violence and abuse harm both the victim and everyone around them to some degree, resulting in a significant expense to society.

Caring for People in Crisis:

Children and Youth in Crisis

It is estimated that there are between 1.6 and 2.8 million runaway and homeless youth living on the streets in the United States every year (National Runaway Switchboard, 2007). Reasons for these high numbers include: abuse and/or violence in the family, divorce or arrival of a stepparent, death in the family, birth of a new baby, family financial worries, alcohol or drug abuse by the child and/or parents or peer pressure and problems with school. Unfortunately, these are problems faced by many teens across all communities. Youth who consider running away might not know how to solve tough problems or do not know where to turn to for help. According to the National Runaway Switchboard (NRS), an organization that answered 113,916 calls in 2006, one in seven kids between the ages of 10 and 18 will run away at some point. A survey conducted by the NRS indicates that about 16 % of runaways have been abused physically, emotionally or sexually. They also report that 76 % of the callers in 2006 were female.

Unfortunately, the problems kids hope to escape by running away are replaced by other, sometimes even bigger, problems on the streets. People, no matter what age, often become desperate when homeless, and may get involved in risky situations. Runaways get involved in dangerous criminal behavior much more often than kids who live at home. Homeless youth are more likely to become involved in prostitution, use and abuse drugs, and to engage in other dangerous and illegal behaviors (Moore, 2008). Youth who live on the streets often steal to meet basic needs. In addition, homeless and runaway youth are at a higher risk for physical and sexual assault or abuse and physical illness, including HIV/AIDS. They also experience poorer health, and are at greater risk for illness because they tend to live in less healthy housing situations, are exposed to more unsafe conditions, do not have access to regular meals, and are less likely to have access to health care.

The number of youth who run away from home and are in high-risk situations is a cause of great concern. The problem of runaway youth is prevalent throughout all states, including Pennsylvania. NRS reported 4,427 runaway youth in Pennsylvania during the 2006 calendar year. Taking a look at the calls made from the local area, NRS reports that 737 runaway calls to their hotline were made from the 610 area code.

The issue of runaway and homeless youth is difficult to document since many move from place to place, “couch surfing” from one friend’s house to another. This behavior is common in order to secure a place to stay. However, safe and available shelter is an ongoing problem for the local runaway and homeless youth who have no other safe alternative when living on the street. According to the Berks County Intermediate Unit Homeless Student Program, there were 487 documented homeless students across Berks County during the 2002-2003 school year. This number does not account for the homeless youth who are not enrolled in schools, living on the streets, in non-relative housing, or those who are involved in systems such as foster care, juvenile justice, mental health/mental retardation or group homes. Presently, there are no shelters in Berks County that will house an unaccompanied youth under the age of 18. As a result, runaway and homeless youth in Reading/Berks do not have access to safe and adequate emergency housing and are forced to remain homeless or live in environments that may be unsafe.

Community Outcome #1:

Runaway and homeless youth have access to safe, adequate emergency housing and support services.

Caring for People in Crisis:

Children and Youth in Crisis

Community Outcome #2:

Youth “aging out” of foster care are appropriately prepared and supported to successfully live independently as young adults.

Unfortunately, a small proportion of children who enter the foster care system do not regain permanent status with their parents, kin or adoptive parents, and live in foster care until they reach the age of majority. The foster care system is designed to provide a safe place for children facing crisis situations like abuse or neglect. However, foster care is intended to be a temporary service with a goal of reunifying children with their parents whenever possible. Unfortunately, many children cannot be reunited with their family, primarily because the courts and the child protective agency conclude that they would be at continued risk of abuse or neglect or because their parents are simply not able to care for them. These youth — about 20,000 per year in the United States — stay in foster care until they are emancipated after their eighteenth birthday (Center for Law and Social Policy, 2007). Although some of these youth return to their families after emancipation, many are completely without support, other than minimal government programs. Therefore, despite the additional support mandated by the Foster Care Independence Act, emancipated foster children over eighteen years of age must seek independent means of support.

Life’s challenges are often greater for foster youth who age out of the system. Studies of aging out foster youth present a consistent picture - higher rates of homelessness, unemployment, and involvement with the criminal justice system when compared with others in the same age group. In a 2004 report entitled “Troubled Water: Foster Care Youth and College,” Dr. Gary Anderson and Dr. Rosalind Folman of the Michigan State University School of Social Work found that young adults out of foster care are 51 % more likely to be unemployed, 27 % more likely to be incarcerated, 42 % more likely to be teenage parents, and 25 % more likely to be homeless (Corrigan, 2004). Other statistics also indicate that these youth are at higher risk for substance abuse, domestic violence and poverty.

One of the grim realities for these young people is that less than one-third of the states offer former foster youth ages 18 to 21 access to Medicaid coverage. In addition to having to figure out how to cover medical expenses, education is another obstacle that youth who age out are often forced to face alone. Young people who have aged out of foster care and are no longer receiving services, yet are still enrolled in school, have the poorest attendance records. On average, children in foster care attend school only 76 % of the time. Academic success is often a goal many fail to achieve as evident by studies that report high school dropout rates among foster youth as high as 55 % (Center for Law and Social Policy, 2007).

Locally, 148 Berks County youth aged out of foster care between January 2004 and December 2006. The reality for these youth is that, at age 18, the county relinquishes responsibility, unless the child is going through a course of medical treatment or is some form of educational placement. Current case law has helped to extend the term “educational placement” to include high school, GED, technical school, or college. With a special petition, courts can grant the extension of support systems until the dependent youth is 21 years of age.

With cooperative efforts between the courts, schools, community and health organizations, youth who are aging out of foster care can gain the support they need to have a smoother transition into adulthood. Since this very at-risk population faces countless challenges upon exiting out of the foster care system, putting support systems in place offers more opportunities for these youth to achieve success and have better futures.

Caring for People in Crisis:

Children and Youth in Crisis

Truancy is a problem in school districts nationwide. It is a growing issue that has significant negative influences on youth and costs taxpayers thousands of dollars. It is associated with students of all ages, from all ethnicities, race and socioeconomic backgrounds. With daily absentee rates as high as 30 % in some cities, it is not surprising that truancy is rated among the major problems facing our educational system today.

Truancy refers to any unexcused absence from school, but states determine their own laws pertaining to when a student should start school, when a student can legally drop out, and the number of unexcused absences before a student is considered legally truant. Truancy has been clearly identified as one of the early warning signs of students headed for potential delinquent activity, social isolation, or educational failure. Working to decrease truancy rates could directly impact even bigger and longer-term issues, such as substance abuse, low self-esteem, unwanted or unplanned pregnancy, gang activity, dropout rates, gang activity and involvement in criminal activities (National Center for School Engagement, 2007). These serious delinquent activities and negative outcomes among youth then develop into significant unconstructive behavior as adults.

Truant students who are quickly identified and reconnected to school through intervention programs have a greater chance of graduating and securing future employment or higher education. Reducing truancy improves the community's overall economic health. It simultaneously lessens the cost of providing the multitude of services needed as a result of the negative behaviors associated with truancy. Failing to address this issue has a compounding effect on both the youth and their community.

Truancy is a complex problem requiring a comprehensive response from educators, law enforcement agencies, courts, communities and families. Prevention efforts are typically school-based, court-based, or community-based. However, the best efforts incorporate all three components and provide a continuum of prevention and intervention strategies. Cost-benefit studies indicate that truancy reduction programs are inexpensive relative to the cost of students who drop out of school. A 2002 report by the Colorado Foundation for Families and Children on three truancy reduction programs in Colorado estimates a minimum savings of over \$208,000 per youth who graduates as a result of their efforts.

The scope of the truancy problem is difficult to measure, and data are extremely limited due to inaccurate attendance records at the classroom and school district levels, and inconsistencies in reporting data at the state level. The No Child Left Behind Act (NCLB) requires, for the first time, that school districts submit attendance data to their state government agencies if they are to receive federal money for education. It is hoped that this action will be a positive step in producing more accurate data relating to truancy issues (National Center for School Engagement, 2007). Locally, over 100 students each school year have been referred to Berks County Children and Youth Services for truancy issues since 2004. If students meet the criteria for truancy, they then receive intervention services to reconnect them to their schools.

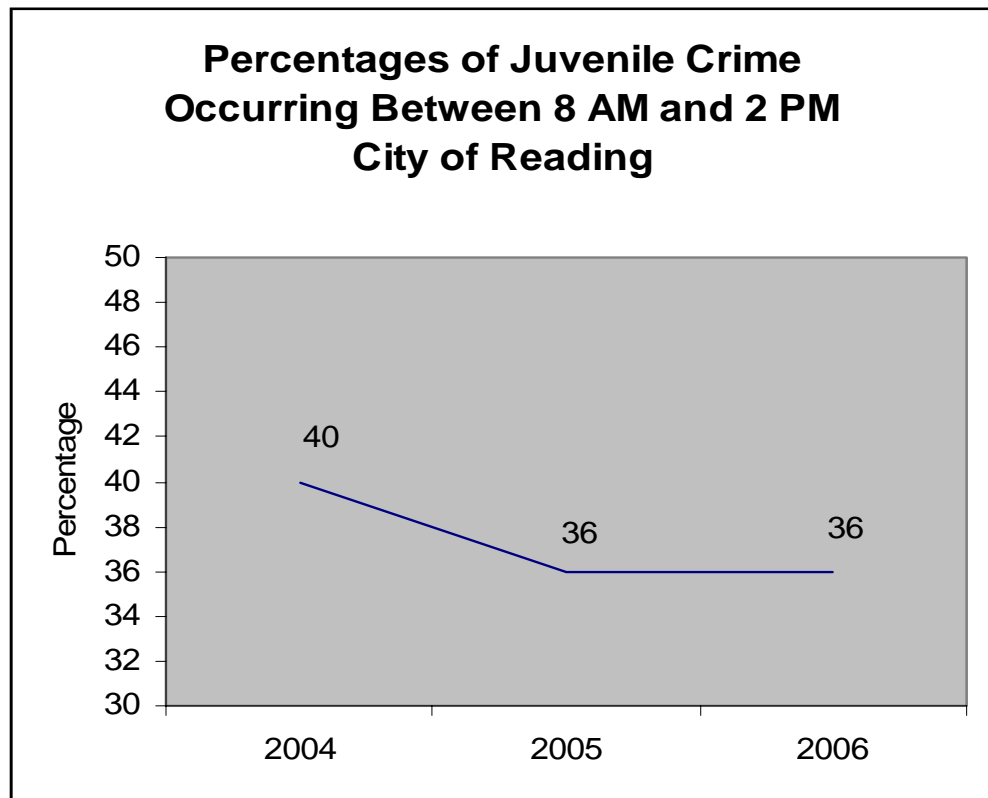
While the scope of the truancy problem is difficult to measure, the outcomes of truant behavior are very clear. Communities with high rates of truancy are likely to have corresponding rates of daytime criminal activity and vandalism. During school hours, truant youth are vandalizing cars, shoplifting, and placing graffiti on buildings. In 2004, the Reading Police Department found that over one-third of juvenile crime occurred between the hours of 8:00 am and 2:00 pm when truant students should

Community Outcome #3:

Families with truant youth are quickly identified and participate in appropriate services for successful reconnection with schools.

Caring for People in Crisis: Children and Youth in Crisis

be in school. While numbers have dropped slightly between 2004 and 2006, it still demonstrates that students who are not in school are highly involved in negative activities.



Source: Reading Police Department

Caring for People in Crisis:

Children and Youth in Crisis

Child abuse is not just an individual or familial problem – it is found throughout all American communities. Child abuse occurs at every socio-economic level, across ethnic and cultural lines, within all religions and at all levels of education. The most devastating reality is documented by the U.S. Department of Health and Human Services Child Welfare Outcomes 2003 Report, estimating that four children die everyday because of abuse.

Unfortunately, child abuse and neglect is far more prevalent than the official data suggests. The Administration for Children and Families of the U.S. Department of Health and Human Services estimates that the rate of child abuse is three times greater than the reported three million reports made annually. In addition, the Uniform Crime Reporting Program of the FBI shows that children who have founded cases of abuse often have experienced abuse in other circumstances prior to an official report being made.

In our own state and community, the Pennsylvania Department of Public Welfare tracks the number of child abuse reports, and the numbers of these which are substantiated. During the period of 2003-2006, Pennsylvania and Berks County experienced differing results. While across Pennsylvania, the total numbers of reports given remained fairly steady, the numbers of substantiated reports decreased. Berks County experienced opposite results, with a lower number of general reports, and an increase in substantiated reports.

Child Abuse Reports 2003-2006

Year	Pennsylvania Total Reports	Berks County Total Reports	Pennsylvania Substantiated Reports	Berks County Substantiated Reports
2003	23,602	865	4,523	131
2004	23,618	890	4,628	145
2005	22,854	749	4,390	137
2006	23,181	758	4,152	171

Source: Pennsylvania Department of Public Welfare

The effects of child abuse spill out of the family and affect society. The effects of child abuse on victims are devastating and life-long. Beyond the obvious effects of abuse such as physical injury, victims of emotional, physical, sexual and verbal abuse experience psychological damage that can last a lifetime. A 2005 National Clearinghouse on Child Abuse & Neglect Information reported that 80 % of young adults who had been abused met the diagnostic criteria for at least one psychiatric disorder at the age of 21, including depression, anxiety, eating disorders and post-traumatic stress disorder. A 2002 study by McLean Hospital's Developmental Biopsychiatry Research Laboratory and Brain Imaging Center found that repeated sexual abuse affects the function of a key brain region relating to substance abuse.

Community Outcome #4:

More children declared dependent receive consistent and effective advocacy for their interests, throughout the length of their case.

Caring for People in Crisis: Basic Needs

State agencies are ill equipped to handle the range of concerns experienced by abused and neglected children and their families today. Their limited resources go to the most serious cases of maltreatment while other families with “less serious” problems receive little, if any, attention. Families where there is abuse and neglect experience a range of difficult social and health problems. For example, most states cite parental alcohol and drug abuse as their most pervasive child safety concern. Poverty, economic stress, housing, mental health problems and adult domestic abuse are also significant issues affecting the well-being of children. Parenting ability is also a concern, particularly for teen parents and inexperienced young families who have a poor understanding of child development.

Therefore, children who have experienced abuse need strong advocates who will stand up for them with confidence. Children nationwide find themselves vulnerable and alone in a giant system that is often at odds in determining their future. These victimized children are drawn into an overburdened child welfare system that is hard pressed to address their individual needs. While some of these children remain at home throughout the time efforts are made to provide for their safety, others are placed in foster or other substitute care placements. Due to complex home situations and lack of resources, some children can spend years in foster care until they are reunited with their birth families, or are placed in an adoptive home.

In many communities, Court Appointed Special Advocates (CASA) volunteers serve as the much needed voice for abused children. CASA volunteers serve this need by providing an essential presence that reminds everyone involved – from parents and caseworkers to lawyers and judges – that, at the heart of each case, is a child who deserves a safe and loving place to call home.

Today, CASA has grown to a network of over 50,000 volunteers that serve 225,000 abused and neglected children through 900+ local program offices nationwide. CASA volunteers are trained to act as first-hand experts on the individual needs of abused and neglected children, giving them the best possible chance at a hopeful future. An independent research study conducted in 2006 by the U.S. Department of Justice Office of the Inspector General reported that a child with a CASA volunteer is less likely to reenter the child welfare system, with re-entry numbers being consistently reduced by half. They also determined that a child with a CASA volunteer is more likely to be adopted, and that when a CASA volunteer is assigned, a higher number of services are ordered for children and families.

CASA is just one of the possibilities that can provide advocacy for youth who have experienced abuse in their lives. With the high numbers of children who are victims of abuse, and the documented consequences that may happen from abuse, developing and expanding similar advocacy programs can provide better futures for these children.

focus area

Nurturing Children & Strengthening Families

Vision: All children and families will grow and develop in a supportive environment that meets their individual physical, emotional, and spiritual needs that encourages them to achieve their full potential.

Nurturing Children & Strengthening Families: Early Care and Education

Overview

The future of any society depends on its ability to foster the health and well-being of the next generation. In order for children to develop the behaviors and skills they need to navigate through life successfully, they need safe, healthy, nurturing and stimulating relationships and environments during their early formative years.

An explosion of research over the last two decades in neurobiology confirms that children are born learning. The first five years of a child's life is a crucial time of brain development as the basic architecture of the brain is constructed through a process that begins at birth and continues into adulthood. Recent advances in the study of brain development show a sensitive period when the brain is most able to respond to and grow from exposure to environmental stimulation. Through this process, early experiences create a foundation for lifelong learning, behavior, and both physical and mental health which increases the probability of later academic achievement, mastery of social skills and an emerging sense of self-esteem and confidence (National Research Council, 2000). All aspects of human capital, from work force skills to cooperative and lawful behavior, build on the skills that are developed during the early childhood years, beginning at birth.

The quality of stimulation and opportunities children have through caring relationships with parents and other caregivers who are responsive to a child's needs, provides a critical element to this developing foundation. However, many children are not getting enough quality experiences and relationships during these very crucial developmental years. If parents and caregivers are faced with persistent social and economic challenges, it can be increasingly difficult to focus on providing their children with quality time, attention and opportunities. Unfortunately, nearly one in four children begins life with disadvantages from which they may never be able to recover both academically and socially (Skonoff, 2000).

Research clearly points to the need for increased public investments in quality early learning as an effective approach to prevent serious outcomes such as homelessness, poverty, and incarceration. Nobel Prize winning economist James Heckman shows that the greatest return on investment is achieved by investing in children at the earliest age possible. Heckman's research is based on the fundamental evidence that investments made in early childhood create a "skill multiplier" effect. However, while 85% of a child's core brain is formed by age 3, less than 4% of public investments in education have occurred by that time (Bruner, Family and Child Policy Center, 2005). The end result of failing to prepare children for school creates a significant economic and social burden on the community and its resources.

Nurturing Children & Strengthening Families: Early Care and Education

Children have:

- **Good health and physical development**
- **Emotional and social competence**
- **A positive attitude toward learning**
- **Good communication skills and**
- **Age-appropriate cognitive skills and general knowledge**

School readiness has been defined many different ways but is nearly always defined in terms of children's skills or characteristics. Entry to kindergarten is the critical point at which readiness becomes a concern with immediate as well as long term ramifications for school success. Children who enter kindergarten with the full range of cognitive and social skills needed to get off to a good start in their education tend to progress well through school. When children start school with serious cognitive and social deficits that put them two or more years behind, they are rarely able to catch up. Although there is no standardized assessment of children's readiness skills used in Berks County, Reading School District estimates that 70% of children entering kindergarten lack one or more skills needed to be successful in school.

Factors that have been most consistently associated with a child's preparedness for school include the child's health, the family's socio-economic status and background characteristics (particularly a mother's education, single parent status and mental health), the home and community environment and participation in some type of preschool program. Although navigating through a certain amount of adversity is part of growing up, children who live with multiple risk factors decrease their odds for early success in school. Researchers show that children with two or more risk factors have a far greater chance of negative outcomes such as homelessness, poverty and incarceration throughout their school years and beyond (Schorr, 1989).

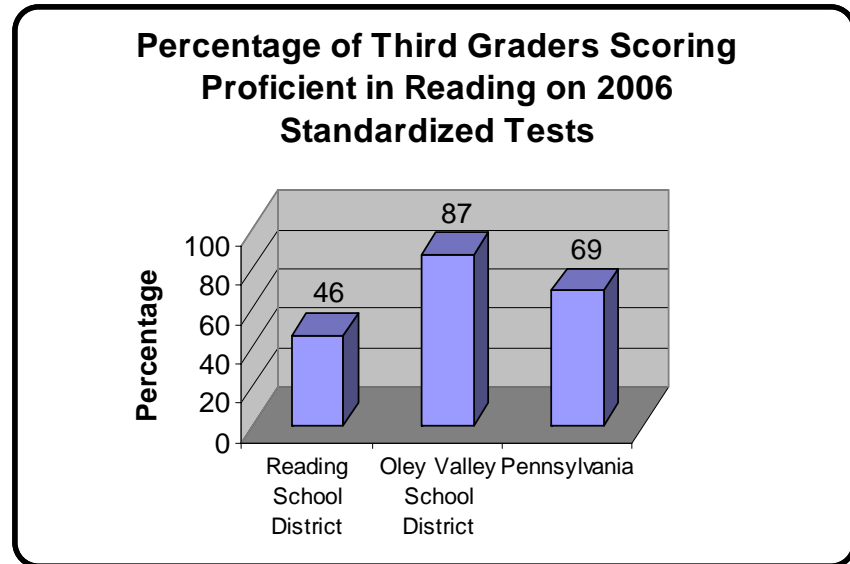
Parents play a significant role as teachers in preparing their young children for school. Children grow and thrive when they have both nurturing relationships and cognitive stimulation during their early developmental years. Social and emotional skills learned early in life dramatically influence academic achievement more than cognitive ability, leading to greater motivation, self-discipline and persistence.

One of the biggest predictors of children's long-term success in school is their reading ability in third grade. One of the biggest influences on reading ability is early exposure to books and storytelling. While the average child growing up in a middle class family has been exposed to 1,700 hours of picture book reading by 1st grade, a child growing up in a low-income family has been exposed to only 25 hours of one-to-one reading by the same age. Likewise, a two-year old with a college graduate parent typically knows 800 to 1,000 words, while the two-year old with a high school graduate parent knows an average of less than 200 words (U.S. Department of Education, 1996).

Community Outcome #1:

**All children are
appropriately
prepared for
school success.**

Nurturing Children & Strengthening Families: Early Care and Education



Source: Pennsylvania Department of Education

Although “windows of opportunity” for skill development and behavior management can remain open for many years, trying to change behavior or build new skills later in life requires more work and is more ‘expensive’ (National Research Council, 2000). For society, this means that remedial education, clinical treatment and other professional interventions are more costly than providing children with nurturing relationships and appropriate learning experiences earlier in life. Therefore, giving children these experiences and relationships as early as possible will provide positive influences that will carry over into school success and success in other areas of their lives.

Nurturing Children & Strengthening Families: Early Care and Education

Childcare refers to the care and education of children by someone other than parents. The settings in which this takes place encompass a wide range of options, from state regulated care in licensed childcare centers, group and family childcare homes, to more informal care by family, friends and neighbors (FFN). Quality childcare refers to the safety, development and nurturing of children that is given, regardless of the provider. Longitudinal studies on quality childcare environments have shown that these environments later reduce crime rates, teen pregnancy, welfare dependence, job training costs, special educational costs and grade repetition. Likewise, quality childcare increases success in school, graduate rates, workplace readiness, job productivity and community engagement. For every dollar originally invested in quality early care, the public saves an estimated \$17.00 per child in providing future intervention services (Heckman, 2004).

The significant societal and economic changes that have occurred over the last few decades in the United States mean that most parents (men and women) are employed and must rely on some form of childcare for their children. According to 2006 Census Bureau data, 62% of all children under 6 years of age in Berks County had both parents in the work force, as did 74% of children 6-17 years of age. Unfortunately, access to dependable, convenient, affordable and high quality care is a constant struggle for most middle and low-income families.

Quality child care is in short supply, and it is difficult to afford for most families, especially those with a lower income level. This impact is often exacerbated by the fact that 33% of children, birth to five, have a sibling in that same age range who also needs childcare (National Council of Women's Organizations, 2003). Many parents have a personal preference for the type of care their children receive, but their choices are often dictated by affordability, availability and accessibility. For middle and low income working families of children between the ages of three to five, childcare is the third greatest expense after food and housing. The average cost of fulltime childcare in Berks County is \$158/week for infants and \$131/week for preschool children. Even though government subsidies are available for low-income families, funds are not adequate to meet demand. From April to September 2007, 6000 infants and preschool children were served in subsidized childcare slots, at which time the waiting list averaged over 300 children.

Unfortunately, these issues are compounded for those who qualify for TANF cash assistance (Temporary Assistance for Needy Families), since they are now mandated to enter the workforce within seven days of qualifying for assistance. In Berks County, 85% of TANF participants reside in the 19601 and 19602 zip codes where there is a severe lack of childcare providers to meet their childcare needs. This lack of immediate availability has caused parents to lose or be denied employment opportunities or be forced to use less desirable childcare arrangements.

Many of the employment opportunities available to parents include second and third shift or weekend work. Accessing quality childcare during these hours is difficult, as most childcare centers only operate during daytime hours. In Berks County, only two licensed childcare centers have non-traditional hours, while 26 of 69 family day care homes provide some non-traditional care such as 24 hour and /or weekend care. Another challenge is the high cost of providing infant care, due to required lower provider-infant ratios, additional staff training and space and equipment needs. This fact creates lower numbers of infant care providers, and furthers the challenge for parents to access this care.

Community Outcome #2:

All families, especially those in greatest need, have access to immediate, affordable, accessible and quality childcare.

Nurturing Children & Strengthening Families: Early Care and Education

While children benefit greatly from quality childcare environments, access to quality childcare reaps rewards for parents and employers as well. When parents can feel confident that their children are in stable, quality care situations, it equates to a more productive workplace environment that experiences reductions in employee absenteeism and turnover. Without good childcare, families risk unplanned disruptions in their employment which can negatively affect job performance and job advancement opportunities, possibly resulting in lower wages or even job loss. The alternative often leaves children at risk in unsafe, inappropriate, non-stimulating conditions that may lead to potentially negative consequences for their growth and development. Therefore, investing in early quality childcare minimizes these challenges, and produces lasting effects for children, their families, and the community.

Nurturing Children & Strengthening Families: Youth Development

Overview

Adolescence is a time when youth need to acquire the attitudes, competencies, values and social skills that will carry them forward into adulthood. Research now supports what parents have long suspected – a teen’s brain is different from the adult brain. Recent research by scientists at the National Institute of Mental Health using MRI (Magnetic Resonance Imaging) found that the teen brain is not a finished product but instead a work in progress. These new findings show that the greatest changes occurring between puberty and adulthood are to the parts of the brain that are responsible for functions such as self-control, judgments, emotions and organization.

All adolescents, regardless of background, have a multitude of developmental tasks they need to undertake in order to make a successful transition into adulthood. These include:

- Adjusting to a maturing body and feelings and establishing a sense of identity
- Developing critical thinking, problem solving, and coping skills and applying these skills to real life situations
- Identifying values and belief systems
- Understanding and expressing more complex emotions, forming friendships and relationships with parents that are mutually supportive and
- Meeting the demands of increased roles and responsibilities (Vernon, 1995)

While many teens navigate successfully through this transition period, others will struggle and engage in risk behaviors that limit their future potential. By age seventeen, approximately one quarter of our youth have engaged in behaviors that are harmful or dangerous to themselves such as using drugs, taking part in antisocial activities and failing in school (Carnegie Corporation, 2005). These risk taking activities occur among adolescents from all family income levels and backgrounds; however they are more probable among low income youth where opportunities to develop critical life skills may be lacking.

Ensuring the healthy growth and development of adolescents must involve a comprehensive community approach that creates safe and supportive environments, promotes positive relationships with adults, and provides opportunities to engage in activities and lifestyles that aid in overall development. Engaging youth during this critical period can have a powerful social and economic impact on the community, including higher workplace productivity, lower health care costs, lower prison costs and improved human welfare. If the vitality of a society is dependent on the quality of its people, their knowledge and skills, then this is an essential and wise investment of resources.

Nurturing Children & Strengthening Families: Youth Development

Community Outcome # 1:

Youth participate in diverse and effective out-of-school programs that are supportive and develop critical skills, knowledge and values.

During a typical week, as many as 14 million children and youth across the U.S. lack adult supervision during non-school hours. This lack of supervision contributes to higher incidences of illicit, delinquent and criminal behaviors, especially during the hours of 3-7pm (Fight Crime: Invest in Kids, 2000). When middle school students are supervised out of school, they are 50% less likely to smoke, drink or abuse drugs (Richardson, 1993). Given these facts, as well as children's need for educational support and positive influences, there is a growing need for greater access to a variety of constructive out-of-school activities.

It has been well documented that children who participate in out-of-school programs and activities miss fewer days of school, show better rates of homework completion and school behavior, and have higher test scores when compared to peers who do not participate in out-of-school activities. This participation translates into higher graduation rates and lower costs to remedial and special intervention services (University of California, 2001).

Children and adolescents who gain the most from participating in out-of-school activities are low-income youth, youth from non-English speaking families, students who do not perform well in school, and those who live in dangerous and chaotic neighborhoods (Quane, 2001). However, for some youth, barriers such as transportation, household responsibilities (i.e. the need to care for younger siblings while parents work), and not feeling connected to their peers often turns them away from participating. Likewise, many parents cannot afford out-of-school activities or do not promote their child's participation in them often due to a lack of understanding of how the program works, or how it can benefit their child's development.

Providing a variety of opportunities (enrichment, homework and literacy assistance, sports, arts, community service, job skills training, etc.) promotes higher participation and interest levels among youth. Involvement in quality programs enables youth to gain knowledge, practice new skills, and transfer these worthwhile experiences into more healthy feelings about school and community. These opportunities also increase the likelihood of positive adult and peer influences, positively impacting a youth's sense of self worth and self confidence.

Young people are not the only ones to benefit from quality out-of-school programs. Working parents feel more secure knowing their children are safe and supervised. Lower juvenile crime rates mean less police protection and security costs. Skills gained in effective programs transfer into experience and competence needed in today's workplace environment. Because out of school programs provide such positive returns, investing in more of these programs, especially for at-risk youth, will eventually pay for itself in tax dollars and lives saved.

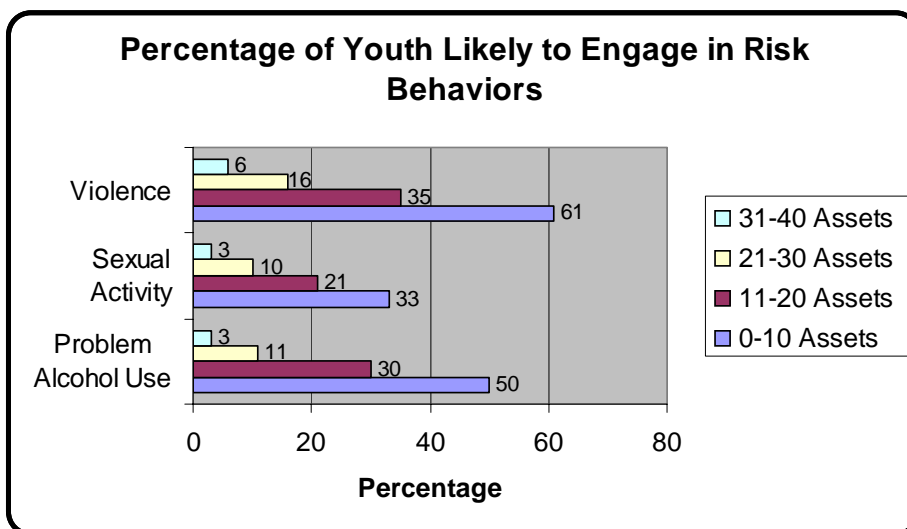
Nurturing Children & Strengthening Families: Youth Development

Adolescence is a critical period for building skills and positive habits that carry into adulthood. This is the age children develop the ability to think abstractly, to understand consequences and to solve problems. Social interactions become increasingly complicated as more time is spent with peers and interactions with the opposite sex increase. During this time, children also learn to feel competent and productive or inferior and invisible, which can lead to lasting social, intellectual and emotional consequences (Csikszentmihalyi and Schneider, 2000). If youth are given the opportunity to be participants rather than just recipients in the learning process, they feel a sense of personal control and view themselves as being valuable and effective in shaping the outcomes of their lives.

With the increase of peer pressure as well as influences from movies, music and the media, youth need the protection afforded by an array of essential skills. Life skills and social competencies are “assets” or “protective factors” that help youth resist unhealthy behaviors and attitudes and fall within three basic categories: social and interpersonal skills (i.e. communication, negotiation/refusal skills, assertiveness, cooperation and empathy), cognitive skills (i.e. problem solving, understanding consequences, decision making, critical thinking and self-evaluation) and emotional coping skills (i.e. managing stress, managing feelings, self-management, and self-monitoring). Search Institute, a research organization specializing in youth development, finds that the more assets youth possess, the better chance they have of engaging in positive behaviors (Search Institute, 1997).

Community Outcome #2:

Youth develop age appropriate life skills and social competencies and have opportunities to effectively use these skills.

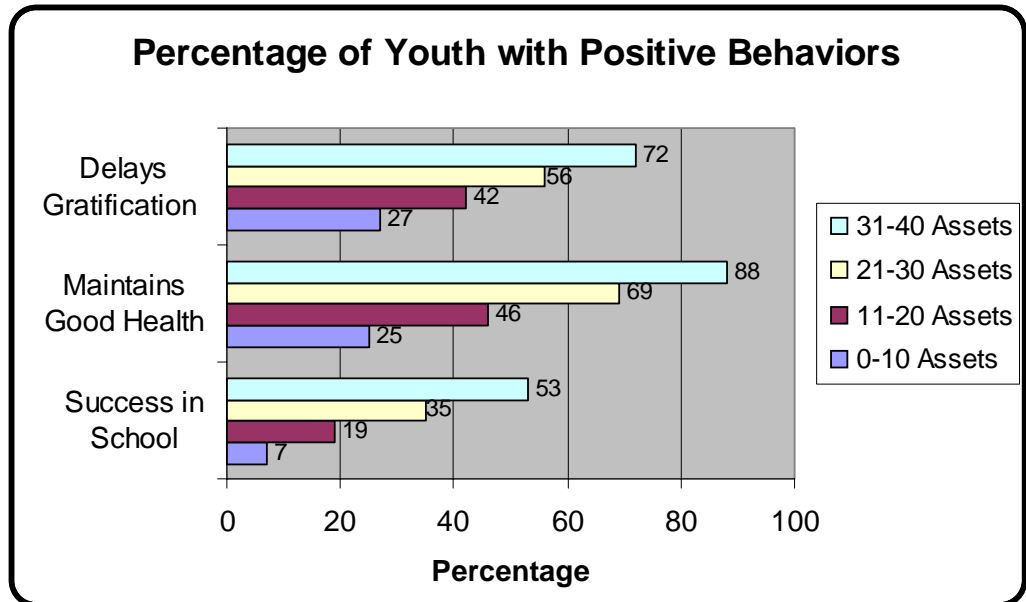


Violence - Has engaged in three or more acts of fighting, hitting, injuring a person, carrying a weapon or threatening physical harm in the past 12 months.

Sexual Activity – Has had sexual intercourse three or more times in their lifetime.

Problem Alcohol Use – Has used alcohol three or more times in the past 30 days or got drunk once or more in the past two weeks.

Nurturing Children & Strengthening Families: Youth Development



Delays Gratification – Saves money for something special rather than spending it right away.

Maintains Good Health – Pays attention to healthy nutrition and exercise.

Success in School – Gets mostly A's on report card.

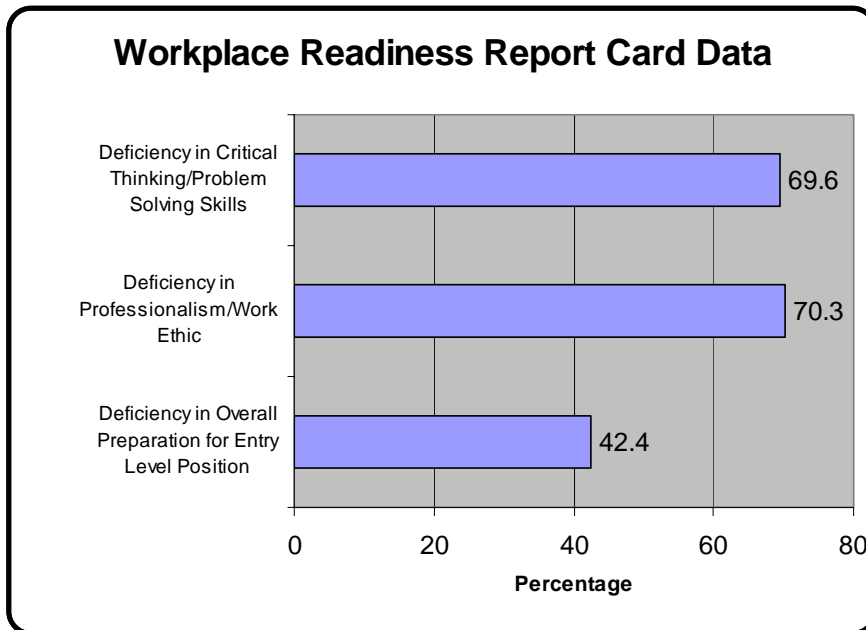
Assets are relationships, opportunities, skills, and values that enable young people to make the most of their lives.

Source: Search Institute, 1997.

Teaching life skills can be incorporated into every environment where adolescents are present, including clubs, sports, volunteering, and leadership opportunities. The more opportunities youth have in which to practice these skills with peers and other individuals, the more confidence they gain. Through hands-on experiential learning youth test themselves as leaders, broaden their horizons and increase their expectations of their futures.

Not teaching life skills may create a future economic loss for the community. According to a 2006 Workplace Readiness Report Card, employers expect young people to arrive in the workplace with a set of skills critical for success in the 21st century U. S. workforce. These skills include critical thinking and problem solving, as well as more social skills such as professionalism, work ethic, oral communication skills and teamwork/collaboration. Unfortunately, the current reality is that a majority of new employees are deficient in many of these areas.

Nurturing Children & Strengthening Families: Youth Development



Source: Are They Really Ready to Work? By The Conference Board, the Partnership for 21st Century Skills, Corporate Voices for Working Families and the Society for Human resource Management, 2006

Because developing life skills and social competencies are critical for success as adults, giving youth more opportunities to acquire these skills is an essential factor in providing for their futures. Helping youth to make responsible choices, exhibit self-control, and get along with others will assist them as future contributing members of their communities.

Nurturing Children & Strengthening Families: Youth Development

Community Outcome # 3:

Youth develop and practice healthy habits and active lifestyle.

An active and healthy lifestyle is one that is best started and reinforced throughout childhood and adolescence in order to have the most sustainable power of becoming a lifelong habit. Unhealthy lifestyle behaviors (i.e. poor eating habits, drinking, smoking, and lack of exercise) are often difficult to change as an adult and costs an estimated \$100 billion dollars annually to society (American Academy of Child and Adolescent Psychiatry, 2001). Unfortunately, health problems typically seen in adulthood such as hypertension, high cholesterol, diabetes and asthma are now being seen at alarming rates in children and teens.

Good health facilitates learning. Children and adolescents who eat nutritious meals are able to concentrate better, attend school regularly, are less aggressive and show better behavior overall (Kretchmer, 1995). However, according to the Center for Disease Control, 85% of high school students do not eat the recommended daily servings of fruits and vegetables and 85% of adolescent females do not consume enough calcium. Consumption of milk and dairy among young women has decreased by 36% while the consumption of soft drinks doubled from 1978 to 1998. To further the problem, while the cost of nutritious food is climbing faster than the rate of inflation, many “junk” foods are becoming cheaper. The lack of nutritional value in many “junk” and fast food items contributes to the alarming rise in obesity among youth.

Obesity rates among children and teens have reached epidemic proportions the last few years. The U.S. Department of Health reports that 9 million or 16% of U.S. children are overweight. In the last thirty years, the obesity rate for 2-5 year olds and 12-19 year olds doubled, while for children 6-11 years of age it has tripled. According to a 2002 report from the National Institutes of Health, overweight adolescents have a 70 % chance of staying overweight into adulthood. The rate of overweight children in Pennsylvania is 18%, which exceeds the national average. More alarming is that 27% of low-income children 2-5 years of age in Pennsylvania are overweight or at risk of being overweight (Pennsylvania Department of Health).

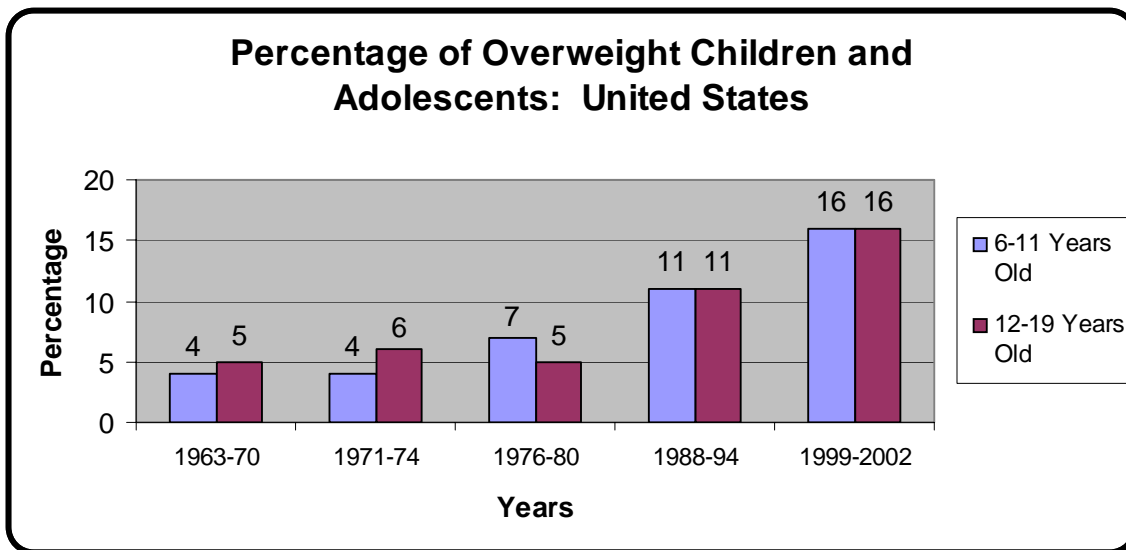
According to the American Heart Association, physical inactivity has also greatly contributed to the increase in the prevalence of childhood obesity and hypertension in the U.S since 1980. The National Institutes of Health recommends that children get one hour of moderate exercise everyday and watch TV or play video games less than two hours a day. Yet, only one in three children is engaged in that level of activity according to the Center for Disease Control (2000). Equally important is the benefit of physical activity in reducing feelings of depression and anxiety and promoting psychological well-being. When children and teens keep their bodies and minds active and engaged, they are better able to handle day to day physical and emotional challenges as well as more difficult conditions such as depression. According to the Nemours Foundation (2008) depression affects 17 million people of all ages, races, and economic backgrounds, including an estimated 1 in 33 children and 1 in 8 teens.

While the use of alcohol and illicit drugs and engaging in early sexual activity are also unhealthy habits, they are addressed under the Promoting Health and Independence focus area. However, every day in the United States, approximately 3,900 youth age 12-17 try their first cigarette. Although percentages of high school students who smoke have declined in recent years, 23% of high school students still report current use. If these current patterns of smoking behaviors continue, an estimated 6.4 million of today’s youth may die prematurely from a smoking related disease (Center for Disease

Nurturing Children & Strengthening Families: Youth Development

Control 2005). In addition, youth 12-17 years of age who smoke are 8 times more likely to use illicit drugs and 11 times more likely to drink alcohol (Institute for Youth Development, 2004)

We cannot dispute the correlation between unhealthy lifestyle choices and the potential for long-term irreversible consequences. Providing youth and their families with the knowledge and means to effectively make healthy lifestyle choices is essential for the economic health of the community.



Source: PA Healthy Kids Report, 2006 Governor's Cabinet on Children and Families

Nurturing Children & Strengthening Families: Strong Families

Overview

Dramatic changes have occurred within American families over the last several decades. Families have become extremely mobile and often function without the help of extended family members. Parents experience difficulties juggling family and employment as more women enter the workforce and have a greater need for childcare services. Persistent economic hardships along with the increased number of women who are single heads of households undermine the health and welfare of child development.

Parenting is often considered the most important yet most challenging job that adults will undertake in their lives, yet most do so with little or no training. Few parents, however, even in the best of circumstances, escape feeling frustrated and overwhelmed at times by the demands of raising children. While most American families function adequately or better, there are many others that struggle to provide consistent care and support for their children. The Annie E. Casey Foundation defines “family strengthening” as a deliberate process of giving parents and caregivers the necessary opportunities, relationships, networks and supports to raise their children successfully, which includes involving parents as decision makers in how their communities meet family needs. The underlying principle of the foundation’s work is that children do well when their families do well, and families do better when they live in supportive communities and neighborhoods.

“The Family: America’s Smallest School”, a 2007 report compiled by the Educational Testing Service, highlights some important family and home characteristics that make a significant difference in the cognitive development and school achievement of children. These include growing up in a single parent household, having a mother with a high school education or less, being raised in poverty, not receiving the necessary opportunities for literacy and language development, and not having resources in the home that promote educational development. In addition, when parents are isolated, involved in difficult relationships, experience constant stress and lack the necessary information on child development and child rearing techniques, their ability to build a healthy family can be severely compromised. As parents try to balance work and family they often have fewer hours than past generations dedicated solely to their children. Children from such families often start kindergarten with undeveloped skills, have ill health and/or behavioral problems or engage in risk behaviors as an adolescent.

By creating a supportive and deliberate parent and caregiver system we can improve the well being of all children and families. In turn, strong families become the backbone of communities where children can thrive. The return from this long term investment is healthy productive citizens who eventually become effective parents and caregivers themselves.

Nurturing Children & Strengthening Families: Strong Families

Parents' or caregivers' knowledge of child health and development, how they handle stress and unexpected circumstances and the way they interact with their children has a direct effect on their child's ability to reach physical, intellectual and social/emotional milestones throughout their formative years. When children and adolescents grow up with negative influences or realities like poverty, too much time alone, physical and sexual abuse, a lack of positive adult role models and TV/media overexposure, it becomes more difficult for them to develop healthy and productive habits. Parents and caregivers who have the knowledge and skills to be proficient in their roles understand how these items affect the growth and development of their child. Consequently, they engage in parenting techniques that help their children and families thrive.

Effective parenting programs strengthen knowledge and skills by using a wide range of positive parenting practices in group and home settings. In the last thirty years, home visiting has emerged as a core strategy for enhancing the skills of parents and caregivers of very young children and linking high risk families to resources in the community. Research and program delivery experience demonstrate that home visiting programs can improve a focused set of outcomes, including positive changes in parenting practices, gains in child development, reductions in child abuse and improvements in a mother's life course (Weiss, 2006).

While parenting children in the early years is critical for a strong foundation in life, it is equally important for parents to recognize that adolescence is a period of extensive personal development with its own set of parenting challenges. According to Search Institute, understanding how to help adolescents navigate through this developmental period is critical to their ability to relate to the world around them, make positive choices and have a positive view of their future. For parents and caregivers this means creating a supportive home environment, setting boundaries and having expectations for their child. It also means providing children with creative activities and opportunities to learn and practice new skills, values and social competences. When parents and caregivers provide these relationships, opportunities and skills to children, they act as assets or protective factors that strengthen a child's resiliency to negative influences. In a national survey of 100,000 youth in the 6th through 12th grades, only 26% of youth felt they could go to their parents for advice and support; only 43% had clear rules and boundaries and consequences for their behavior and only 24% spent three hours or more a week reading for pleasure (Search Institute, 1998). These statistics show that there is a benefit in providing programs that can give knowledge and support for parents and caregivers as they work to create positive, enriching environments for their children.

Community Outcome # 1:

Parents, parents-to-be and caregivers have the knowledge and skills they need to establish strong families.

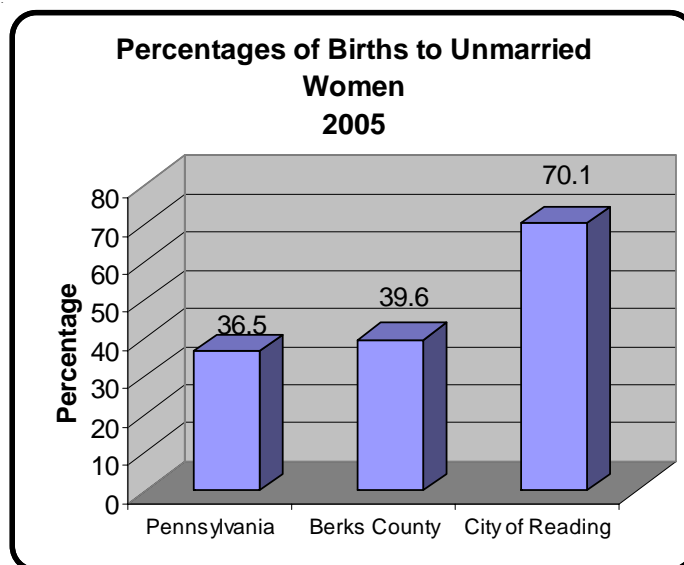
Nurturing Children & Strengthening Families: Strong Families

Community Outcome # 2:

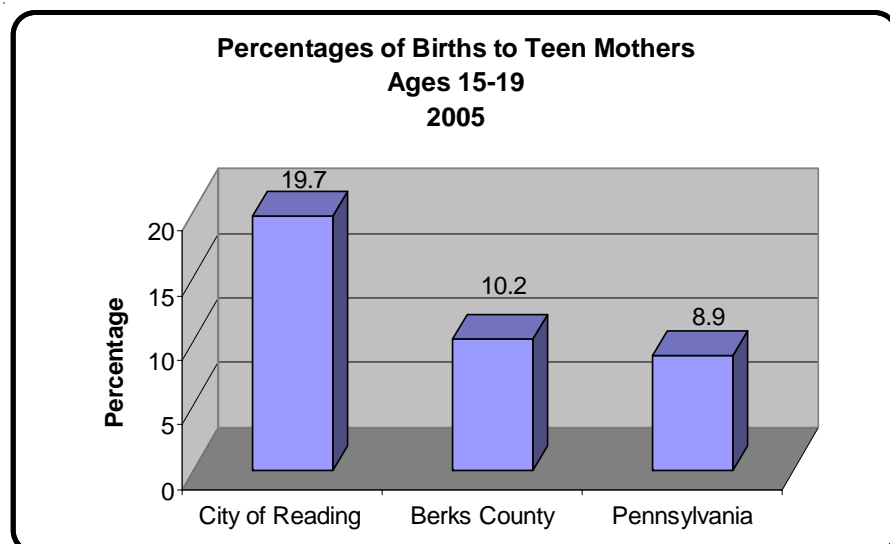
All parents and caregivers have a strong formal and informal support system for dealing with parenting and family related issues.

Parents' or caregivers' health, wellbeing, and readiness to parent greatly impacts parenting effectiveness and outcomes for their children. Risk increases for families when the parent or caregiver:

- Is an adolescent or is otherwise immature or inexperienced
- Is parenting without a partner, lacks a support network, or is experiencing a significant life changing event
- Suffers from mental health or substance abuse problems
- Has limited literacy skills or education
- Experiences social isolation
- Has an unrealistic expectation of their children's capabilities or unproductive beliefs about childrearing (Shonkoff, 2000).

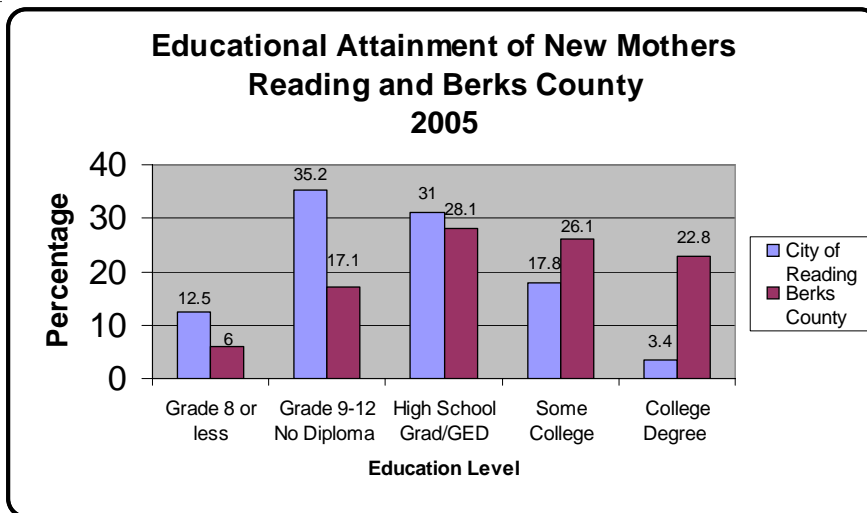


Source: Pennsylvania Department of Health



Source: Pennsylvania Department of Health

Nurturing Children & Strengthening Families: Strong Families



Source: 2005 American Community Survey

When parents face multiple challenges, a network of formal and informal resources can ensure resiliency for both parents and children. Informal resources often include family, friends and neighbors who provide support in a variety of ways. However, with our mobile society, many families are raising their children without the support of an extended family living nearby. Lower income families also tend to have social networks experiencing some of the same life circumstances. Their contacts may be less helpful in identifying problem solving techniques to lessen stressors and challenges and in identifying community resources that can build family assets. In these cases, more structured family-centered, neighborhood based services and home visitation programs can strengthen the protective factors that enable families to successfully adapt to stressful circumstances. These services can operate successfully in diverse communities and settings such as churches, schools, libraries, day care centers and recreational facilities. Basing these kinds of programs in the neighborhoods where people live creates resources and opportunities that are more accessible and culturally sensitive.

Family centered and home visitation programs can also provide critical primary and preventive health services (i.e. immunizations, lead testing, hearing and sight screenings, developmental assessments) for children in the early years of life that support healthy growth and development, and increase early identification of special needs. Providing these services to young children also affords the opportunity to teach parents about prevention and child development and to help them develop effective parenting skills.

focus area

Promoting Health & Independence

Vision: Individuals will achieve physical, mental and emotional well-being and maintain independence for as long as possible.

Promoting Health & Independence

Overview

Good health is often regarded as one of the most important aspects of people's lives, and encompasses all areas of physical, mental, and behavioral well-being. Health impacts all areas of our lives including employability, financial stability, personal relationships, the ability to live independently and the quality of life in general. On a positive note, with the medical, social and technological advances of the past few decades, people have the potential to live longer, healthier lives than ever before. Unfortunately, the American health care system is increasingly challenged to provide equal access to quality, affordable, health care services, for all people, across the full spectrum of their needs. The evidence of this overwhelmed system is seen in local communities everywhere:

- A greater number of people remain uninsured, underinsured, or are incurring higher out-of-pocket expenses as private insurance plans limit coverage or employers require higher contributions to their cost
- While access to publically funded health care coverage has increased, an adequate supply of both primary and specialty care providers has not kept pace with the demand, increasingly forcing patients to travel out-of-county for care, face delays in care or not receive necessary services at all
- The high demand for services on "safety net" providers (hospitals, community agencies and many physicians) is overwhelming their financial resources and threatening their ability to provide certain kinds of care
- Disparities in care and illness continue to exist for many individuals, based on factors such as race, ethnicity, language, culture, income, immigration status and geography

Beyond the health system's financial and access-to-care challenges, at a community-level, we can increasingly focus on promoting behaviors that lead to wellness and prevent or reduce the need for care. An increased awareness of risk factors and behaviors leading to negative health outcomes is key in assisting individuals to lead healthier lifestyles. Prevention and wellness education programs are an integral part of a community's proactive approach in helping people acquire and keep good health.

Our community's ability to respond as early and effectively as possible to identify and intervene in health conditions in children and youth is also important. It helps decrease the long-term individual, system and societal costs of their care and provides greater opportunity to limit the severity of the condition. Additionally, providing community supports and resources for those with current or potential disabilities, due to age or other health conditions, improves their ability to live independently and more productively, for as long as possible.

Because the quality of our health has such a profound impact on our lives, it is critical that the community work together to find whatever solutions are within our capacity that help those most vulnerable achieve their optimal health and independence.

Promoting Health & Independence

Studies show that women who receive prenatal care as soon as possible during their first trimester of pregnancy (the first twelve weeks) provide better health opportunities for themselves and their babies. Mothers who delay receiving prenatal care are more likely to have babies who are still born, who die in the first year of life, are of low birth weight or who experience a variety of health problems such as respiratory illness and heart defects. Early ongoing prenatal care can also address a mother's health conditions through assessing risks and offering health care advice. Inadequate nutrition, smoking, anemia, drug/alcohol usage and diabetes all are conditions that can be addressed by appropriate prenatal care, in addition to hopefully affecting pregnancy outcomes in a positive way.

Healthy People 2010 provides a statement of health objectives for the nation to achieve by the year 2010. One of the goals is that 90% of pregnant women nationwide will seek prenatal care during their first trimester. The most current national statistics show that percentages of pregnant women seeking care rose slightly from the baseline rate of 83% in 1998 to 83.9% in 2005 (CDC National Center for Health Statistics; Healthy People 2010).

Across Pennsylvania, however, the numbers are not following national trends, as there has actually been a decrease in the numbers of women receiving care earlier in their pregnancies. While numbers rose from 79.6% in 1990 to 85.4% in 2000, they have been on a steady decline since that time; in 2005, only 81.1% of women were receiving this care (Pennsylvania Department of Health).

Locally, Berks County also continues to struggle with this issue. During a fifteen year period from 1990-2005, percentages ranged from 75.8% in 1990 to 79.9% in 1996 to 78.2% in 2004, and back to 75.3% in 2005. These numbers are not in proportion to other counties across the state with a similar population, and they are below the national and state averages. Also of concern is the fact that the infant death rate (deaths within the first twelve months among 1,000 infants) in Berks County continues to be among the worst in the state, with the 2004 rate at 6.7 and the 2005 rate at 5.7 (Pennsylvania Department of Health).

The City of Reading presents the most alarming numbers however, as only 61% of women in 2004 and 59.7% in 2005 received care during their pregnancy's first trimester. Since 1997, the highest percentage of women receiving care has never risen above 65.7%. In addition, when state data is broken down by major municipalities in Pennsylvania, Reading has historically had the worst percentage of women receiving this care when compared to other municipalities of our size or larger (Pennsylvania Department of Health).

Along with general numbers of all women and their prenatal care, Berks County has concerning data regarding prenatal care among Hispanic women. While 2005 data shows that 77.6% of Hispanic women across the U.S. and 66.7% of Hispanic women in Pennsylvania had early prenatal care, the rate for Berks County was just 58.7%.

Looking at the statistics on this issue is not enough; there is a need to analyze the underlying reasons for why women are not seeking prenatal care as early as possible in their pregnancies. In a 2004 study by the Berks County Prenatal Care Collaborative, local women were asked about their access and barriers to prenatal care. While most of the women surveyed stated that they understood the impact of prenatal care for themselves and their babies, 16% still did not have early prenatal

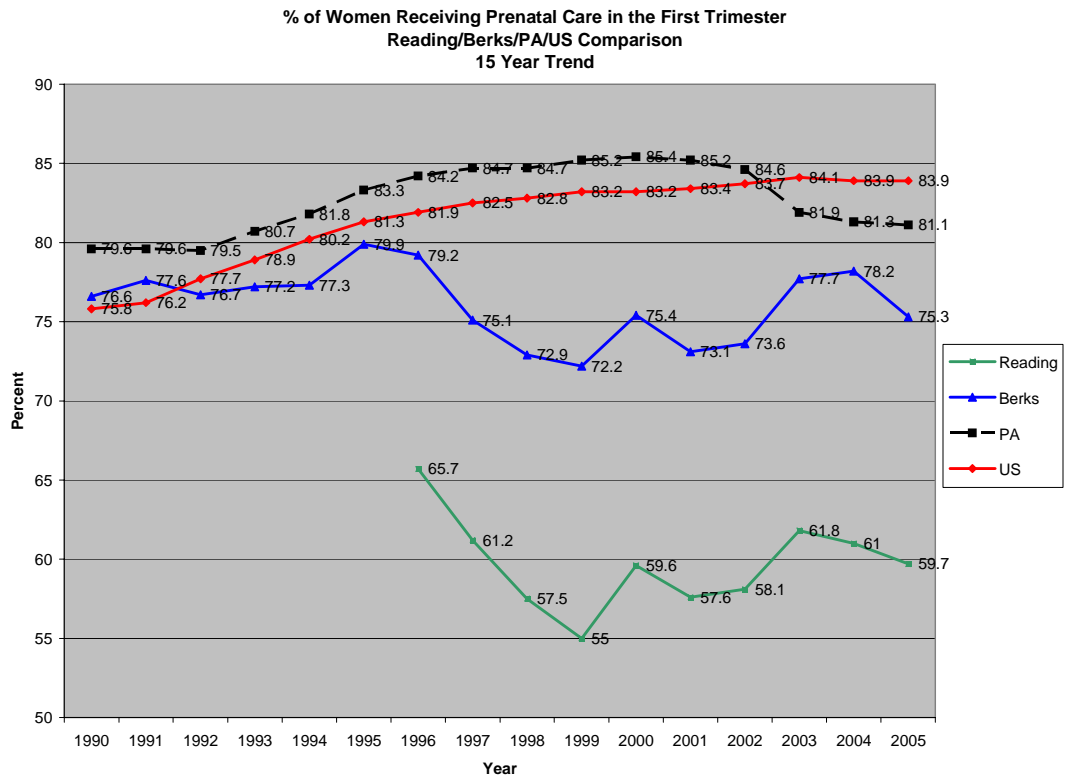
Community Outcome #1:

Pregnant women receive early and adequate prenatal care.

Promoting Health & Independence

care. Those that did not receive this care indicated that their reasons included lateness in finding they were pregnant or inability to disclose their pregnancy to others, not having insurance or financial means to pay for their care, not being able to get an appointment quickly or lack of transportation to an appointment (Reading Prenatal Care Demonstration, 2007).

In looking at these reasons for why women are not getting early care, it appears that in many cases, the reason is *not* because they do not realize the importance of this care for their own or their baby's health. Instead, community-wide and systemic issues create these barriers. Addressing these issues to find solutions requires collaboration among health care institutions, community organizations and pregnant mothers. Through this type of cooperative effort, pregnant women can receive better education on options and procedures that may be available to them in attempting to access prenatal care.



Source: Pennsylvania Department of Health

Promoting Health & Independence

Across the nation, 13.9% of children, birth to seventeen years of age, have special health care needs (CSHCN, 2006). Children with special health care needs (CSHCN) display physical, developmental, behavioral or emotional conditions that require preventive or maintenance care beyond what is normally required by most healthy children. With recent changes in health and social policies, however, service systems for this population have become more complex, causing some children to not receive the care that they need due to difficulty in navigation of systems.

This difficulty has created a new urgency for community-based systems that can integrate health and related services to provide for this population, in an effort to avoid gaps in the system. Early identification of special care needs is the first step in helping these children to maximize their potential. Once identification is complete, appropriate services can be explored to best address their needs in a timely manner. This identification process can be started through referrals by parents, pediatricians, or day care centers or facilities and schools, where children often spend a majority of their day.

The range of health and related services that are provided for children with special needs crosses a variety of areas. Specialized/enhanced medical services offer more comprehensive assistance through physician specialists or hospitals that specifically focus on children's needs. Children may receive therapeutic help in the form of physical, speech, or occupational therapies and mental health services. Family support services may involve counseling and education for parents and caregivers, along with case management and coordination. Equipment and other assistive devices may be given to help a child with daily activities. Other related provisions may include early intervention, special education, transportation, or social services (McPherson, et al, 1998).

The Maternal and Child Health Bureau has identified six core outcomes to help guide efforts toward a quality delivery of services to children with special needs all across the country.

- Families are partners in decision making at all levels
- Children receive coordinated, ongoing, comprehensive care within a medical home base
- Families have adequate private/public insurance to pay for services
- Children are screened early and continuously for health care needs
- Services are organized in a way that families can use them easily
- Children receive necessary services to make appropriate transitions to adult health care, work and independence

Here in Pennsylvania, 15.3% of the total population of children from birth to seventeen years of age are identified as having special health care needs. The 2005/2006 National Survey of Children with Special Health Care Needs found that within this state population, 16.1% of families felt that their child had an unmet need for services, while 28% of families needed a referral for services and

* Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally (definition provided by the Maternal and Child Health Bureau, US Dept. of Health & Human Services).

Community Outcome #2:

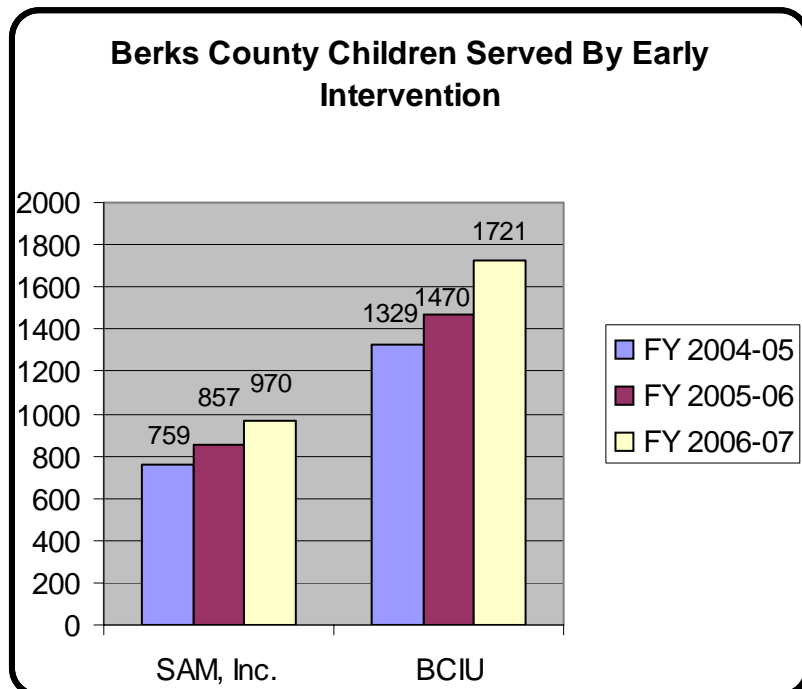
Children with special health care needs* maximize their potential through early assessment and effective intervention services.

Promoting Health & Independence

had difficulty obtaining it. In addition, 7.6% of the children were without insurance at some point in the past year, while an additional 30.1% had inadequate insurance to provide for necessary services. These numbers show that current inadequacies remain in the system for care of these children.

To reduce gaps in services, families need to be knowledgeable about health and related services that are appropriate for their child and family needs. This cannot be accomplished however, without support from community groups, health care plans and service providers who all play an integral role in the delivery of services for CSHCN. Training for families on health care issues, financing and advocacy can greatly assist them in accessing services without duplicative efforts. In addition, communities can help through creating streamlined systems that facilitate coordinated data collection among providers. These strategies will facilitate a more efficient plan for children to receive care, and have their special health care needs met.

Across Berks County, families have access to a coordinated system to gain early services. For the early intervention program, children can be referred to Service Access & Management, Inc. (SAM) or the Berks County Intermediate Unit (BCIU), depending on their age. SAM works with children birth to age three, and BCIU early intervention helps children age three to the start of school age. After referral, screening and resource coordination is completed through these same organizations. As demonstrated by the steadily increasing numbers of children served by both programs, there appears to be a greater need to help children at this earlier age, and increased awareness about the importance of accessing services as early as possible.



Source –Berks County Intermediate Unit, SAM, Inc.

Promoting Health & Independence

Substance abuse continues to be a serious problem in the United States today, with significant personal and financial costs to individuals, families, health-care systems, employers and society as a whole. Substance abuse includes a wide range of mind-altering drugs, including alcohol, inhalants, or illegal drugs, such as cocaine, heroine and marijuana (Highbeam Library Research, 2005). Unfortunately, the problem of substance abuse often begins in adolescence or even earlier, which is of an even higher concern as youth often do not realize the link between their actions and the long term consequences that they may later bring.

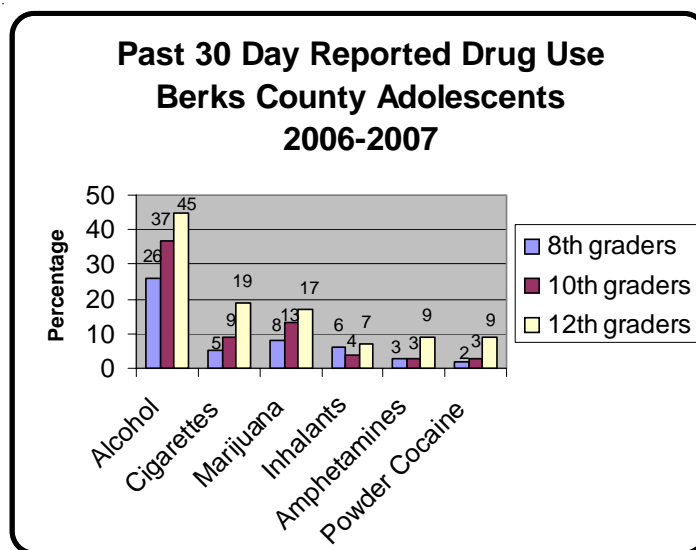
Adolescents who use drugs or alcohol place themselves at a much higher risk of developing physical, emotional, academic and mental problems that could last a lifetime. Because inhibitions are lowered with substance abuse, young people are more likely to become sexually active, putting them at a greater risk for pregnancy or sexually transmitted diseases. Because some drugs can affect the neurotransmitters of the brain, cognitive development may be impacted, affecting academic progress. Students diagnosed with alcohol abuse are four times more likely to experience major depression than those without alcohol problems. Also, alcohol abuse among adolescents has been associated with increased incidences of planning, attempting and completing suicide.

Across the country, the prevalence of substance abuse among the younger generation is very high, especially in the area of alcohol use. Some studies suggest that there could be as many as four million alcoholics under the age of eighteen across the United States. The Drug Free Pennsylvania's 2001 Middle School Youth Survey found that 20% of sixth graders, 32% of seventh graders and a staggering 48% of eighth graders had used alcohol at least once within the past twelve months. According to the 2005 Pennsylvania Youth Survey (PAYS), youth in our state also reported the highest lifetime prevalence of use rates for alcohol (58.8%), cigarettes (29.6%), and marijuana (19.1%) in the past sixteen years among 6th, 8th, 10th, and 12th graders.

Here in Berks County, alcohol also appears to be the highest used drug among adolescents. In a 2006-2007 survey of 8th, 10th, and 12th graders across the county, 26% of eighth graders, 37% of

Community Outcome #3:

Youth reduce their use of alcohol and drugs through participation in effective, research-based prevention programs.



Source: Berks County Student Surveys Year 06-07

Promoting Health & Independence

tenth graders, and 45% of twelfth graders reported using alcohol within the past thirty days. Within these numbers, 18% of tenth graders and 31% of twelfth graders said that they had become intoxicated through their use of alcohol. Past thirty day reported use among other drugs was not nearly as high, though figures show that Berks County adolescents are experimenting with different kinds of mind-altering drugs. Prevalence rates also tend to increase as students enter the higher grade levels (Berks County Student Surveys 06-07).

Research has demonstrated that being exposed to certain risk factors existing in communities, schools and at home can lead to substance abuse for youth, along with a variety of other problem behaviors. The studies have identified chaotic home environments (particularly if parents abuse substances or suffer from mental illness), ineffective parenting, lack of mutual attachments and nurturing, failure in school performance, poor social coping skills, affiliations with deviant peers and perceptions of approval of drug-using behaviors as risk factors that increase the chance of drug use among young people (NHSDA, 1997).

Research also has identified that the likelihood of involvement with substance use *decreases* when youth are exposed to protective factors, or, assets in their lives. Positive youth development and reduced potential for drug and alcohol use is fostered when young people develop strong bonds with family and other pro-social adults, achieve success in school performance, experience parental monitoring with clear and consistent rules and participate in drug and alcohol prevention programs (NHSDA, 1997).

Students across Pennsylvania stated that talking with adults about drugs and alcohol is valuable in helping them to make good decisions about substance abuse. In the 2001 Pennsylvania Middle School Survey, 82% of students found that talking about drug abuse was valuable to them, while 86% noted that discussions about alcohol abuse were valuable. The 2005 Pennsylvania Youth Survey Report (PAYS) survey also indicated that students felt that they had better chances of avoiding drug or alcohol abuse when they had more opportunities for positive involvement in family, school or community activities.

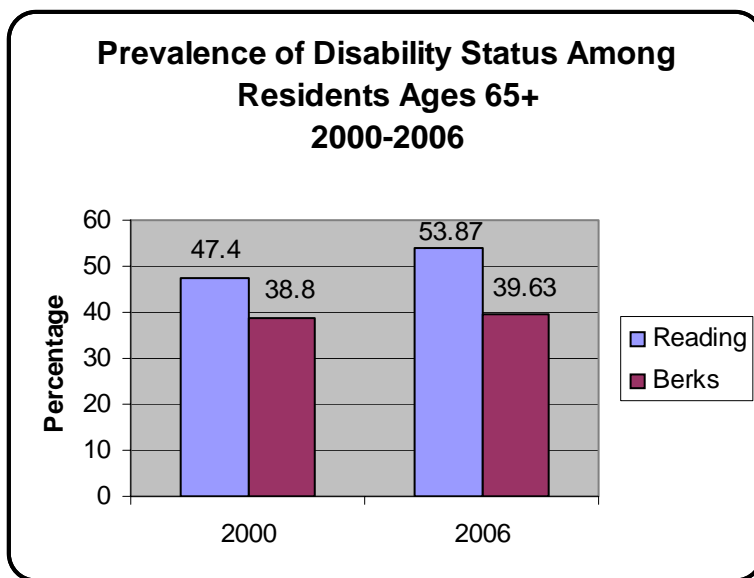
Looking at the above student responses shows us that prevention programs can have a positive effect on reducing substance abuse among youth. Adolescents are very social, and have a desire to be involved with their peers and adults. Giving them opportunities in the form of prevention programs gives them the opportunities for pro-social interactions, while helping them find ways to avoid harmful behaviors.

Because substance abuse among our nation's youth is not a new problem, numerous prevention programs have been in existence for many years. Fortunately, research has now been able to identify specific prevention programs that model consistent success with changing attitudes and behaviors to prevent substance abuse among youth. Communities need to research and utilize the methods from these programs to strategically address this issue in their own areas. Finding methods and programs that have proven successful with specific populations can help local groups as they work with youth in their local areas. Encouraging youth to become involved in these programs gives them an avenue where they can learn about the dangers of substance abuse and the impact it can have on their futures, while learning positive alternatives that can help them make better choices in their lives.

Promoting Health & Independence

Most people will require some supportive assistance at some point in their lives, either as a consequence of a health condition or disability or as a natural result of the aging process. At the same time, most people want to preserve their independence by staying in their own homes, where they are surrounded by neighborhood friends, familiar objects and local resources. To achieve this goal, many older adults and people with chronic health conditions rely on family, informal caregivers and other supportive services to help them with their needs.

As the Baby Boomer generation is aging, numbers of older adults ages 65 and older are greatly expected to increase. Census projections for the 65+ population in Pennsylvania are expected to increase by 25.2 % by 2020. Here in Berks County, 14% of the total population in 2006 comprised people 65 years and older. These numbers are projected to increase in the next few years (U.S. Census Bureau, 2006). In addition, percentages of older people with a disability status have increased, both in Berks County, and in Reading.



Sources: U.S. Census Bureau, 2006 American Community Survey

Encouraging information is that improved medical treatments and technological advances have extended life-spans and quality of living for older adults, and for those with disabilities. With this fact comes many opportunities that will allow these people to live more productive and independent lives. Since more older Americans today are entering their retirement years with a history of healthier lifestyles, valuable work experiences, and community/civic involvement, these habits should be cultivated to continue and expand. Many of those with disabilities and other chronic conditions can also be better engaged in their communities because they often have resources that allow for better functioning with minimal assistance.

In order for this independence to be maintained, however, a more proactive approach needs to be taken in the area of health care management for these individuals. Helping people understand how to manage their lifestyles and health conditions on their own will assist them in keeping the highest

Community Outcome #4:

Older adults and people with disabilities and chronic health conditions live active, productive and independent lives in their homes and communities for as long as possible.

Promoting Health & Independence

quality of life for as long as possible. However, reliance on family, friends and other supportive services may also be necessary in this circumstance to ensure safety and comfort.

The American Community Survey shows that the number of Pennsylvanians who have difficulty performing “self-care activities” (dressing, bathing, getting around the house) due to various disabilities is on the rise. Back in 2003, an estimated number of 302,000 people ages five and over needed help with self-care activities. This number rose to 331,000 in 2004, and to 342,000 in 2005. For these people, the help of a personal care worker can be of great assistance in helping them remain in their own homes, and not be forced to enter a form of assistive housing.

Unfortunately, the proportion of personal care workers to the total population with self-care difficulties has declined. In 2003, there were 133.2 Pennsylvania care workers per 1,000 with self-care difficulties. The number declined to 105.3 per 1,000 in 2004, and to 105.2 workers per 1,000 in 2005 (American Community Survey, 2005). The low number of workers who are able to assist those with disabilities greatly impacts the mobility and independence levels for this population, and presents a greater chance that these people will need to relocate to a more restrictive housing situation.

As people age, health conditions, abilities, financial resources and family compositions constantly evolve, both for those with and without disabilities. These changes can especially cause housing problems to develop in several significant areas. For some of these people, routine maintenance may become difficult and the expense of paying others to complete this maintenance may be too great a financial burden. Physical modifications of varying degrees may be required to meet their needs for safe and appropriate functioning in the home. The good news is that some people are finding ways to make repairs and/or receive supportive services in their own homes or in community-based settings. The bad news is that many more people stay at home even without all the help or tools they need due to the fear of losing independence and mobility. Housing issues can be particularly challenging for older and/or disabled adults who live alone, as their support network may be limited, and they are forced to handle concerns on their own.

Helping to modify and create systems to help maintain people’s independence is a task that may be difficult, but it provides for individual, family and community health in the long-term. When health conditions are not managed, safety can be compromised, and the likelihood that those with chronic conditions can remain in their home may be severely diminished. With the help of formal and informal supports, this population can instead live more independent and productive lives as part of their communities.

Promoting Health & Independence

Mental disorders are among the most common diseases affecting the U.S. population. The National Institute of Mental Health estimates that 26.2% of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year. Mental disorders can affect people of all ages, and from all kinds of backgrounds, although vulnerability for particular forms of mental and behavioral disorders changes across a person's lifetime. Mental health issues do not just affect individuals; families of affected persons, communities and society all are impacted by this widespread problem.

Behavior health problems comprise a wide spectrum of mental health issues that create interpersonal and social problems for those afflicted (University of Virginia, 2006). These problems may include disorders such as Attention Deficit Hyperactivity Disorder (ADHD), depression, Alzheimers, autism, or anxiety disorders. Some behavioral health problems can be managed with little to no intervention, while others are more severe and need medical treatment (Behavior Conditions, 2006).

The burdens of mental illness on health and productivity have long been studied. Research finds that the economic costs of untreated mental disorders are high. Their direct and indirect costs exceed \$300 billion annually, due to health care expenditures, productivity losses and other societal costs. Of this amount, approximately \$73 billion goes to direct costs of treating mental disorders, which represent about 7 % of all spending for health care. The additional costs are incurred from the co-existing issues that can often result from behavioral health problems, including homelessness and substance abuse (Mark et.al. 2000, Department of Health and Human Services).

Part of the problem with treating behavioral disorders is that only one in three of those with mental disorders actually seek treatment, in spite of the fact that there are effective treatments for most illnesses. Reasons cited by those not seeking treatment included not being able to afford treatment, feeling that they could handle the illness without treatment, not knowing where to find or access services, and not wanting family members, work colleagues or community members to know of the illness (National Survey on Drug Use and Health, 2005).

Another barrier to treatment is that many people suffer from more than one mental disorder at a given time, or have co-occurring conditions along with their mental illness, such as heart disease, cancer or diabetes. For these people, finding and accessing services can be a daunting task, as many mental health providers are ill-equipped to treat individuals with co-existing conditions.

When people do not seek or are unable to receive appropriate treatment, family wellness significantly decreases. Even when treatment for a family member is sought and found, families still must cope with the illness of their loved one and the many uncertainties that can accompany mental illness. Currently, over half of adults diagnosed with a serious mental illness live with their families, showing how families are greatly impacted by the presence of someone with mental illness in their homes. Families may experience a variety of emotional responses regarding the illness, such as guilt, denial, embarrassment or fear of the stigma attached to mental illness. In addition, they also may not know how to best help a family member, since treatment options for mental illness can often be unpredictable and may not be concrete in nature (Sherman, 2003).

In Pennsylvania, the numbers of those suffering from severe mental health issues is below that of the nation. In 2005, 11.3% of adults age 18 or older were found to experience SPD (severe psychological distress) across the country (National Survey on Drug Use and Health, 2005). While

Community Outcome #5:

Individuals and families experiencing behavioral health problems improve their ability to function successfully.

Promoting Health & Independence

Pennsylvania's percentages did rise from an average of 8.48% in 2003-2004 to an average of 11.21% in 2004-2005, they fall below the national average (SAMHSA, 2005).

There still is much room for improvement in the access and delivery of services for those suffering from mental disorders. The current system of behavioral health care relies on numerous sources of funding, many of which are tightly restricted in how they can be used and for whom. Flexible funding streams for these services would help transform behavioral health care to be more responsive to individuals' and families' needs. Private insurance plans also tend to place more limitations on behavioral health benefits than other physical health benefits, which reduces access to needed care. Education programs for patients and their families can help to reduce the stigma of mental illness so people more readily seek and continue care. A combination of these kinds of efforts can improve access and delivery of services for those suffering from mental disorders, so that their needs are met in the best possible way.

Promoting Health & Independence

Today there are more women and men under some form of correctional supervision than at any other time in the history of the United States – one in 32 American adults, or 6.5 million people. Since more than 95 % of the nation’s state prisoners will eventually be released and will have to find ways to effectively re-enter life in the community, the challenge of managing their return to society promises to overwhelm the scarce resources currently set aside for this critical transition.

The prison population buildup of the past two decades has resulted in many more people returning to society who have spent time in prison. In 2004, nearly 650,000 people were released from prisons, and an additional seven million individuals were released from local jails across the United States (Reentry Policy Council, 2005). Upon release, many of these individuals unfortunately experience rejection from families and friends, have difficulty securing employment and are refused housing by private landlords and/or public housing. As a result, the burden of housing and/or employing ex-offenders increasingly falls upon the shoulders of ill-prepared, under-funded or understaffed nonprofit organizations that are scrambling to figure out how to keep ex-offenders off the streets, out of shelters and on the road to a better life.

In addition to the stigma of having a criminal record, many correctional inmates and ex-offenders also are burdened by physical and behavioral health problems. In a survey of state and federal prisoners, for example, about one in five prisoners reported a physical or mental health problem that limited their ability to work (Maruschak, 2001). Further statistics cite that the rate of serious mental illnesses among the incarcerated population is about two to four times that of the general population. Three-quarters of those inmates returning home have a history of substance abuse (Reentry Policy Council, 2005). In a manual count performed at Berks County Prison in 2004, it was found that 20% of the inmate population had a serious mental illness.

Addressing the needs of such prisoners as they leave prison and return home is a complex process, one that must take into account the immediate health status of released prisoners and the availability of and connections between prison health care and community health services. Linking people with mental illnesses to community-based services when they are released from jails or prisons through re-entry transition programs is an important strategy in successfully reintegrating individuals into their communities.

According to the Bureau of Justice Statistics, two-thirds of former inmates from state prisons are re-arrested within three years. Many criminal justice experts agree that the first 72 hours after release is a critical time for ex-offenders, who are often released without money, medications, linkages to community treatment services, or a place to stay, and are at high risk of returning to illegal behavior if better options are not readily available. Success rates dramatically increase for former inmates who have positive support systems in place upon release. Providing ex-prisoners with guidance and support immediately after their release is critical in their re-entry process.

Berks County is taking a new approach to preparing inmates for their release into the community by adopting a Community Corrections strategy. This strategy involves local government agencies and community organizations who work together with the prison staff to prepare inmates for their reintegration back into the community. Programming for the inmates will involve topics such as employment, housing, education, health issues and drugs and alcohol. After release, there is a coordinated effort of post-release services to offer further support to the inmate in his/her transition.

Community Outcome #6:

Incarcerated individuals with physical and behavioral health needs are appropriately transitioned to community-based services as needed upon their return to the community.

Promoting Health & Independence

Community Outcome #7:

Individuals at high risk for HIV and other sexually transmitted diseases receive effective prevention and care services.

Almost 25 % of Americans have an incurable sexually transmitted disease (STD) and about 15 million new STD infections occur annually. While HIV/AIDS may be the most commonly known STD, STDs comprise a diverse group of more than twenty illnesses. Although some STDs can be cured (syphilis and gonorrhea), especially in the early stages, several are presently incurable (herpes, HIV). Because many STDs are incurable and remain so throughout a person's lifetime, the associated health costs for treating STDs are high, estimated at \$13 billion nationally each year (National Prevention Information Network, 2008). These high costs can be alleviated through the provision of comprehensive prevention programs, especially for those at high risk of contracting an STD.

Healthy People 2010 has established a national goal to decrease the numbers of those testing positive for specific STDs. These target numbers include decreasing Chlamydia rates to 3%, gonorrhea rates to 19 out of 100,000, and lowering syphilis rates to .2% per 100,000 people. For incidences of AIDS, the goal is that only one person in 100,000 will test positive for this condition. A review of national data in 2005 found that small amounts of progress have been made toward each of these goals, though none have yet been met (Healthy People, 2010).

Across Pennsylvania, there has also been some progress in meeting the goals offered by Healthy People 2010. Since 2001, the incidence rate of gonorrhea in Pennsylvania has reduced from 112.6 to 90.3 per 100,000 people in 2005. There also has been a reduction in the AIDS rate from 14.9 in 2001, to 11.0 in 2005 for those ages thirteen and older. Percentages of males contracting Chlamydia decreased from 17.7% in 2002 to 12.9% in 2006. Data for percentages of females with Chlamydia, and incidences of syphilis fluctuates, and does not show significant improvement at this time (Pennsylvania Department of Health).

Here in Berks County, the numbers show differing amounts of success. The annual incidence rate for AIDS decreased from 7.41 in 2001 to 5.05 per 100,000 in 2005. While the incidence rate of gonorrhea decreased from 81.90 in 2001 to 44.43 per 100,000 people in 2005, rates for syphilis and Chlamydia are on the increase. There were no cases of syphilis between 2001 and 2004. However, three cases were diagnosed in 2005, showing a case rate of .80. In addition, Chlamydia rates jumped from 217.32 in 2001 to 262.82 per 100,000 people in 2005. (Pennsylvania Department of Health).

While the rise in numbers of certain STDs across Berks County may seem a bit discouraging at first, one fact to consider is that there is a heightened awareness of this issue across our area and on a more global scale. Because more attention is being drawn toward prevention efforts, more people may be getting tested for these diseases than before, causing a possible increase in actual numbers of identified cases. While there is no way of knowing if this is an actual reason for higher incidence rates of STDs in our local area, increasing numbers of people getting tested is a positive step forward in addressing this issue.

The Centers for Disease Control and Prevention have identified populations who are at risk for contracting HIV or other STDs, based on previous studies and research. Some of these populations include intravenous drug users, people who have sexual relations with multiple partners, men who have sexual relations with other men, people who offer sexual relations in exchange for drugs or money, children of women with HIV/AIDS, hemophiliacs and blood recipients, or being a sexual partner of a person at risk.

Promoting Health & Independence

The identification of these at-risk populations assists educators, the medical field, and community groups in their efforts to limit the spread of STDs through prevention programs. Many programs focus on the at-risk populations who are not infected with an STD, in the hopes of providing methods to stay safe and avoid infection. Other programs may focus on secondary prevention (preventing the development and spread of the disease following infection). Secondary prevention programs focus on early detection, treatment, and counseling of infected individuals, to minimize health consequences and prevent further transmission.

For those infected individuals, receiving effective care services can help them in managing their conditions to maximize the quality of life. Services may include case management, to provide advocacy while working through the health and human services system, and helping with ongoing assessment of needs. Other programs may help with crisis intervention, education on issues relating to people's conditions, and connecting people to support groups to provide a sense of community.

No matter what type of prevention or intervention is offered, the prevalence of STDs is an epidemic in our nation. Encouraging people to get tested for STDs can prevent more serious medical problems from occurring if detection is not made. In addition, helping those who are suffering from these diseases will not only benefit their own health, but the health and safety of those with whom they come in contact.

Promoting Health & Independence

Community Outcome #8:

Teenagers reduce their rate of pregnancy.

Reducing teen pregnancy rates will improve the educational, health and social prospects for this generation of young people and the next, as well as benefit national and state economies. A recent study of the consequences of teen childbearing suggests that the effects of teen motherhood are borne primarily by the children of teen mothers, followed by the mothers themselves, and by government and taxpayers. In a report published by the National Campaign to Prevent Teen Pregnancy, teen childbearing in the United States costs taxpayers at least \$9.1 billion in 2004, while in Pennsylvania the costs exceeded \$389 million. The costs are associated with the numerous negative consequences for the teen mothers and their children, including increased costs for health care, foster care, child welfare costs and incarceration (Hoffman, 2006).

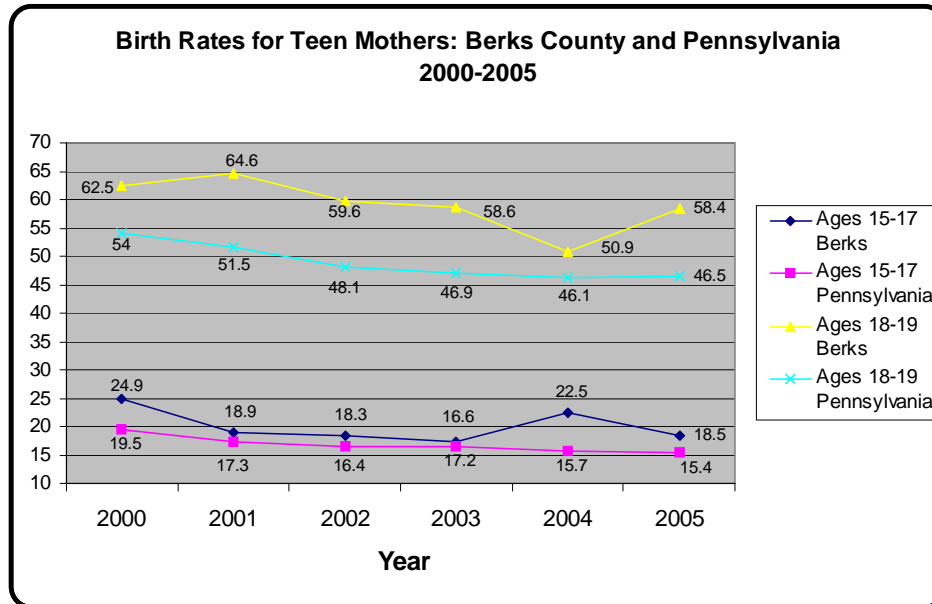
The United States has the highest teen birth rate in the industrialized world; however, there is encouraging news relating to this fact. Between 1991-2005, the United States witnessed a trend of lowering birth rates among teen mothers ages 15-19. From an all time high of 61.8 women per 1,000 in 1991, the rate reached an all time low of 40.5 in 2005. In looking more closely at the subgroups of teen mothers ages 15-17 and 18-19, much higher birth rates exist among the older group, though these numbers have also experienced declines over the past few years. For mothers ages 15-17, the birth rate went from 27.4 per 1,000 women in 2000 to 21.4 in 2005, while for mothers ages 18-19, the rate went from 79.2 to 73 in the same time period. Unfortunately, preliminary 2006 national data actually shows an *increase* in the birth rates among teenage mothers. This data will be assessed to see if a reverse trend continues (National Vital Statistics Report).

In Pennsylvania, birth rates among teenage mothers are lower than those rates seen on a national level. In addition, the state has declining rates for the overall and subgroup age groups of mothers in this age range. The birth rate to mothers ages 15-19 overall went from 33.9 to 28.2 per 1,000 for the years 2000-2005. For those ages 15-17, rates declined from 19.5 in 2000 to 15.4 per 1,000 in 2005, and in the 18-19 age range, rates declined from 54.0 in 2000 to 46.5 per 1,000 in 2005 (Pennsylvania Department of Health).

Birth rates among teenage mothers in Berks County have exceeded the state rate since the year 2000, but they also have experienced some decreases over the past few years. Like national and state trends, our local area also has much higher numbers of women ages 18-19 having children than those of a younger teen age. Since 2006 state and local data has not yet been released, it cannot be seen if Pennsylvania and our local area experienced the same increase that occurred on a national level during that year.

The risks associated with teen childbearing are apparent when analyzing the negative medical consequences for both the mothers and their children. Compared to older pregnant women, pregnant teens are far less likely to receive timely and consistent prenatal care. Children of teen mothers are more likely to be born prematurely and at a lower birth weight compared to children of older mothers (Martin, et.al. 2006). These children also have a higher probability of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, cerebral palsy, dyslexia and hyperactivity (Wolfe and Perozek, 1997).

Promoting Health & Independence



Source: Pennsylvania Department of Health

In addition to medical concerns, there are other factors that burden young mothers and their ability to be self-sufficient. Many teen mothers have difficulty finding employment because of a restricted schedule and added parental responsibilities. Completing high school or pursuing post secondary education becomes more challenging. Research shows that parenthood is the leading cause of school drop out among teenage girls, as only 40% of mothers who have children before age 18 ever graduate from high school compared with about three-quarters of similarly situated young women who delay childbearing until age 20-21. In addition, less than 2% of mothers who have children before the age of 18 have a college degree by the age of 30, as compared to 9% of women who wait until age 20 or 21 to have children (Hoffman, 2006). Lack of job skills and education help to contribute to the numbers of teen mothers and their children who are living in poverty or must rely on public assistance (Sawhill, 1999).

Children of teen mothers statistically have more negative academic and behavioral outcomes than children born to older mothers. They are 50% more likely to repeat a grade, are less likely to complete high school than children of older mothers and have lower performance on standardized tests. These children also are more likely to continue the cycle of teenage pregnancy by initiating sex at an early age and having a teen birth themselves (Hoffman, 2006).

While the rates of teenage pregnancy have declined in our local area and across the country, it still is a problem that creates countless issues for society in financial and social costs. When adolescents make more informed choices in this area, they provide better life outcomes for current and future generations.

focus area

Developing Community Capacity

***Vision:** People are able to access effective health and human services that help them be productive citizens in a safe and supportive community, without discrimination and intolerance.*

Developing Community Capacity: Accessing and Coordinating Services

Community Outcome #1:

People are easily able to locate information about appropriate and available health and human services.

People all over the United States regularly find themselves, family members, or friends in a life situation that requires help from outside sources. Often, however, many individuals are unaware of services that are available to help them address their particular challenges. In many cases, people go without necessary assistance because they do not know how to access supportive services. In such cases, information and referral systems serve as a vital link between people who need assistance and the organizations that provide help.

Information and referral systems are beneficial for all individuals, regardless of the issues they may face. Public safety, health, and/or human service needs can more efficiently be matched with resources available throughout the community if a coordinated and centralized system is in place. These systems are effective mechanisms, expediting connections between clients and service providers through confidential assistance that can be made available to the community 24 hours per day, 7 days a week. To provide help, these systems also utilize trained staff members, who know how to navigate the system and efficiently assist clients in finding the best course to address their concerns and needs.

The public benefits of an information and referral system are many, since it strengthens the community by uniting the people who want to help with those who need help. Organizations who want to help often struggle with reaching the populations in need. Additionally, based on aggregate data about the types of calls that the information and referral system collects, communities are in a better position to anticipate demand for services and mobilize resources to meet changing needs.

Other benefits include disaster assistance to residents. Information systems are critically necessary prior to, during and after a community crisis, such as an epidemic, flood, fire, or other local or national tragedy. In such extreme cases affecting large numbers of people, information and referral systems are able to respond immediately during a crisis by fielding calls regarding the emergency and directing callers to services appropriate for their needs. In doing so, information and referral systems are able to relieve emergency responders of non-critical concerns.

The health and human services system is complex. Service providers are continually changing in order to better meet their mission and/or meet budget restrictions and funding guidelines. Therefore, the services provided also change. Locating and understanding information about what services are available, who provides them, who is eligible to receive them and at what cost is a daunting task. As a result, many people may never receive the care that they need since it would require extensive time and resources to locate the most appropriate services for their needs.

Unlike most other communities in the country of this size, Berks County has no community-wide health and human services information and referral system or access point to begin a basic search for such information. Instead, a variety of more specialized information and referral services exist, which are largely unknown or not well-publicized to the general public. Word-of-mouth information or untrained staff often takes the place of highly trained personnel, who have access to the most current and accurate database of information and understand the complexities of healthcare and human services.

An effective solution to this problem has been developed and is currently being utilized by almost 73% of the United States. The 2-1-1 system is a three digit dialing code designated in 2000 by the

Developing Community Capacity:

Accessing and Coordinating Services

Federal Communications Commission to provide public access to community information and referral services. The system can be accessed 24/7, and is designed to bring service providers, volunteers and clients together in a “one-stop” coordinated way that efficiently provides for the public good. 2-1-1 can also help communities to analyze their unmet needs through tracking of calls, while also providing invaluable information for future planning of policies and services.

Services that 2-1-1 can facilitate include:

- Support for Children, Youth and Families-i.e. Childcare information, mentoring services, tutoring and literacy programs
- Financial Stability-i.e. Credit counseling, unemployment benefits, food stamps, rent and utility assistance
- Physical and Mental Health Resources-i.e. Crisis intervention, prenatal care, Medicaid and Medicare, support groups
- Support for Older Americans and Persons with Disabilities-i.e. Meals on Wheels, home health care, transportation, adult day care
- Basic Human Needs Resource-i.e. Food, clothing, shelter, disaster assistance
- Civic Engagement-i.e. Volunteer opportunities and donations

The 2-1-1 system is not yet established here in Pennsylvania. However, in 2001, the United Way of Pennsylvania began efforts to implement this service across our own state based on a regional model for call centers. Berks County has been placed in a region that includes Lehigh, Northampton, Schuylkill, and Carbon counties. At the current time, planning and development of the statewide 2-1-1 system has just started, with the hope of the initial regional call center beginning operations in January, 2009.

Developing Community Capacity: Accessing and Coordinating Services

Community Outcome # 2:

Individuals are able to receive culturally and linguistically appropriate health care and human services.

With growing concerns about racial, ethnic, and language disparities and the need for health care and human service systems to accommodate increasingly diverse populations, services that are culturally and linguistically appropriate have become an issue of national importance. The goal of culturally and linguistically appropriate services (CLAS) is that health and human service organizations are competent in providing these kinds of services. The Office of Minority Health (2001) has defined organizations with cultural and linguistic competence as ones who have "...a set of congruent behaviors, attitudes and policies that come together in a system, agency or among health professionals that enables work in cross cultural situations". While this definition was designed for the health care industry, its premise can apply to the human services field as well.

Culture does not just refer to racial or ethnic differences; it comprises a set of knowledge, values, beliefs, and customs that are part of a specific cultural group. A person's identity is greatly impacted by cultural beliefs and norms, which affects communication styles, world views, and perceptions on life in general. Understanding these beliefs and customs helps an organization deliver services that are sensitive to various cultures' needs.

Another component of cultural diversity includes the linguistic differences that are apparent across our country. Research conducted by the Institute of Medicine (IOM) shows that these language barriers can cause ineffective communication and decision making on the part of both providers and patients (American Institutes for Research, 2005). It is difficult to build trust and rapport when a provider cannot communicate effectively about a condition or treatment option, and when the patient cannot fully describe symptoms or experiences relating to his/her condition.

Professional interpretation services can help to alleviate these problems. Too often, family members or friends are relied upon to provide interpretation, potentially resulting in inappropriate or even harmful consequences, if the translation is not accurate. Language barriers also create obstacles that prevent people from visiting a physician or from participating in preventive services. People may feel intimidation or embarrassment due to their lack of being able to communicate or understand. A 2001 study "Impact of Interpreter Services on Delivery of Health Care to Limited-English-Proficient Patients," addressed this issue, finding that the use of medical services increased when professional interpretation services were provided (American Institutes for Research, 2005).

In 2000, the Office of Minority Health released a set of national standards to provide an alternative to the inconsistent manner in which CLAS were being delivered. These standards provided a framework for health care organizations to utilize in helping them to develop programs that are responsive to various cultural and linguistic needs. While some of the standards are simply recommendations for program implementation, others are mandates that must be adopted in order to receive federal funding (OMH, 2001). Themes addressed in these standards include guidelines such as providing better language access services through translated materials and professional interpreters and putting organizational supports in place that will help in the delivery and monitoring of CLAS.

Abiding by these standards may place financial and personnel burdens on health and human services organizations. However, culture and language are vital factors in how services are delivered and received. Providing culturally and linguistically appropriate services to all individuals has the potential to improve access to care, quality of care, client satisfaction, and health outcomes.

Developing Community Capacity: Accessing and Coordinating Services

Individuals' access to transportation services can have an immense impact on the overall health of a community. The entire community benefits from an increased availability and higher quality of transportation services since it is an essential component for self sufficiency. It provides the physical means for individuals to maintain health, work, educational pursuits, social engagements, and worship activities. For many, these routine and essential duties are only possible with access to affordable transportation.

Public transportation helps meet crucial basic needs since distances to services can create barriers to accessing goods and support in the community. Transportation connects people and enhances their standard of living. The lack of access, however, threatens isolation to those dependent on public transportation. Populations most affected by a lack of transportation include people with disabilities, older adults, and people who live in suburban and rural communities, since they are provided limited public transit service. In addition to restrictions by the current level of services, changing commuting needs also complicate the demand for access to affordable transportation. Today, work and school schedules for families go beyond the traditional work day, requiring more flexible schedules in transportation. Transportation needs may also go beyond access within the local community since jobs may be located outside city and/or county lines.

There is limited quantifiable data available that documents the effectiveness and/or availability of affordable transportation in Reading and Berks County. However, whenever community needs assessments have been conducted, the issue of having better transportation services has always been an identified need. In 2004, the Transportation Committee and the Berks Office of Aging reported that there were 87 transportation services in Berks County to address public and specialized transportation needs. However, these organizations also reported that there is still an obvious need for bilingual volunteers and drivers, and more flexibility, availability, and convenience for public transportation.

Currently there is no coordination of all transportation options in Berks County. A coordinated transportation system can help to provide a cost effective and quality commuting service for our local residents. Access to transportation is a key component in improving the quality of independent living for all residents in Berks County by offering a means to help community members maintain a connection with the goods, services, employment and other opportunities that they desire and need.

Community Outcome #3:

People have access to affordable transportation to reach employment, child care, health care, and other needed social services.

Developing Community Capacity: Accessing and Coordinating Services

Community Outcome #4:

Agencies coordinate the collection of data and delivery of services to ensure the most effective and efficient services to clients.

More than ever, individuals and families are depending on human and social services to address their needs. The high demand for services is compounded by multiple complex issues affecting people across society today. Issues such as substance abuse, domestic violence, mental health, transportation or child care services can be co-existing problems faced by many. Realizing that most human service agencies have a focus only on the services they provide, addressing multiple problems requires services from more than one program or from a variety of agencies. As a result of the current system that works in isolation, people are not provided efficient responses to their varying needs. A coordinated system of data collection and delivery of services can facilitate a better use of resources, access to services and eliminate the duplication of efforts.

Coordinated services provide benefits in many ways. Individuals can more quickly know what services they are eligible for, whether they can afford them and if there is space available. A centralized system yields agency personnel more time for client-centered services, allowing them to more regularly track clients' progress. Ultimately, agencies will have the satisfaction of providing faster and more comprehensive assistance to their clients. In addition to improved quality and access to services, a coordinated system provides the opportunity to serve more individuals.

Also, a shared data collection system can provide a more accurate picture of the populations being served and the services needed. Information collected can be used to measure current needs, the services used, and address gaps between services and those needs. As a result, a coordinated data collection and delivery of service system will improve the health of the community by quickly and effectively matching services with needs.

In Berks County, there is some coordination of efforts to provide better services to specific populations. The County of Berks Integrated Children's Services Plan (ICSP) is currently in the working phases with a goal to provide shared staff and a countywide data collection system that can help to track youth receiving services from more than one county human services department. In addition, the United States Department of Housing and Urban Development initiated the Homeless Management Information System (HMIS), which has been used here in Berks County since 2004. Almost all housing providers in Berks County participate in HMIS, with a goal to reduce duplicated efforts in providing services, and sharing computerized information to address gaps in the system. ICSP and HMIS are two strong steps forward in the formal coordination of data and service delivery in our local area. However, there still is much room for expansion to make these kinds of systems available across all areas of human services.

Developing Community Capacity: Diversity and Discrimination

Diversity is a large and growing aspect of today's global society, affecting every business and neighborhood throughout the nation. Knowledge about groups of people, whether different in ethnicity, gender, age or other demographical characteristic, is advantageous to everyone. Diversity, rather than conformity, is an essential component for healthy communities and productive businesses.

Appreciating and valuing diversity, however, is more than a legal requirement, good business practice or kind gesture. As an attitude of openness, it requires the emotional commitment to interact positively with different people. Dealing positively with diversity is a value transmitted by example, which others can replicate. As a result, diversity is demonstrated with acknowledging, understanding, accepting and valuing differences among people with respect to age, class, race, ethnicity, sexual orientation, disability, religion, culture and/or economic status.

Demographic shifts are resonating across America, in communities of all sizes. In Reading and Berks County, Census Bureau data documents the significant changes occurring with the ethnic composition of local residents. The data shows a significant growth in the Hispanic/Latino population in both the City of Reading and throughout Berks County.

**Demographic Trends in Reading and Berks County 2000-2006
Percentage Representation in Total Population**

	Reading 2000	Reading 2006	Berks 2000	Berks 2006
White	59.2	48.7	88.1	84.9
African American	12.2	12.2	3.7	4.5
American Indian	0	0	.1	0
Asian	1.6	1.8	1	1.1
Pacific Islander	0	0	0	0
Other	22.3	33.7	5.4	8
Two or more races	4.2	3.4	1.5	1.3
Hispanic/Latino (of any race)	37.3	50.6	9.7	13

Source: U.S. Census Bureau

For Reading and Berks, residential communities and businesses must accept the changing living and workforce composition in order to ensure harmonious neighborhoods and thriving businesses. The rapid pace of change in demographics requires that we re-examine the knowledge, skills and abilities needed to succeed. It is important to be aware and sensitive to all members of our living and working communities. There is a need to learn and appreciate what is different from us and respect it, in order for the community to benefit from the advantages of diversity.

Community Outcome #1:

People share a common knowledge and appreciation of the diverse populations residing and working in our community.

Developing Community Capacity: Diversity and Discrimination

Community Outcome #2:

Individuals in Berks County have access to a community-based process to respond to incidents of discrimination.

Understanding what diversity is, why it matters and how to effectively interact in a diverse community is an immediate need everywhere. A community's quality of life depends directly on its diverse populations interacting with one another. However, the differences that characterize diversity can create fault lines within and between social groups that can erupt into various forms of discrimination.

It is within everyone's nature to want a sense of belonging and community, recognition, respect, care, sense of self-worth and a feeling of control over one's life. These fundamental human needs must be satisfied in order to experience positive living and working environments. However, individuals facing discrimination are denied these basic needs. They often feel isolated, are unaware of their rights and do not know how to find help in having their complaints heard and addressed.

In such cases, these individuals benefit from having an available process that can offer guidance and intervene to help resolve such situations. This process can help them in learning about their rights, understanding laws pertaining to their particular situations and knowing the appropriate avenues to take in filing a complaint.

Locally, the City of Reading Human Relations Commission addresses housing and employment complaints from city residents. The Commission enforces the city's human relations ordinance, investigates complaints and attempts to mediate them. However, with the dissolution of the Berks Human Relations Council several years ago, there now is no county-wide process that is comparable to the city system. Consequently, the absence of such a county organization outside the city limits requires people to direct their complaints up to the state level with the Pennsylvania Human Relations Commission. Being forced to take complaints to the state level can be a more time-consuming process, which can allow situations to escalate on a local level. Access to a community-based process would provide a more conducive means to resolving grievances, and bring more positive resolutions. It also could provide an avenue for Berks County residents to receive prevention education in the area of human relations, so people understand their right and responsibilities in this sensitive area, and can avoid future discrimination suits.

Developing Community Capacity: Community Service and Leadership

Communities with fully engaged volunteers are stronger and healthier. When people become involved in volunteerism and community service, they develop a stronger sense of respect and value for the community in which they live. Volunteerism in American is at a 30-year-high, which is of encouragement to those who rely on volunteers to deliver or receive services. However, even with this increase, there still is a widespread unmet demand for individuals and groups who can give of their time in making a profound impact on the quality of life in their communities.

Volunteerism helps to address social problems and critical community issues. For many nonprofit and community organizations, volunteers are the key component in helping them to accomplish their missions. Across the nation, 81% of nonprofits utilize volunteers, as volunteers can offer human capacity that might otherwise be impossible with staff members alone (Corporation for National and Community Service, 2007). Volunteering also provides great financial returns. Back in 2001, the United States volunteer workforce of 83.9 million people represented the equivalent of over nine million full-time employees at a value of \$239 billion (Independent Sector, 2001).

When volunteering, there are benefits to be derived by individuals that go beyond the satisfaction of helping others. Many volunteers encounter a variety of new challenges when they begin giving time in their communities. While sharing new experiences and meeting new people, they learn skills that strengthen their confidence to face challenges in other areas of their lives. These new skills may help a volunteer to increase employability status and job prospects, while also improving upon their abilities to interact with others (NSGVP, 2000). Volunteering also helps individuals to gain a sense of purpose in their lives, have physical and social activity, improve physical and mental health and have greater life satisfaction (Independent Sector, 2001).

Due to increased demands on time in today's society, alternative avenues to volunteering have become more popular. Family volunteering has offered a way for families to spend quality time together, while giving back to the community. A study conducted by the Center for Urban Policy and the Environment in 2003 found that families thought that volunteering together strengthened the family bond while promoting a stronger value system. Other family benefits noted were building extended relationships beyond the family unit and helping their children to build empathy for others. Above all, family volunteerism increases the likelihood that a child will continue volunteering throughout adulthood (Independent Sector, 2001).

Employee volunteerism is also gaining more prominence, as research is showing that companies, employees and the community all reap the benefits from employee volunteerism. When employees volunteer, it helps a company to build relationships with the local community, improves the company's public image and promotes a motivated workforce. The community benefits through an increased understanding of and connection between nonprofits and companies. Employees improve upon leadership and interpersonal skills, while having the opportunity to interact with employees in all levels of the company's organizational structure (The Center for Corporate Citizenship at Boston College, 1999).

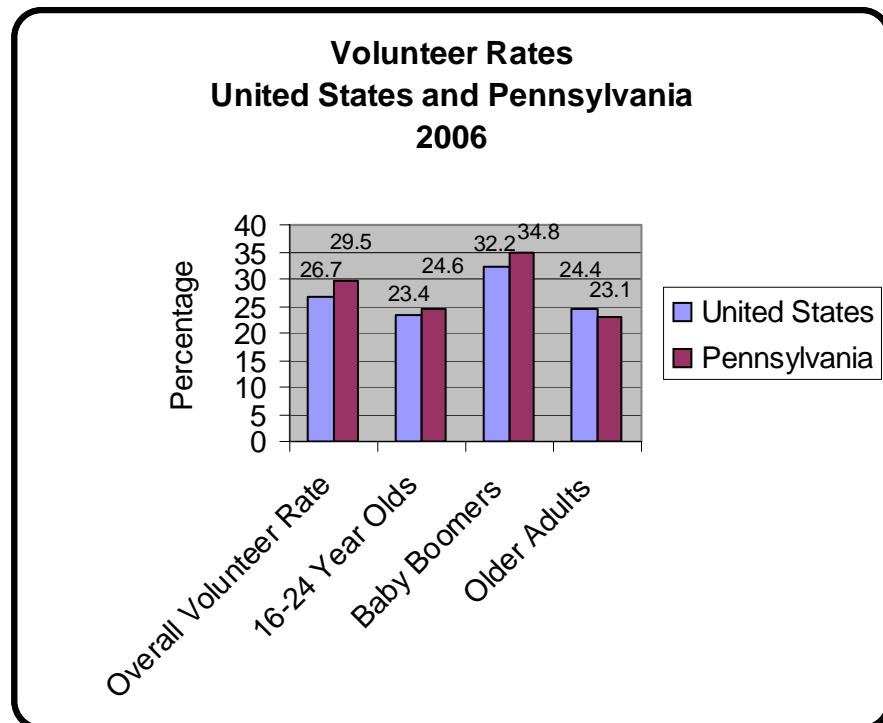
Volunteer rates and trends vary greatly state by state. While the national overall volunteer rate in 2006 was 26.7%, Pennsylvania's rate exceeded this at 29.5% (Corporation for National and Community Service, 2007). Additionally, the highest rate of volunteering occurred in the Baby Boomer age group, which presents great opportunities for the future, when this group begins their

Community Outcome #1:

Individuals, families, businesses, and organizations actively engage in volunteerism and community service activities in order to improve the quality of life in Berks County.

Developing Community Capacity: Community Service and Leadership

retirement. If communities can combine the Baby Boomers' commitment to volunteerism with their additional free time that comes with retirement, positive benefits for all can result.



Source: Corporation for National and Community Service

Developing Community Capacity: Community Service and Leadership

Nonprofits are businesses by definition. Although their missions may differ from other for profit businesses, the need for effective governance and management is no different than for any other business type. The boards and management of nonprofits are increasingly subject to legislation at the state, federal and local levels regarding accountability. The strain of regulations can be overwhelming for some nonprofit organizations, requiring strong staff and volunteer leadership and guidance to manage the balance between accomplishing the stated mission, while following necessary laws and guidelines.

Berks County relies heavily on the nonprofit sector for the effective and extensive delivery of social and human services. Nonprofits, which are funded to provide essential services to local residents, are an indispensable part of the social, economic and cultural fabric of the community. In Berks County, there are over 200 staffed nonprofit organizations that span a diverse group of service areas, which include: children and youth, environment, social justice, health and human services and education. There are also countless other nonprofit organizations who rely solely on volunteers to provide civic, recreational and cultural activities. Leadership in the community nonprofit sector is a critical component and a much needed service in order to ensure the survival of nonprofit organizations. Community members who volunteer to serve as governing members of nonprofit organizations provide governance and leadership that helps the many agencies accomplish their mission. To achieve this, a diverse group of community individuals, including neighborhood residents, business, community, government and educational leaders, are recruited and encouraged to join in the ranks of governing members.

Nonprofit organizations are best served by boards of directors that understand and accept their role as the governing bodies of the organizations they serve. Therefore, an important component of effective governance includes the training of all members and equipping and strengthening their leadership and governance skills. Boards ensure that organizations remain accountable to the community and provide needed services, while adhering to rigorous ethical and professional standards. Donors to nonprofits are increasingly demanding assurance that the organizations they support are well governed and boards of directors provide this service.

The success of a nonprofit organization lies within its leadership. While many nonprofits have a similar purpose, no two organizations are the same in how they deliver their missions. Staff and volunteer leaders who are able to manage these organizations serve a valuable role in their community's welfare and future. They have a valuable skills set to share with others and improve the quality of services provided by various agencies. Their vested interest in the community creates a strong reason for making an impact in the areas in which they work and live.

Community Outcome #2:

Individuals are encouraged, trained, and supported in providing effective governance and leadership in community nonprofit organizations.

Developing Community Capacity:

Community Disaster Preparedness and Response

Community Outcome #1:

The community is well prepared for, and can effectively respond to, local, regional and national disasters and emergencies.

Disaster often strikes without warning. Therefore, the best way to prepare for a disaster or emergency is to create a specific plan of action that can be put in place at a moment's notice. As a result, public health and safety are increased as plans are devised and implemented.

Every community is vulnerable at some level to a local, regional or national disaster or emergency. In the event of a local, regional or national disaster, communities need to be prepared to address the emergency issues in their local neighborhoods. Emergency preparedness and response issues include a wide variety of situations like terrorism, natural disasters and tragic accidents. The best way to weather a disaster safely and with minimal financial impact is to prepare in advance.

In the aftermath of a natural or man-made disaster, medical, emergency and public safety personnel must be prepared to tend to a wide array of needs. It is important that response personnel use a coordinated, multidisciplinary response in order to rapidly and effectively care for those affected. A successful response to a large-scale disaster is dependent on communities' ability to develop sustainable systems between mental health, response agencies, law enforcement and health care.

Additionally, making local emergency preparedness and response programs accessible to all people is a critical ingredient to reducing the emotional and psychological impact on individuals within the affected community. Some people are more susceptible to falling victim of a disaster due to limitations in movement, communication, or access due to age, disability, limited English proficiency or transportation. Therefore, it is important to consider multiple variables when designing an emergency plan. Involving community members who can assist in finding ways to address the needs of these special populations will provide vital information for disaster preparedness and response programs.

Since 9/11 and Hurricane Katrina, most large businesses and nonprofits have developed disaster plans that include how to continue operations if faced with a disaster. Berks County and local municipalities also have established disaster plans and protocols. Additionally, early work has begun locally on developing community-wide responses in anticipation of a possible pandemic.

In today's world, the need to prepare for a disaster or emergency is very real. Disasters disrupt hundreds of thousands of lives every year. Each disaster has lasting effects, both to people and property. Being prepared reduces fear, anxiety and losses that accompany unexpected emergencies. Communities, families and individuals should be ready, if need be, to care for their basic needs, protect themselves and their families, and know what to do before, during and after an emergency event.

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Community Impact Volunteers

2008 Community Impact Cabinet

Chair:	Barb Pattison*	National Penn Bank
Vice Chair:	Mike Toledo	Wachovia
Members:	Javier Cevallos*	Kutztown University
	Leon Churchill*	City of Reading
	Tim Dietrich	Barley Snyder
	Kathi Hanley*	Carpenter
	Kim Hippert	National Penn Bank
	Gretchen Keith	Community Representative
	Paul Oxholm	Unique Technologies, Inc.
	Nancy Yocom*	Community Representative
	William Maurer	Community Representative
	Jerry Simcik	SFS intec
	Ken Pick	County of Berks
	Michele Ruano-Weber	Berks County MH/MR
	Judy Schwank*	Community Representative
	Ramona Turpin*	Sovereign Bank
	Steve Weidman	Wachovia
	Ben Zintak	Dimensions Acquisition, LLC

Promoting Health & Independence Impact Council:

Ruth Mathews, Chair	United Community Services
Deb Greenawald, RN., Vice Chair	Alvernia College

Nurturing Children & Strengthening Families Impact Council:

Sarah Smith*, Chair	Community Representative
Nancy McCullar, Vice Chair	Easter Seals Eastern Pennsylvania

Building Self Sufficiency Impact Council:

Gary Rightmire, Chair	Community Representative
Arlene Otis, Vice Chair	BCIU
Scott Rehr, Vice Chair	BCPS

Caring for People in Crisis Impact Council:

Chris Wullert*, Chair	PACE Institute
Sheila Bressler, Vice Chair	Berks County CASSP Coordinator

Ex Officio:	Gerry Nau, UWBC Board Chair	Fulton Bank
	Brian Hard, UWBC Board Vice Chair	Penske Truck Leasing Co.

* United Way of Berks County Board member

Community Impact Volunteers

Building Self-Sufficiency Impact Council

Vision:

Individuals will develop their ability to care and provide for themselves and their families, in order to live independently and participate as responsible citizens in community life as much as possible.

Chair: Gary Rightmire – Community Representative

Vice Chairs: Arlene Otis - BCIU and Scott Rehr - BCPS

Agency and Community Representatives

Jonathan Encarnacion – Centro Hispano Daniel Torres, Inc.

Jay Worrall – Reading-Berks Habitat for Humanity

Ron Miller – Neighborhood Housing Services

Ed McCann – Workforce Investment Board/Career Link

Elaine Moyer – Reading Area Community College

Kim Miller – YMCA Housing Programs

DuShawn Ware – Olivet Boys & Girls Club of Reading and Berks County/RACC ESL instructor

Steve Keiser – Real Estate Investors Assn.

Clark Copeland – Salvation Army Housing Program

Edie Murray - Community Representative

United Way Volunteer Allocations Review Team Leaders

Dick Mable

Joanne Judge

Pat Zyma

United Way Staff

Karen Rightmire – President

Marcelino Colon – Director, Community Development and Weed & Seed

Community Impact Volunteers

Promoting Health & Independence Impact Council

Vision:

Individuals will achieve physical, mental and emotional well-being by understanding and utilizing prevention & treatment services and taking responsibility for their own well-being.

Chair: Ruth Mathews - United Community Services

Vice-Chair: Deb Greenawald, RN - Alvernia College

Agency and Community Representatives

Lucille Gough - Berks Visiting Nurse Association

Carolyn Bazik - Berks AIDS Network: A Program Unit of Co-County Wellness Services

Barbara Coffin - Berks County Office of Aging

Ed Michalik - Berks County MH/MR

Sharon Drummond – Community Prevention Partnership

Deb Messner - The Reading Hospital and Medical Center/Alvernia College

Bill Bender - St. Joseph Medical Center

Marcia Goodman-Hinnershitz – Council on Chemical Abuse

Bob Pratt – Carpenter Technology Corporation

LuAnn Oatman – Berks Encore

Rick Mappin - Berks County Community Foundation

Pat Roth - St. Joseph Medical Center Ambulatory Services

Laura Welliver - Centro Hispano Daniel Torres, Inc.

Jay Steinberg – Jewish Community Center

Schenay Miles – Community Care Behavioral Health

Steve Fuhs – Sovereign Bank

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Perry Andrews

Jeff Wasmuth

Karen Cook

John Kramer

Ed Doerrman

Eric Schaeffer

United Way Staff

Pat Giles – Senior Vice President, Community Impact

Community Impact Volunteers

Caring For People In Crisis Impact Council

Vision:

People experiencing a crisis, disaster or emergency will have their basic needs appropriately met, with confidentiality and dignity, ensuring their safety and security.

Chair: Chris Wullert - Pace Institute

Vice Chair: Sheila Bressler – Berks County CASSP Coordinator

Agency and Community Representatives

Adrian Grieve – American Red Cross: Berks County Chapter

Modesto Fiume – Opportunity House

Peg Bianca – Greater Berks Food Bank

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Yvonne Stroman – Community Prevention Partnership

Mary Kay Bernosky – Berks Women in Crisis

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Michael Spear – Berks County Jury Supervisor

Dianne Dachowski – Office of Aging

Becky Stubbs – Berks Advocates Against Violence

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Sherry O'Donnell – Director, CASA Program

Ethel Kramer – Executive Administrative Assistant, Emergency Food & Shelter Board

Community Impact Volunteers

Nurturing Children & Strengthening Families Impact Council

Vision:

All children and families will grow and develop in a supportive environment that meets their individual physical, emotional and spiritual needs and encourages them to achieve their full potential.

Chair: Sarah Smith - Community Representative

Vice Chair: Nancy McCullar - Easter Seals Eastern Pennsylvania

Agency and Community Representatives

Sandi Wise – Olivet Boys & Girls Club of Reading and Berks County

Rusty Bahr – YMCA of Reading & Berks County

Cheryl Guthier - Community Prevention Partnership

Deb Dietrich – Berks County 4-H Program

Roxanne Hassler - BCIU Childcare/Head Start

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Judi Blimline – Berks Community Action Program

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Forest Crigler

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Jane Moyer – Director, Care for Kids Coalition

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Rory Bender	National Penn
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Chris Bigos	Fulton Bank
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A. Michelle Blood	Cambridge-Lee Industries, Inc
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Patricia Eck	Blue Ball National Bank
Susan Edelman	
Alicia Flood	Sovereign Bank
Judith Gillmore	
Peter Giorgi	Giorgio Foods
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Geoffrey Jones	Carpenter Technology Corporation
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Judith Kline	MidPenn Legal Services
Judith Kraines	
John Kramer	Albright College
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Marge Mizak	The Floral Studio
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Steven Smith	National Penn
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Elaine Stanko	Fox Rothschild LLP
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Robert Ullman	
Michelle Velazquez	SFS intec, Inc.
Kevin Wagner	National Penn
Jeffrey Wasmuth	Wachovia
Michelle Weaver	VF Outlet
Nadine Weidenhammer	Weidenhammer Systems Corporation
Kevin Wenrich	GE Health Care
Steve Wullert	Interactive Management Service
Patricia Zyma	Utilities Employees Credit Union

United Way of Berks County Agency Partners

American Cancer Society: Berks County
American Red Cross: Berks County Chapter
Arc Advocacy Services
Beacon House
Berks AIDS Network: A Program Unit of Co-County Wellness Services
Berks County Intermediate Unit Child Care
Berks Deaf & Hard of Hearing Services
Berks Encore
Berks TALKLINE, Inc.
Berks Visiting Nurse Association
Berks Women in Crisis
Big Brothers Big Sisters of Berks County
Birdsboro Community Memorial Center
Burn Prevention Foundation
Camp Fire USA: Adahi Council
Campership Program
Centro Hispano Daniel Torres, Inc.
The Children's Home of Reading
Council on Chemical Abuse
Easter Seals Eastern Pennsylvania
Family Guidance Center
Friend, Inc. Community Services
Girls Scouts of Eastern Pennsylvania
Hawk Mountain Council: Boy Scouts of America
Jewish Community Center of Reading
KIDSPEACE Advances
Literacy Council of Reading-Berks
Mental Health Association of Reading & Berks County
Olivet Boys & Girls Club of Reading and Berks County
Opportunity House
Reading-Berks Habitat for Humanity
The Reading Hospital Center for Mental Health
Salvation Army: Reading Corps
Salvation Army: Service Extension Units
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