ChildLink: Connecting Families to Early Intervention Services

Reaching for things. Playing and exploring. Rolling over. Sitting up. Talking. These are just some of the milestones that most young children reach as they grow and develop. But what if your child has difficulty mastering these skills? That’s what happened to Bernetta Gethers, whose 15-month-old son Kathir made sounds to convey his needs instead of talking. His mother knew he should have been saying words; she has two older children. During a health services visit to Children’s Hospital of Philadelphia, Gethers mentioned her concern. A social worker gave her the number for ChildLink and Gethers soon received a home visit from her service coordinator. ChildLink arranged for an evaluation for Kathir to determine the need for early intervention services and to achieve outcomes important to his family. Shortly after, Kathir began receiving services from Terry Lubin, an early intervention special instructor with the KenCrest Infant and Toddler Program. “Terry has been my savior,” says Gethers. “I’m really, really impressed with ChildLink, they are all really caring. They’ve met my needs and Kathir’s needs,” she adds.

Since 1992, ChildLink has provided early intervention service coordination to Philadelphia children, birth to age three with developmental delays or disabilities, and their families. Under contract with the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, PHMC administers the ChildLink Philadelphia County Program. Over the years, ChildLink has provided a gateway to early intervention services for more than 60,000 children living in Philadelphia County. ChildLink designs the services for the individual and provides them at no cost to families.

“Our services are family focused, not based on a medical model,” says ChildLink supervisor Marilyn Edmond. “We look at everything; we look at the whole child in the context of their family and community.” Within two weeks of a referral, a ChildLink service coordinator visits the home to discuss a family’s concerns and the need for early intervention services. By the end of that visit, the service coordinator schedules an evaluation to determine eligibility for services. Eligible families receive an Individualized Family Service Plan (IFSP), continued on page 9

“We look at everything; we look at the whole child in the context of their family and community.”
A MESSAGE from Our President & CEO

We develop every program at PHMC and our affiliates to serve a clearly identifiable need. At the same time, we understand that every population we serve faces a range of issues. The interplay of those challenges defines what that population requires of the public health infrastructure. By bringing multiple programs, research projects and public health approaches together under one organization, PHMC and its affiliates offer a unique ability to respond.

This issue of DIRECTIONS illustrates how our approach allows us to provide a broadly encompassing response even as we offer discretely focused, evidence-based services. Take a look at the road map to our services for youth—the focus group of this issue. You’ll find that more than 25 youth-oriented programs collectively allow us to address this critical population from birth through age 21. Why a road map? Because we understand that we must be smart and intentional about the directions we choose to take and how we navigate the intersections of our work.

These intersections emerge throughout the stories in this issue. The article on ChildLink reveals its role among tens of thousands of children and their families, the City of Philadelphia, homeless shelters and a range of service providers. The tobacco control work of our affiliate Health Promotion Council (HPC) helps deter stores from selling tobacco to underage customers even as it gives youth surveyors a valuable perspective on smoking, an understanding of the legal system, the responsibilities and benefits of employment, and an incentive to achieve academically. Joseph J. Peters Institute, also an affiliate, addresses sexual abuse through treatment to both victims and offenders, and it collaborates with PHMC’s substance abuse treatment programs to extend awareness and knowledge to parents in recovery. Through Philadelphia Urban Food and Fitness Alliance, HPC connects 50 area youth, numerous local organizations and efforts from across the country to help transform local food systems. Board member Margie Austin speaks of bringing together her background as a parent of a special needs child with governance of PHMC, data from across PHMC programs and the opportunity to influence the after school program experience for children with disabilities.

In each of these examples, we stand strategically at a key intersection to keep the traffic flowing and the interactions relevant to serving youth. We repeat this essential, dynamic role for every population we touch and we tease out and manage the still more complex intersections among those populations.

This is the value that PHMC brings daily—thanks to our employees, funders and other supporters—as a comprehensive public health institute.

Yours in public health,

Richard J. Cohen, PhD, FACHE
President and CEO of PHMC

Take a look at the road map to our services for youth. You’ll find that MORE THAN 25 YOUTH-ORIENTED PROGRAMS collectively allow us to address this critical population from birth through age 21.
New in 2011:
Research and Evaluation Group at PHMC Expands Its Mapping Services

PHMC’s Research and Evaluation Group offers Geographic Information System (GIS) mapping services. Programs can use GIS to map and analyze data, including population data, geographic boundaries and service locations. Use our Research and Evaluation Group mapping services to:

- Demonstrate need: Show geographic differences in health, economic and social concerns across the population
- Plan programs: Visualize demographic and other indicators alongside local resources and transportation networks
- Understand populations: Use geocoded locations of patients, program participants and stakeholders to identify program reach
- Analyze trends: Model and predict environmental exposures, disease diffusion or population changes

To speak with a Research and Evaluation Group expert at PHMC about your mapping and analysis needs, contact Francine Axler at 215.985.2521 or francine@phmc.org.

One Book, Every Young Child

On March 29, 2011, PHMC took part in the Pennsylvania One Book, Every Young Child literacy program, a statewide campaign to highlight the importance of early literacy development in preschoolers ages three to six through a single, shared reading experience. Throughout the month of March, early childhood education centers participating in the PHMC-managed Keystone STARS and Out-of-School-Time programs pledged to read to more than 9,000 children throughout sites in Delaware, Montgomery and Philadelphia Counties.

Honors, Awards and Achievements

In fall 2010, four PHMC employees, Jeanne Ciocca, Francine Axler, Tinesha Banks and Jay Wussow, completed a six-month program offered by the Nonprofit Executive Leadership Institute (NELI) at Bryn Mawr College School of Social Work. NELI offers nonprofit executives and ascending leaders tools to hone their leadership and management skills, while teaching them more about nonprofit management.

Akil Pierre, MPH, project director of Sisters Informing Healing Living Empowering (SIHLE) and PALMS (Preventing AIDS Through Live Movement and Sound) Project, was featured as the October Personality in C2P Monthly, a newsletter for Connect to Protect® (C2P) Coalition. CP2 seeks to reduce the HIV/AIDS rates among young men who have sex with men through the collaborative efforts of local communities and health researchers. Tiffany Bacon, SIHLE project specialist and on-air personality for Philadelphia’s 107.9, 100.3 and 103.9 FM radio stations, was also featured in the newsletter.

In March, Lee Carson, PHMC research associate, was interviewed for a Community College of Philadelphia television show entitled The Tapestry of Life: LGBT Issues. The program discussed the diversity of sexual identity and gender identity cultures and the behavioral health challenges faced by underserved populations. Carson spoke about LGBT issues in Philadelphia and his PHMC research focusing on LGBT health and HIV/AIDS. Visit phmc.org to view the video.

continued on page 5
Youth-led Solutions to Healthy Living

“HEALTHY FOODS ARE NOT AVAILABLE IN MANY NEIGHBORHOODS,” a young female voice says as an image of a distressed Philadelphia neighborhood flashes on the screen, followed by another with shelves full of potato chips, candy and soda. “Corner stores put junk food in the front so it’s in plain sight,” the girl continues. “The majority of the produce is rotten,” she adds as images of rotten tomatoes appear on the screen, “and fast food is on every corner.” Another voice intones, “There is faulty equipment at parks—rusted jungle bars, swings missing, basketball hoops with no nets...many citizens told us they don’t like to go to the park due to unsafe activities.” These images and voices are part of a Photovoice assessment conducted in summer 2009 by youth participants in Philadelphia Urban Food and Fitness Alliance (PUFFA).

The project documented the many barriers to healthy eating and active living in four Philadelphia neighborhoods. Through Photovoice—a process that blends a community-based approach to photography and social action—50 PUFFA youth participants recorded and reflected their communities’ strengths and concerns, identified issues and proposed solutions to food access and fitness opportunities. What they saw: little or no access to fresh food and produce, unsafe playgrounds and sidewalks, vacant spaces, and underused resources. Their recommendations: beautify communities, increase access to healthier foods by making them more visible and affordable, and encourage citizens to exercise more.

PUFFA is one of nine community-led projects nationwide funded by the W.K. Kellogg Foundation’s Food and Communities Initiative to transform food systems and environments locally. On behalf of the Philadelphia partnership, Health Promotion Council, a PHMC affiliate, administers PUFFA.

The Photovoice project, led by PUFFA’s lead evaluator Thomas Jefferson Medical University, is just one of the many ways PUFFA has engaged youth to become personally involved in creating an equitable and just local food system. Findings from four Photovoice projects helped inform PUFFA’s 2009 comprehensive community action plan. Now with the plan in hand and the goal of changing policies and environments to support healthy people living in healthy places, PUFFA youth are working diligently to shape their communities and environments.

Last year, two local high school students, Sarahn Sankofa and Omar Epps, attended a conference in Chandler, AZ, sponsored by W.K. Kellogg Foundation. There, in a local delegation including members from Fair Foods, the School District of Philadelphia, the Enterprise Center CDC, Common Market, Southeast Philadelphia Collaborative, Nu Sigma Youth Services, the Philadelphia Department of Public Health and Department of Parks and Recreation, the Philadelphia Foundation and the Pennsylvania Horticultural Society, the teens gained insight into what others around the country were doing to promote healthy eating. They participated in dynamic skill-building workshops, such as how to advocate for change, and peer-to-peer learning opportunities with youth from across the country. They also learned basic nutrition principles.

Through the conference, the Philadelphia delegation learned of Food Empowerment Education Sustainability Team (FEEST), a group formed in Seattle, WA. FEEST gathers young people to prepare and share healthy, delicious food in a space where they can become actively engaged in issues of food resources. At the end of each month, FEEST youth invite neighbors of all ages to attend a community potluck dinner, which regularly attracts more than 50 community members to interact with young people. Sankofa and Epps decided to bring the concept back to Philadelphia. They organized students to cook monthly as a team. With the help of a nutritionist, the youth eat together family-style while learning more about food in their communities and discussing ways to effect change.

“We’ve taken the model from Seattle and brought it here to Philadelphia,” says Tiffany Spraggins, a senior at Temple University who worked as a supervisor with the youth in the summer of 2010 and now serves as a youth engagement supervisor. “We have a nice little group. A lot of them are athletes. Some of them are vegetarians. What makes them special is that they’re a select group of youth-led youth who have come togeth-
er at such a young age to expand on food and nutrition.” The Philadelphia FEEST students first met in September 2010 and remain consistent in their dedication to each other and healthy eating. In February, they renamed their project to reflect Philadelphia’s work: Students Advocating for Lifestyle Transformations and Philadelphia Urban Food and Fitness Alliance, better known as SALT and PUFFA.

“Through PUFFA, youth are learning the importance of eating healthy and what it will mean for them in the long term,” says Diane-Louise Wormley, project director of PUFFA. Partnering with WHYY, Wormley guided students through a 2010 series of public service announcements and documentaries, which can be viewed on WHYY’s website. In 2010, the students also participated in a pilot texting campaign through Philadelphia’s WorkReady employer-paid summer internship program.

Before joining PUFFA, many students were unaware of the importance of healthy eating and regular physical activity. One student had never tasted the goodness of fresh sweet corn, not necessarily because her family could not afford it but simply because she and her parents were not educated on the health benefits of fresh vegetables. Through PUFFA, students like Sankofa and Epps approach healthy living seriously as they learn the importance of nutritious foods and how to bring the message to their local communities and schools. “These young people have the desire and the capacity to change their circumstances. That’s very good news,” says Wormley. For more on PUFFA, visit hpcpa.org.

To view PUFFA youth videos, visit WHYY.ORG

**New Grants and Contracts**

The Philadelphia Foundation awarded $30,000 to PHMC affiliate Best Nest for the implementation of a new communications and marketing strategy, including a promotional video, website, brochures and other marketing collateral.

**Students Run Philly Style**, a program of PHMC affiliate National Nursing Centers Consortium (NNCC), received a $10,000 grant from the CIGNA Foundation, $5,000 from the Lenfest Foundation and $2,500 from the Douty Foundation for general operating expenses.

The Pennsylvania Department of Health granted PHMC’s Research and Evaluation Group funding for the Economic Impact Study of the Pennsylvania Clean Indoor Air Act (CIAA) Evaluation, in partnership with Pennsylvania Alliance to Control Tobacco. The group also received funding from the US Department of Health and Human Services, Agency for Healthcare Research and Quality for a study targeting African-American men underserved by the healthcare system. Study findings will inform the creation of culturally appropriate print and video health materials to educate and encourage African-American men to talk to their healthcare providers and make informed decisions.

**Lead Safe DC**, a program of NNCC, received $16,500 from the DC Department of Housing and Community Development to continue its work connecting clients with lead housing remediation services and conducting home cleanup demonstrations for children who have experienced lead poisoning.
Protecting Our Children

Last year, PHMC affiliate Joseph J. Peters Institute celebrated 55 trailblazing years of protecting children against the devastating results of sexual abuse. At Protecting Children 2010, its event held in December, JJPI highlighted organizational accomplishments and the dedicated work of outgoing board chair Paul J. Fink, MD. Protecting children is at the core of everything JJPI does.

As one of the nation’s first programs dedicated to the treatment of sexual abuse, JJPI is recognized as a national pioneer in the behavioral health field. Through the years, JJPI has played an important role in transforming the lives of children and families, as demonstrated by numerous outcome studies showing symptom reduction in survivors and low recidivism rates for offenders. JJPI’s pioneering work has earned numerous awards including a GlaxoSmithKline International Impact Award in March 2002 for leadership, dedication to quality care, commitment to serving people in need, impact on the local community and capacity for meeting the needs of the underserved.

In 2000, Paul J. Fink began his ten-year role as an exemplary JJPI board chair. During his tenure, JJPI more than doubled its annual operating budget and total number of clients served. At Protecting Children 2010, John P. Delaney, Jr., a deputy district attorney in Philadelphia and guest speaker at the event, remarked on Fink’s passion for the JJPI mission and his ability to pound down decision-makers’ doors to make change happen. “While most people’s mission is to bring comfort to the afflicted, Paul’s mission is to bring affliction to the comfortable,” said Delaney. Translation: Fink shakes up the status quo to enact real change.

During the years Fink served as board chair, JJPI began working with the Philadelphia Department of Human Services and the School District of Philadelphia to screen children in kindergarten through fourth grade who demonstrate inappropriate sexual behavior in school. In September 2005, JJPI released its first child sexual abuse prevention program publication, entitled “Healthy Child Sexual Development: Recognizing Appropriate, Inappropriate, and Problematic Behavior in Children.” A cornerstone of JJPI is its Prevention Services program, which grew out of a national campaign that combined community outreach and education to encourage adults to take action before a child is harmed.

JJPI created Prevention Services in 2006 to provide a multidimensional curriculum of programs focused on prevention and intervention across a broad spectrum of ages, developmental levels, populations and self-interests. Prevention Services educates adults on how to recognize sexual behavior directed toward children and how to stop it from occurring.

Recently, JJPI and director of prevention services, Michael A. Stinson collaborated with colleagues from PHMC’s substance abuse treatment affiliate Interim House, Inc. and programs Interim House West and CHANCES. They developed on-site, moderated, parent roundtable discussions to educate and coach residential and outpatient clients in recovery about child sexual abuse prevention. These discussions have created an open forum for exploring the issues surrounding child sexual development and abuse. By providing this information to children, through their parents and caregivers, JJPI also establishes a solid foundation for children to begin making appropriate and healthy choices about their own behavior.

Stinson says, “Addiction recovery is a process that presents many challenges. Providing support and resources that help parents successfully deal with this issue of healthy child sexual development and safety is an investment that has the potential to pay huge dividends both now and in the future.” Through outreach and education, JJPI’s Prevention Services program can help to protect the overall health and well-being of children in the community.

According to Theodore Glackman, executive director of JJPI, the key to childhood sexual abuse prevention and treatment is approaching the issue in a “broad and deep way by dealing with a wide spectrum of problems, across a wide range of

PROTECTING CHILDREN 2010

On December 2, 2010, Joseph J. Peters Institute hosted Protecting Children 2010 to celebrate its 55-year history of positively affecting thousands of children and their families in the region. This year’s event also honored retired JJPI board chair Paul J. Fink, MD, one of the region’s leading advocates for children and victims of violence. Guests mingled at the historic College of Physicians of Philadelphia and were welcomed by JJPI Executive Director Theodore Glackman and board chair The Honorable Renée Cardwell Hughes. Later in the evening, local and national luminaries spoke on the accomplishments of JJPI and Fink. The evening’s guests included John Delaney, Philadelphia deputy district attorney; Seth Williams, Philadelphia district attorney; Arthur Evans Jr., PhD, director of the Philadelphia Department of Behavioral Health; and Estelle Richman, chief operating officer of the US Department of Housing and Urban Development. Read Protecting Our Children above to learn more about JJPI’s work.
ages from children to adults." Research shows that we most effectively protect the community by addressing the psychological trauma of both survivors and offenders and by raising awareness and understanding of the issue through prevention education. “Sexual abuse and sexual misbehavior are not uncommon,” says Glackman. “This is an aspect of our society that we need to recognize and respond to in ways other than just treating the survivor and punishing the offender.”

JJPI’s holistic approach has garnered attention locally, regionally and nationally and positioned the organization among the foremost thought-leaders in the field. Biannually, JJPI hosts behavioral health experts from across the country to speak on new and established treatment approaches. Most recently, Esther Deblinger, PhD, a nationally recognized licensed clinical psychologist and professor at the University of Medicine and Dentistry of New Jersey, facilitated a JJPI clinical services workshop. Deblinger is one of the originators of the Trauma-Focused Cognitive Behavioral Therapy model that JJPI has adopted as its standard of care for its work with child survivors of sexual abuse. JJPI regularly works with the Philadelphia Court of Common Pleas to provide evaluations, education and trial considerations in the sentencing and trial processes. JJPI’s experts also participate in Philadelphia Department of Human Services (DHS) multidisciplinary review teams to make recommendations for especially difficult DHS cases.

JJPI has made an indelible impact on the lives of children and families in the region in the last 55 years. With much left to do, JJPI is preparing for the next half century of protecting children. The organization is updating its training materials to help parents and therapists talk to children about sexual abuse, and it continues to increase its level of involvement with the court system. “Most childhood sexual abuse is preventable,” says Glackman. “The goal is to reduce the incidence of childhood and other sexual abuse, which requires a multifaceted approach and deep, comprehensive understanding of issues. Both aspects are evident in the programs and activities of JJPI.”

To learn more about JJPI, visit jji.org.

"The goal is to reduce the incidence of childhood and other sexual abuse, WHICH REQUIRES A MULTIFACETED APPROACH."

Pictured left to right: Arthur C. Evans Jr., PhD, commissioner, Philadelphia Department of Behavioral Health and Intellectual disAbility Services; John Delaney Jr., assistant district attorney, City of Philadelphia; Paul Fink, MD; Estelle Richman, chief operating officer, US Department of Housing and Urban Development; and the Honorable Renée Cordwell Hughes (above). PHMC vice presidents Michael Bedrossian and Bill Weber with PHMC senior vice president John G. Loeb, MSS (top right). R. Seth Williams, district attorney, City of Philadelphia (bottom right).
HMC affiliate Resources for Children’s Health (RCH) held its annual gala, Strengthen a Child’s Tomorrow Today, on November 7. The evening included wine tasting, live music and a silent auction at Oaks Cloister, a beautifully restored, turn-of-the-century private Philadelphia residence that overlooks Fairmount Park. Proceeds from the event benefitted RCH programs that promote positive parenting, healthy pregnancies and the health and wellbeing of children and families. “Our annual gala is a time to celebrate our past accomplishments and raise funds for future programs,” said Jeanne Ciocca, executive director of RCH. “The funds raised from the annual gala help maintain services that provide parents with the support, education and resources they need to raise their children.” RCH provides collaborative, community-based services to support parents in their efforts to develop and sustain an active and positive parenting role.

“The funds raised from the annual gala help maintain services that provide parents with the SUPPORT, EDUCATION AND RESOURCES THEY NEED.”

Oaks Cloister (above). RCH board member Petrina Fisher Wells with RCH executive director Jeanne Ciocca (top right). RCH board member Daniel Woodlin and his wife, Ahashta Johnson Woodlin, MD (bottom right). Event photos courtesy of Alex Brands.
which documents and guides the services necessary to facilitate a child’s development and enhance the family’s capacity to participate in that process. Once the IFSP is developed, ChildLink obtains a service provider, such as Lubin, from a qualified early intervention provider organization. To be eligible for services, a child must have at least a 25% delay in one of the following developmental areas: cognitive, communication, physical (including hearing and vision), social, emotional or adaptive; have a diagnosed condition with a high probability for a developmental delay; or have a 25% delay based on the informed clinical opinion of a qualified evaluator.

Last year, communication delays affected more than 60% of children referred to ChildLink. Over 60% were referred at age 12 months or older, when children typically begin talking and walking.

Kathir’s special instructor, Lubin, used a range of techniques to help the toddler deal with his frustration with his inability to talk. “He used play, made it a game for my son to learn to say what he wanted,” says Gethers. “He involved the whole family and encouraged the other children to interact with Kathir to help him out,” she adds. Now Kathir is saying individual words and using sign language to better communicate. Recently a speech therapist also began working with Kathir, who at two years old now can string words together into sentences.

What does Gethers like most about ChildLink? “The in-home thing is super convenient. I don’t know if I’d be able to get to all those appointments,” she says. The staff work around Gethers’s schedule, even coming on Saturdays. “ChildLink works with you. They help you help your child,” she adds.

Early intervention staff from a variety of disciplines, including teachers who specialize in early childhood development, provide the services. Physical, speech and occupational therapists participate when appropriate. The child’s family, service coordinator and early interventionists become a team to help the child reach his or her outcomes and maximum potential. Progress is monitored at quarterly review sessions in the home. Children reaching age three who still need early intervention services are transitioned to the Preschool Early Intervention system, which is responsible for early intervention services for children age three to school age.

“ChildLink for Homeless Children

Homeless children comprise a special population served by a number of PHMC programs, including ChildLink. Many homeless children undergo a variety of changes and upheavals in their living environments and lack a regular source of health care, so developmental delays can be missed. In 2007, the Philadelphia Department of Behavioral Health and Intellectual disabilities Services developed its Homeless Project, which works directly with child specialists in eight Philadelphia homeless shelters. There, a PHMC social worker screens young children for developmental delays and refers those who may need services to a ChildLink service coordinator specializing in homeless families. Families receive care while at the shelter and after they transition into housing. Last year, almost 3.5% of ChildLink’s caseload had been homeless at some time in their lives.

The child’s family, service coordinator and early interventionists become a team to help the child reach his or her maximum potential.
Targeted Solutions

Client Spotlight:

Southeast Philadelphia Collaborative Marketing Strategy:
Supporting and Sustaining Neighborhood Youth Organizations

The Southeast Philadelphia Collaborative (SEPC) brings together a group of neighborhood-based organizations dedicated to providing educational, safe, fun and inspiring learning and social environments for youth ages 12 to 18.

Since 1999, SEPC has served as the primary network for after-school programming in Southeast Philadelphia, pooling the expertise, experience, programs and resources of nine youth-oriented organizations. More than 500 youth participate in SEPC’s arts and culture, technology, health and wellness and after school programming each year. At SEPC, youth not only enjoy a place to socialize and call their own, they have opportunities to be responsible and accountable for their own space and activities.

Targeted Solutions’ consultation with SEPC began in spring 2009 with the development of strategic communications plans for the organization and for a broader coalition in which it participates. Targeted Solutions has since assisted with the plan’s implementation by creating a new logo and brand identity, stationery and e-blast templates, and a new website. The William Penn Foundation Matching Fund provided SEPC with a subsidy through the Technical Assistance Matching Fund at PHMC to help cover the cost of the Targeted Solutions services.

“Our work with Targeted Solutions has helped to ensure that the Southeast Philadelphia Collaborative engages our youth in new and exciting ways,” says Cory Miller, program director for SEPC. In May, SEPC is expecting to launch a new interactive website that emphasizes its use of social networking tools including Facebook, Flickr and YouTube, as well as a new texting and email digest campaign through which youth sign up to receive news via email or their mobile phones. “Keeping up with our youth’s communication preferences will result in a website that is interactive and fun, and that gives the user multiple ways to easily get involved with the press of a button. Giving youth the control to get involved in an independent way is a testament to how we want to help develop leadership skills,” Miller says.

At the onset of the consultation with Targeted Solutions, Miller expressed how important it was to include both Adult and youth stakeholders in the decision-making process. “Throughout the entire consultation and process, Targeted Solutions staff made it easy for us to get the input of our youth stakeholders. Holding meetings at times when our youth could attend and utilizing SurveyMonkey in our Teen Lounges allowed youth to have a vote and a chance to share feedback throughout the design process, which led to our new tagline Empowering Youth and the creation of a more modern and youthful logo.”

Visit SEPC at sephillyyouth.com.
From the Board Room: Q&A with PHMC Board Member Margie Austin

DIRECTIONS staff interviewed longtime PHMC board member Margie Austin, who has distinguished herself for her advocacy work on behalf of families of children with intellectual disabilities. Austin’s journey as an advocate started 18 years ago when her son Isaiah was born with Down syndrome. As a representative of these children and their families on the PHMC Board, Austin offers suggestions that promote inclusive communities. Her work has included providing insight for PHMC’s ChildLink program and gathering data on children with intellectual disabilities in other PHMC programs.

What Austin says every board member needs to know to successfully serve an organization:

No question is a dumb question; remember that you are representing the members and the community. While it is a board member’s duty to speak up, be respectful of others’ opinions.

Who inspires you to give back to the community?

My parents believed in volunteerism and inspired me at an early age. They always told me that if I want to make a difference, I must give of myself.

What qualities do you bring to the board of PHMC?

I bring firsthand knowledge of the challenges and barriers people with disabilities struggle against to have an everyday life in their homes and community.

How did you come to join PHMC’s board?

I was asked to serve on PHMC’s board through PHMC’s PersonLink program because of my work as an advocate for children with intellectual disabilities and the fact that I am the parent of a child with a disability.

What are some of your current initiatives with the PHMC board?

Two years ago, I helped to complete the Needs Assessment for Inclusive After School Programs for Children with Disabilities, an initiative that identifies the extent to which school-age children with intellectual disabilities experience inclusion or exclusion and the reasons this occurs. Results from the needs assessment, which includes data collected from PHMC programs that work with children with intellectual disabilities, focus groups and other resources, laid the groundwork for a strategic plan that outlines supports needed to increase the accessibility of community programs to children with intellectual disabilities. This project corresponded with my own initiative, Change Agents for Inclusive Programs, which offers resources to families of these children.

What, in your opinion, are some of the biggest challenges facing nonprofits?

It can be a challenge to have strong leadership and it can also be difficult to find someone who has the ability to bring together people who want to better their communities. Also, finding funding streams and experienced grant writers is another challenge for a lot of nonprofits.

“My parents believed in volunteerism and inspired me at an early age. They always told me that IF I WANT TO MAKE A DIFFERENCE, I MUST GIVE OF MYSELF.”
Serving Children at Every Turn

PHMC’s and its affiliates’ programs and services range from teaching children about nutrition in the classroom to training teens to run a marathon. We believe that bettering the health of tomorrow’s generation begins now. Here are some of the programs we offer.

### Asthma Link Line
A community-based telephone center designed to coordinate medical appointments, asthma education and other services for parents of children with asthma.

### National Nursing Centers Consortium Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
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<tbody>
<tr>
<td>Asthma Safe Kids</td>
<td>An in-home asthma education program for caregivers of children under age 18 with asthma.</td>
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<tr>
<td>Lead Safe Babies</td>
<td>Lead prevention education for parents.</td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
<td>Client-centered, nurse-based home visiting services to first-time, low-income mothers.</td>
</tr>
<tr>
<td>Students Run Philly Style</td>
<td>Marathon training to help young people improve health factors and succeed in life.</td>
</tr>
<tr>
<td>First Steps Autism</td>
<td>A home visiting program for families of children with autism.</td>
</tr>
<tr>
<td>Healthy Homes for Childcare</td>
<td>Assessment and training for family and group childcare homes.</td>
</tr>
<tr>
<td>ChildLink</td>
<td>An early intervention service coordination program for children, birth to age three with developmental delays and disabilities, and their families.</td>
</tr>
<tr>
<td>Out-of-School Time (OST)</td>
<td>Intermediary agency services to OST for the City of Philadelphia, providing after-school and summer programs to more than 20,000 Philadelphia children.</td>
</tr>
<tr>
<td>E-3 Center</td>
<td>A program of PHMC affiliate The Bridge, offering opportunities for education and employment training for out-of-school youth and youth involved with the juvenile justice system.</td>
</tr>
<tr>
<td>Southeast Regional Key (SERK)</td>
<td>Management of Pennsylvania’s SERK, which serves childcare providers in the southeast region of the state and implements a system of program quality improvements and professional development supports for early childhood education.</td>
</tr>
<tr>
<td>PALMS Project</td>
<td>HIV prevention and health promotion for adolescents and young adults between the ages of 12 and 21 using a theory-driven, theater-based approach and trained peer actors.</td>
</tr>
</tbody>
</table>
Resources for Children’s Health Programs

After-school and Summer Camp
Safe out-of-school-time activities.

DHS Parenting Collaborative
Management of community-based parenting programs from 43 agencies throughout the city.

Focus on Fathers
Parenting resources for fathers.

SAFE
A home visiting and case management program for parents of children age three and younger.

Health Intervention Program for Families
Home visiting and other support for families with children age 21 and younger with special health-care needs.

CHANCES
An outpatient and intensive outpatient substance abuse treatment program for up to 100 women with children.

Eat.Right.Now.
A program of Health Promotion Council providing nutrition education and outreach to approximately 14,500 students at 20 Philadelphia schools.

WISE SNAC®
A program of PHMC affiliate Health Promotion Council, WISE SNAC® (Wellness Initiative for the School Environment: Smart Nutrition and Activity Collaborative) serves 35 elementary and secondary schools and many community partners to foster school-community partnerships that promote consistent educational messages and opportunities for healthy eating and physical activity.

StreetSmarts
A comprehensive highway traffic safety public education and awareness campaign for Philadelphia school children.

Focus on Fathers
Parenting resources for fathers.

Homeless Teen Education Project
Intensive case management and services for homeless teens, ages 13 to 18, who are living with their parents in emergency shelters or transitional housing.

Best Nest, Inc.
A foster care and adoption agency meeting the unique challenges of children with special medical needs and providing a continuum of family centered services structured to empower families.

The Bridge
Long- and short-term residential programs for up to 35 adolescent boys with addiction-related issues, and outpatient counseling for children, adolescents and adults.

Child and Adolescent Needs and Strengths Assessment
Assistance to the Philadelphia Department of Human Services in making decisions regarding foster care placement.
Despite being underage, 16-year-old RaeNa Johnson regularly buys cigarettes. She gets paid to do it. Johnson is one of ten youth surveyors, ages 15 to 17, hired by Health Promotion Council (HPC) to try to buy tobacco products. As part of the Tobacco Control Program, HPC receives funds from the Philadelphia Department of Public Health to monitor Philadelphia-based stores for compliance with the Youth Access Law, which prohibits tobacco sales to those under age 18. HPC recruits and trains youth surveyors who must maintain a B average in school. Once trained, a new teen shadows a veteran youth surveyor for a day or two. Youth are paid an attractive $10 per hour.

Johnson can visit 25 stores in three hours. “So many clerks sell to me without hesitation,” she says. Last year, 23.5% of Philadelphia stores and 17.9% of stores in Delaware County sold tobacco products to youth surveyors. Johnson likes the fact that when a store is fined “we’re teaching a lesson.” Clerks often will ask for identification, but only some will decline to sell to her. “Amazingly, merchants will ask for ID, but then not look at the date of birth,” says HPC’s program manager, Lauren Gemberling. Youth surveyors are instructed not to lie if a clerk asks for age or identification.

Teens who successfully buy tobacco products simply leave the store and report the sale to an adult surveyor, who accompanies them on every visit and waits for them outside the store. The adult surveyor completes a form, noting what product was purchased and a description of the clerk who sold it. Philadelphia merchants who sell to teens receive a $250 citation. The report, along with the tobacco product, becomes evidence that can be used if a merchant chooses to appeal the citation in court. In the surrounding seven counties, store owners and clerks each can be fined from $100 to $500. Some stores have a zero tolerance policy: if a clerk is caught selling tobacco to minors, the store fires the clerk immediately. All first-time merchant offenders receive a face-to-face 30-minute information session to ensure comprehension of the law.

Often, stores will sell individual cigarettes, or “loosies,” usually two for $1. Merchants cited for selling loosies receive an additional $250 fine. A teen surveyor who notices that the merchant has loosies for sale may ask to buy some. “We stress to the teens that they should go with what feels comfortable to them as they interact with the merchant,” says Gemberling. “They stare at me for about seven seconds, and then they just go reach for the cigarettes and hand them to me,” says Johnson. “They obviously don’t care about health or that we could get addicted to nicotine at a young age.”

According to the 2009 Youth Risk Behavior Survey (YRBS), the regular smoking rate, defined as smoking during at least 20 of the past 30 days, among Philadelphia youth was 3.6%, representing the highest rate among large US cities. Youth smoking rates vary by racial/ethnic group. White youth are much more likely to smoke (15.6%) than Latino (3.1%) or black youth (1.2%). Furthermore, more than one-third of youth smokers in Philadelphia purchase their own cigarettes—the highest proportion among large US cities.

Philadelphia City Council voted in December 2010 to amend Philadelphia’s youth access ordinance to increase the fine structure for those merchants that violate this ordinance by selling tobacco to minors under the age of 18. This represents significant movement toward changing the climate in the city around tobacco-related issues including sales to minors. Johnson testified before City Council about her experiences as a youth surveyor and the frequency with which she is able to purchase illegally as an underage minor.

HPC is both the Southeast Regional Primary Contractor for the Pennsylvania Department of Health’s Tobacco Control Program as well as the contracted agency for tobacco enforcement in the City of Philadelphia. It runs compliance checks on about 4,200 merchants within Philadelphia, along with roughly 1,200 Delaware County and Lancaster County stores.

In addition to trying to limit access to tobacco, HPC works with schools in the seven-county southeast region of the state. “Instead of going into schools and doing a single presentation, we work with school districts to build the capacity of schools with the goal to ultimately change social norms among teens,” says Gemberling. HPC helps train school administrators and staff on tobacco addiction, its effects on the adolescent brain, and writing and implementing effective tobacco policies. HPC’s Tobacco Control Program website provides resources and information for schools, community-based organizations, health-care providers and the community at large on tobacco control issues and schedules for cessation classes throughout the region.

Visit hpcpa.org to learn more about HPC’s tobacco programs.

**MORE THAN ONE-THIRD OF YOUTH SMOKERS** purchase their own cigarettes.
The State of Our Children’s Health

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HMC’s Community Health Data Base (CHDB) 2010 Household Health Survey took a comprehensive look at the health of children birth to age 17 in Southeastern Pennsylvania (SEPA). Among other topics, CHDB included questions about childhood asthma and children who are overweight or at risk of being overweight. For the first time, CHDB added new questions about nutrition in Philadelphia County. Survey data show that, while children are typically in better health than adults, in SEPA many children either suffer from a chronic disease or are at risk for a chronic disease such as asthma or diabetes.

Childhood Asthma

Asthma remains one of the most common chronic illnesses among children and adolescents. Children with asthma may experience more absences from school, learning difficulties and hospital stays. Nationwide, 13.8% of children suffer from asthma*. However, in the five-county SEPA region 18.5% of children—representing more than 175,400 children—suffer from asthma. The percentage of children diagnosed with asthma has increased over the past 10 years. Nearly a quarter of children residing in Philadelphia County (23.3%) have asthma, followed by children living in Delaware (20.7%), Montgomery (15.4%), Chester (14.0%) and Bucks (11.9%) Counties. And 20.5% of children in the SEPA area with asthma live with a smoker who smokes inside the home, a known trigger factor for an asthmatic episode.

Demographic Characteristics of Childhood Asthma in SEPA

- Boys are more likely to have asthma than girls (21.8% vs. 15.1%, respectively).
- More black (27.9%) and Latino (21%) children have asthma compared with Asian (16.5%) and white (14.0%) children.
- Nearly one-third of low-income children (31.6%, representing more than 50,700 children) have asthma compared with 15.9% of children from non-low income families.

Children and Healthy Weight

Studies have shown that children who are overweight when they are younger become prone to obesity as adults, putting them at risk for a number of chronic conditions, such as coronary heart disease and diabetes. Nationwide, 17% of children age 6 and older are at or above the 95th percentile for body mass index and are therefore considered obese**. Regionally, nearly one in five children (19.2%) are considered obese, and another 15.6% are between the 85th and 84th percentiles, thus considered overweight. Combined, approximately 201,500 children in SEPA, or 34.8%, are overweight or obese. Philadelphia County has the largest percentage of children who are overweight or at risk for being overweight (40.7%), followed by Delaware (37.1%), Bucks (35.8%), Montgomery (30.4%) and Chester (28%) Counties.

Demographic Characteristics

- The percentage of boys (15.8%) and girls (15.3%) who are overweight is comparable, however more boys than girls are considered obese (22.3%, compared with 15.9%)
- Children in SEPA living below the federal poverty line*** are twice as likely to be obese as those living above the line (34.4% and 16.5%, respectively).
- More than half of Latino children (53.9%) are overweight or at risk for being overweight, compared with black (48.4%), white (27.7%) and Asian (16.5%) children.

Nutrition in Philadelphia County

Sugary beverages play a major factor in the childhood obesity epidemic. This year, for the first time, CHDB added questions to the Household Health Survey regarding children’s consumption of sugary beverages. Findings showed that three-quarters of children under age 17 in Philadelphia (74.8%) drink sugary beverages, including sodas, juices, teas and fruit drinks. More than two in five children in SEPA (42.1%) consume sugary beverages, at least once per day. This represents approximately 156,700 children in SEPA. More than half of children living below the federal poverty line (52.2%) consume these beverages at least daily, as do more than one-third of children living above the federal poverty line (37.5%).

Additionally, survey results show that half of children ages three to 17 in Philadelphia (50.6%) eat less than three servings of fruits or vegetables each day, which represents approximately 147,600 children. Boys are more likely to fall into this category than girls, with 55.7% of boys and 44.3% of girls in Philadelphia eating less than three servings of produce each day.

For more information about PHMC’s Community Health Data Base 2010 Household Health Survey, contact Rose Malinowski Weingartner at rosemw@phmc.org.

*National Health Interview Survey, 2008
**National Health and Nutrition Examination Survey, 2007-2008
***Poverty level is defined as below or above 100% of the federal poverty line. Poverty level is calculated based on family size and household income. For example, a family of four with an annual income of $22,050 in 2010 was considered to be living in poverty.
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