



**Penn State Cooperative Extension
Family and Consumer Sciences**

Societal Trends

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Nutrition, Diet & Health:

Trend: The incidence of childhood and adolescent obesity continues to increase.

The Problem: As the incidence of childhood and adolescent obesity increase, so does the existence of the co- morbidities associated with obesity presenting our nation with a significant health and economic crisis.

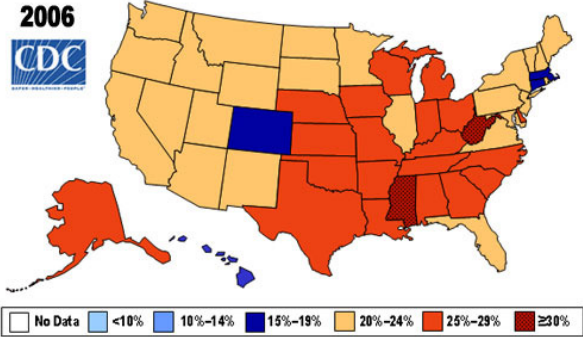
Trends: According to NHANES, the prevalence of overweight and obesity in children and adolescents was stable from the 1960’s until 1980. According to the chart below, the rates across all age groups has risen significantly and consistently since then.

Table 1. Prevalence of overweight among children and adolescents ages 2-19 years, for selected years 1963-65 through 1999-2002

Age (years) ¹	NHANES 1963-65 1966-70 ²	NHANES 1971-74	NHANES 1976-80	NHANES 1988-94	NHANES 1999-2000	NHANES 2001-02	NHANES 2003-04
2-5	-	5	5	7.2	10.3	10.6	13.9
6-11	4.2	4	6.5	11.3	15.1	16.3	18.8
12-19	4.6	6.1	5	10.5	14.8	16.7	17.4

Source: http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght_child_03.htm

Although there is no data available as the specific percentage for children in Pennsylvania, when examining the Pennsylvania data for adults it is evident that there is room for improvement.



Obesity Trends in 2006

Future Projections: Although the CDC recently revealed that obesity trends for adults have leveled off, they are still high and in need of reversal. No data is yet available for 2006 for children.

(<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/index.htm>). Currently, this generation of children is expected to be the first to have a shorter lifespan than their parents.

Implications for Extension Programming: There is a need to offer a larger variety of youth programs with emphasis not only on healthy eating but the incorporation of physical activity as well. Most of our nutrition programs have not addressed physical activity and both are needed if the current trends are to

be reversed. In their course on Promoting Healthy Behaviors in Children, the Cooper Institute recommends that design strategies for intervention must include Caregivers, schools, peers and siblings as well as the community. Cooperative Extension is in the unique position to have contacts which can impact each one of these groups and can provide the guidance and training needed to implement such programs.

References: In addition to those listed above: *Promoting Healthy Behaviors in Children*, The Cooper Institute, 2007.

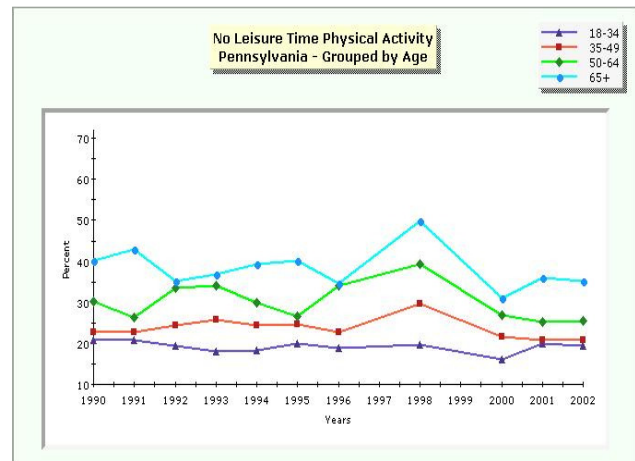
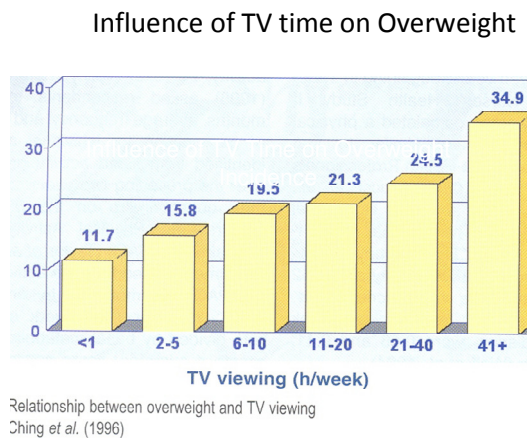
Submitted by: Jill Cox



Trend: Decrease in leisure time physical activity and increase in sedentary lifestyles.

The Problem: Meeting the daily recommendations for physical activity is essential for good health and can prevent many of the chronic diseases facing our society yet a significant number of people nationwide are not meeting these daily recommendations.

Trends:



Source: CDC

Future Projections: With the increase in use of technology and lack of facilities which encourage physical activity, these trends will at the very least remain stagnant and may even continue in a steady decline towards greater inactivity.

Implications for Extension Programming: Because of their access to schools and community programs, extension has the ability to encourage a large portion of the population in Pennsylvania to be more physically active using techniques based on the Stages of Change model. Educators can tailor their programs to meet the needs of the specific populations they serve. However, there is an increased need for education/resources especially for youth programming. There is also a need for strong role modeling in order to be convincing in the education process.

References:

- Marcus, Bess H; Forsyth, LeighAnn: *Motivating People to Be Physically Active*, Human Kinetics, 2003.
- Promoting Physical Activity and Healthy Nutrition in Afterschool Settings: Strategies for Program Leaders and Policy Makers, U.S. Department of Health and Human Services, 2006.
- Ward, Diane; Saunders, Ruth; Pate, Russell: *Physical Activity Interventions in Children and Adolescents*, Human Kinetics, 2007.
- Promoting Physical Activity: A Guide for Community Action*, U.S. Department of Health and Human Services, 1999.

Submitted by: Jill Cox



Trend: Buying locally grown and/or organic foods

The Problem: There is a movement that promotes the concept that locally grown foods (fruits and vegetables) are safer and more wholesome than conventionally processed foods. (See CDT editorials over the past year).

There is a concern that imported foods, (i.e., from China) are tainted, unwholesome, and unsafe.

Trends: More consumers are purchasing fresh fruits and vegetables to improve their health and well being. Along these lines, consumers are beginning to purchase locally grown foods to reduce their “carbon footprint.”

The number of foodborne illnesses and deaths associated with fresh fruits and vegetables in the past decade has increased. Some of these illnesses were associated with organically grown products, while others were associated with conventionally processed and/or imported fruits and vegetables.

There are no scientific data to support the claim that locally grown foods are safer and more wholesome.

Future Projections: Given the push for healthy diets, there will be an increase in the consumption of fresh fruits and vegetables by Americans. Will this mean an increase in foodborne illnesses?

Consumers will purchase more locally grown food products to minimize their carbon footprints. Country of Origin Labeling (COOL) will be important to consumers.

Implications for Extension Programming:

- Good Agricultural Practices (GAP) trainings for fruits and vegetable producers
- Consumer information and trainings to address COOL, purchasing, storing, and preparing of fresh foods, including fruits and vegetables.

References: From www.centredaily.com

OUR VIEW< WORD'S GETTING AROUND ON FOOD -- FROM CDT EDITORIAL STAFF

Happy Valley is on the cutting edge -- make that the cutting-board edge -- of a growing movement, one of which popular-culture observers and even lexicographers are taking notice: eating locally grown food. There's even a term for it -- locavore -- and it happens to be The New Oxford American Dictionary's 2007 Word of the Year. (The variant localvore is also acceptable until Associated Press word czars rule otherwise.) Four women in San Francisco

coined the word two...

Published on 2007-11-27, Page 6, Centre Daily Times (State College, PA)

PENN STATE PERSPECTIVE< FOOD FOR HEALTH AND HOMELAND SECURITY -- Dorothy A. Blair

What does climate change have in common with America's health care crisis and homeland security? Our poor food choices and lack of exercise are sickening us, and we are overly dependent on imported fossil fuels to move our bodies and deliver what passes for nourishment. We need cooperation among individuals and government at every level to green our food and transport systems. Our food choices reflect what is available and culturally acceptable. Though meat is entwined in our...

Published on 2007-09-03, Page 6, Centre Daily Times (State College, PA)

CENTRE COUNTY SEEING GREEN WITH FARM TOUR -- Stephanie Koons skoons@centredaily.com FROM CDT STAFF REPORTS

In an age of modern convenience and mega-supermarkets, many consumers can't always be sure about what is in the food they are buying. As an alternative, many people are supporting local farmers to get fresher products and connect with how their food is produced. At the second annual Centre County Farm Tour this weekend, the final event of Centre County's local foods week, participants will get a firsthand look at how produce, meat and dairy products are brought to their...

Published on 2007-08-10, Page 24, Centre Daily Times (State College, PA)

OUR VIEW -- FROM CDT EDITORIAL STAFF

Where does your food come from? We're not asking at what store you buy groceries, but where does your food actually come from? Who grew it? Who raised the beef and chickens? Where was it all processed? How? Food is the most basic of life's essentials, but for most of us, it is the one from which we are farthest removed. Only two generations ago, we grew our own food or knew who did, and if our grandparents didn't raise their own animals, they knew the local...

Published on 2007-05-10, Page 8, Centre Daily Times (State College, PA)

OUR VIEW – FROM CDT EDITORIAL STAFF

Think spring, folks. Soon -- very soon -- locally grown radishes, lettuce, green onions and even strawberries will be available at farm stands and farmers' markets across the region. And if you need yet one more reason to embrace the "buy fresh, buy local" concept, consider the lead paragraph of a recent front-page story. "The federal agency that's been front and center in warning the public about tainted spinach and contaminated...

Published on 2007-03-07, Page 6, Centre Daily Times (State College, PA)

Submitted by Catherine Cutter



Trend: Health Literacy Affects Individual Health Status

The Problem: The strongest predictor of an individual's health status is *not* their age, or racial or ethnic group. It is also *not* their educational level, their income or their employment status. So, what *is* the strongest predictor of an individual's health status? It is their health literacy skills.

Trends: The term health literacy, developed for the National Library of Medicine and used by the federal government in its *Healthy People 2010* health guidelines, is defined as **"the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions."** An individual's capacity refers to both the innate

potential of the individual as well as his or her own skills. An individual's health literacy capacity is mediated by education, with adequacy being affected by culture, language, and the characteristics of health-related settings.

The Health Literacy Component of the 2003 National Assessment of Adult Literacy identified three health-related categories in which individuals should possess adequate health literacy skills: clinical, prevention, and navigation of the health care system. Health literacy skills are needed for reading health information; dialogue and discussion; chart interpretation; decisions regarding participation in research studies; and using medical tools for personal or familial health care. For patients, health literacy means being able to follow instructions from a doctor, nurse or pharmacist, take medication properly or deal with a chronic illness. For health care practitioners, it means being able to help patients understand and act on health care information.

According to the American Medical Association (AMA), poor health literacy is a stronger predictor of a person's health than age, income, employment status, education level and race. Several adverse health outcomes are associated with limited literacy, such as limited health knowledge, increased incidence of chronic disease, poorer intermediate disease markers and a lower use of preventive health care services. People with low health literacy are also less likely to comply with prescribed treatment and self-care regimens. People with low health literacy make more errors with medications and are less likely to complete treatments; they also report poorer overall health, present disease in later stages and have a poorer understanding of treatment.

According to the Agency for Healthcare Research and Quality in its report, *Literacy and Health Outcomes*, low health literacy is linked to higher rates of hospitalization and higher use of expensive emergency services. Low literacy adversely impacts cancer incidence, mortality, and quality of life. Preventive cancer screening care may be ineffective, resulting in patients being diagnosed at a later stage. Treatment options also may not be entirely understood; therefore, treatment for some patients may not be the treatment best suited to meet their needs. Informed consent documents may be too complex for patients with low health literacy skills; consequently, patients may make suboptimal decisions about accepting or rejecting interventions.

Future Projections: It is estimated that at least one-third of Americans will have major health literacy problems; many will be elderly, with chronic conditions. Envisioning a health-literate America requires a blueprint for change in which the education, health systems, and providers are held accountable. Health literacy is an issue of ethics and equity and is essential to reducing disparities.

Implications for Extension Programming:

1. Hold open forums to raise awareness about health literacy and how organizations can be more attuned to addressing the issue
2. Collaborate with literacy councils to develop programming
3. Refer individuals to relevant sources of information
4. Compile information and "real-life" stories and forward to appropriate audiences

References:

- Communicating Health: Priorities and Strategies for Progress (July 2003). *Healthy People 2010*. Office of Disease Prevention and Health Promotion (ODPHP) of the U.S. Department of Health and Human Services (HHS). Retrieved 30 June 2006 from odphp.osophs.dhhs.gov/projects/HealthComm/background.htm.
- Health Literacy (31 May 2006). *Health Literacy, Consumer Health Manual*. National Network of Libraries of Medicine. Retrieved 22 June 2006 from nnlm.gov/outreach/consumer/hlthlit.html.
- Health Literacy (13 Feb 2006). *Rural Assistance Center: Health Literacy*. Rural Assistance Center. Retrieved 12 June 2006 from www.raconline.org/info_guides/healthliteracy/.

Improving Health Literacy: CDC's Approach (17 May 2005). Communication at CDC: Resources: Featured Articles: Improving Health Literacy. Center for Disease Control. Retrieved 13 June 2006 from www.cdc.gov/communication/resources/literacy.htm.

Health Literacy: A Policy Challenge for Advancing High-Quality Health Care. Ruth M. Parker, Scott C. Ratzan and Nicole Lurie. *Health Affairs*, 22, no. 4 (2003): 147-153.

Nielsen-Bohlman, Lynn, Allison M. Panzer, and David A. Kindig. 2004. Health Literacy: A Prescription to End Confusion. THE NATIONAL ACADEMIES PRESS.

What is Health Literacy? (2006) Partnership for Clear Health Communication - What is Health Literacy? Partnership for Clear Health Communication, Pfizer Inc. Retrieved June 13, 2006 from www.askme3.org/PFCHC/what_is_health.asp.

Submitted by Lisa Davis



Trend: Greater emphasis on health and wellness

The Problem: Despite government and public health efforts, chronic diseases like heart disease remain major killers and insufficient numbers of American are making lifestyle choices that would reduce their risk of poor health. Economic and demographic factors have shifted the emphasis of health care to increasing wellness, wherein appropriate food choice and exercise patterns are of great importance. As health care becomes less available to significant portions of the population, local community access to health and wellness programs are needed.

Trends:

- Cost of health care is consuming more of the gross national product and the Federal office overseeing pension funds has recently allowed businesses to consider dropping health care coverage for retired workers. This will put more pressure on Medicare and Medicaid as the baby boomers retire and the population grays.
- Cardiovascular disease remains the leading cause of death for both men and women. However this is still seen as a man's disease and only recently have guidelines for treatment of women been published. Screening and interventions to reduce risk of coronary heart disease in women remain underutilized.
- Prevalence of diabetes continues to grow so the number of diagnosed cases is 17.5 million. The estimated cost in 2007 is \$174 billion. The impact of this disease is shared across all of society through increased health insurance premiums, losses in productivity and reduced quality of life for those with diabetes and their families.
- Obesity and high blood pressure are two significant risk factors for development of heart disease and diabetes. The prevalence of obesity (BMI>30) has increased significantly in the US since the 1970s so that now about 33% of adults are obese and 16% of children. Trends for children are particularly disturbing. In recognition of the trend in obese children and the cumulative findings that indicate the pathological changes leading to heart disease can be found in adolescents, the American Heart Association released guidelines for primary prevention of atherosclerotic cardiovascular disease beginning in childhood.
- Metabolic Syndrome, defined as clustering of undesirable blood lipid levels, high blood pressure, elevated blood glucose and elevated inflammatory markers, is on the rise and is now officially recognizes as a cardiovascular risk factor. This brings the fields of cardiovascular disease and

diabetes together as efforts can be made to reduce the risk of both diseases simultaneously. Lifestyle changes, i.e. healthful eating and fitness habits, are the first line of treatment and can reduce every metabolic risk factor.

- The 2005 Dietary Guidelines recommends Americans consume more plant-based foods including whole grains, fruits and vegetables and increase intake to 9 servings of fruits and vegetables a day. Despite over a decade of effort, many Americans still eat less than 5 fruits and vegetables a day and most are confused about finding whole grains.

Future Projections: Efforts to alter lifestyle habits will become more intense in the next 5-10 years. We are already seeing more efforts by health care insurance providers and insurance companies like Blue Cross, etc. to encourage people to stop smoking, improve eating patterns, lose weight and get more exercise. It remains to be seen if these will succeed without significant worksite incentives. However, altering these population patterns is critical to control health care costs, which are driving the effort to reduce company health care coverage. In addition, as globalization continues, loss of employment will continue and be especially devastating in rural areas where employment opportunities are limited. Health insurance is usually lost with unemployment. This will produce underinsured and less healthy groups in resource stretched communities.

Implications for Extension: Extension educators will need to work with community groups and employers to help adults and children understand and engage in healthful lifestyle practices. Interactive, evidence based programs that foster continued engagement will be needed. Challenges will include limited resources, adequate and appropriate exercise facilities and the rising cost of food, especially of fruits and vegetables.

References:

- American Diabetes Association. 2008. Economic costs of diabetes in the US in 2007. *Diabetes Care* 31, 1-20
- Mieres JH. 2008. Review of the American Heart Association's Guidelines for cardiovascular disease prevention in women. Available at heart.bmj.com
- Ogden CL et al. 2007. Obesity among adults in the US. No changes since 2003-2004. *NCHS Data Brief*, November.
- Kavey, RW et al. 2003. American Heart Association Guidelines for primary prevention of atherosclerotic cardiovascular disease beginning in childhood. *Circulation* 107, 1562-1566.
- Grundy SM. 2007. Cardiovascular and metabolic risk factors: How can we improve outcomes in high-risk patients? *American Journal of Medicine* 120, S3-S8.

Submitted by J Lynne Brown



Trend: Increase in need for quality afterschool programming and staff

The Problem:

1. According to the MARS study, “better paid and better trained staff spend more quality activity time with children, which is the single most important factor in the success of an after-school program.” (MARS, 2005, p. 23). However, professional development in the out-of-school-time (OST) field has been limited and often non-existent. There is a need to provide training, curriculum materials and program models to help OST staff better design quality programs.
2. In addition to improving the quality of afterschool programs in Pennsylvania, there is also a need to increase the number of afterschool programs (Afterschool Alliance, 2004).

Trends:

1. Of the more than 2 million school-aged children in Pennsylvania, only 9% of K-12 youth are able to participate in afterschool programs. (Afterschool Alliance, 2004)
2. Approximately 26% of Pennsylvania children are unsupervised afterschool (Afterschool Alliance, 2004)
3. 26% of all children NOT in afterschool would participate IF an afterschool program were available (Afterschool Alliance, 2004)
4. African American and Hispanic youth spend more time unsupervised than other children and demand for afterschool programs is much higher for these families.
5. Many OST program staff are skilled at youth engagement but don't understand how their programs could support academic achievement; conversely, school-based personnel who try to design afterschool programs create programs that are “more school, afterschool” that don't appeal to youth (Hill, 2008).
6. Most afterschool program staff lack formal education in child and youth development and educational methodologies. (Grossman, Price, Fellerath, Jcovy, Kotloff, Raley & Walker, 2002.)
7. Weissberg and Durlak (2007) summarize a research study on the positive impact of afterschool programs that use evidence-based approaches to enhance personal and social skills. They found that youth programs were most successful at improving youth outcomes when the activities offered to youth were sequential, active, focused and explicit (SAFE). This finding underscores the importance of afterschool program design as well as content. When programs with these characteristics were compared to those without these features, the SAFE programs improved youth's feelings of self-confidence, positive feelings toward school, grades and achievement test scores. These SAFE features are components of many 4-H programs and curricula.
8. Primary among the challenges in running effective afterschool programs are program quality, staff training, staff turnover and consistent funding (Gootman, 2000; Lerner, Zippiroli, and Behrman, 1999; Miller, 2001)
9. In 2006, the Pennsylvania Youth Development and Afterschool Network surveyed its members and with a 50% response rate (n=220) found that 98% of the respondents indicated that

technical assistance, staff professional development and accountability of afterschool and youth development programs was very important (78%) or important (20%).

Future Projections: Afterschool programs, whether held in schools, community centers, churches or community organizations, are increasing in number and held in a variety of formats. (Bodilly & Beckett, 2005; Fashola, 2002).

Implications for Extension Programming:

1. Extension has the infrastructure to provide ongoing technical assistance, training and staff development that does not exist in many organizations providing OST programming. CES has expertise in positive youth development, project-based, sequential learning, experiential learning, youth leadership development, service learning, youth engagement and specific curricular areas.
2. With funding and support, Cooperative Extension could increase the number of OST programs being conducted to increase availability to families in Pennsylvania.

References:

- Afterschool Alliance (2004). *America After 3 Report-Afterschool in Pennsylvania*. www.afterschoolalliance.org
- Bodilly, S. & Beckett, M.K. (2005). *Making out of school time matter: Evidence for an action agenda*. Santa Monica, CA: Rand Corporation.
- Durlak, J. A. & Weissberg, R. P. (2007). *The impact of after-School programs that promote personal and social skills. (Executive Summary)*. www.casel.org
- Fashola, O. (2002). *Building effective afterschool programs*. Thousand Oaks, CA: Corwin Press.
- Gootman, J. (2000). *After-school programs to promote child and adolescent development*. Washington, D.C.: National Academy of Science.
- Hill, S. (Ed.) (2008). *Afterschool matters: Creative programs that connect youth development and student achievement*. Thousand Oaks, CA: Corwin Press.
- Larner M.B., Zippiroli, L., & Behrman, R. (1999). *When school is out: Analysis and recommendations*. The Future of Children, 9(2), 4-20. <http://www.future-ofchildren.org>
- Massachusetts After-School Research Study (MARS). (2005). *Pathways to success for youth: What counts in after-school*. Boston, MA: United Way of Massachusetts Bay.
- Miller, B.M. (2003). *Critical Hours: Afterschool programs and educational success*. Quincy, MA: Nellie Mae Education Foundation. http://www.nmefdn.org/uploads/Critical_Hours.pdf
- Miller, B. (2001). *The promise of after-school programs*. Educational Leadership, 58(7). www.ascd.org/readingroom/edlead/0104/miller.html.
- Pennsylvania Afterschool Youth Development Network (2006). *Afterschool & youth development Issues and Trends Survey Results*. <http://www.psaydn.org>

Submitted by Claudia Mincemoyer



Trend: Increasing diversification of population in rural and metro counties.

The Problem: Extension is ill-prepared to meet the needs of various cultural groups residing in PA counties. Immigrants will affect the cultures in PA communities, and many social service organizations need to be prepared to meet the needs of both the long standing community residents as well as the new immigrants.

Trends:

- ❑ Immigrants compose an increasingly large share of the U.S. labor force and a growing share of low-wage workers. Immigrants are 11 percent of all U.S. residents, but 14 percent of all workers and 20 percent of low-wage workers.
- ❑ Immigrants' hourly wages are lower on average than those for natives, and nearly half earn less than 200 percent of the minimum wage—versus one-third of native workers.
- ❑ Immigrant workers are much more likely than natives to drop out of high school (30 versus 8 percent), and are far more likely to have less than a ninth-grade education (18 versus 1 percent).
- ❑ Three-fourths of all U.S. workers with less than a ninth-grade education are immigrants.
- ❑ Nearly two-thirds of low-wage immigrant workers do not speak English proficiently, and most of these workers have had little formal education.
- ❑ Two of every five low-wage immigrant workers are undocumented. Labor force participation is higher among undocumented men than among men who are legal immigrants or U.S. citizens.
- ❑ While the low-wage native labor force is mainly female (59 percent), men dominate the low-wage immigrant labor force (56 percent).
- ❑ Even though they are less likely to participate in the labor force, female immigrant workers are better educated and more likely to be in the United States legally than male immigrants.
- ❑ Foreign-born women earn substantially lower wages than either foreign-born men or native women.
- ❑ Although immigrants dominate a few low-wage occupations—farming and private household workers—immigrants in these occupations represent a small share of all low-wage foreign-born workers. (1)

Ref: population bureau stats

White dominant people will be a minority around 2050 causing increasing conflict and creating needs that are significantly different than those of the present dominate culture.

Future Projections: Immigration will impact all societal institutions, schools, churches, communities, retail, etc. There exists the potential for conflict between long time residents and immigrants, cultural misunderstanding and discrimination.

Implications for Extension Programming: By working with communities with new immigrant residents, extension would be able to:

- Facilitate assimilation of new arrivals into communities.
- Provide educational experiences to assist new arrivals in understating cultural values, norms and behavior of existing groups within the community

- Provide educational experiences for immigrant families in order to understand the structures and functions of local government and services, including social service agencies, schools, civic groups, churches, etc.
- Provide parent education for parents of immigrant children

An immigration specialist is needed to help especially rural communities cope with and meet the needs of people from various cultures.

References:

Urban Institute, Immigrant Families and Workers. Brief # 4. 2003. ●

Submitted by James Van Horn



Trend: Increase in Quality of Child Care and Professional Development

The Problem: Research has repeatedly linked preparation and continued quality professional development /education to higher levels of child care quality. While this is true in both metro and non-metro areas, the implication for deficient quality of both child care and professional development is especially critical for rural counties in Pennsylvania.

Trends: Governments are increasingly emphasizing the positive relationship between quality child care and the quality of training early educators receive. The emphasis is being translated into regulations, policies and improvement initiatives backed by financial incentives. High quality early education produces long-lasting benefits (Schweinhart & Weikart 1997; National Research Council & Institute of Medicine: Peisner-Feinberg et al. 2001; Campbell et al 2002).With this evidence, federal, state and local decision makers are asking critical questions about young children’s education. Of particular importance is the fact that the quality of child care children receive in child care settings is due, in large part to the effectiveness of the training child care providers receive.

U.S. Census Bureau data show that during the 1990s, Pennsylvania's rural areas grew faster than its urban areas. Between 1990 and 2000, Pennsylvania's rural areas had a 4 percent population increase while urban areas had a 3 percent population increase. Across the United States, Census data show that rural counties had a 12 percent increase in population between 1990 and 2000. Urban counties had a nearly 14 percent increase during the same period.

Corresponding with an increase in population was an increase in families. According to the Census, during the 1990s, rural Pennsylvania saw a 3 percent increase in the number of families. In urban areas, there was a 1 percent increase in families.

According to the 2000 Census, there were nearly 225,140 more rural Pennsylvanians under the age of 18 than those over 65 (Center for Rural Pennsylvania).

Research on child care is an essentially urban literature, with a few examples of suburban studies. Rural child care is an unknown quantity (Phillips, 1987, p. 123).

The few existing studies of rural children produce a portrait that sometimes contradicts popular assumptions. Predominantly rural states frequently report higher percentages of working parents than do urban states (Children's Defense Fund, 1996, p. 93). But rural children experience poverty at rates equal to urban children, while rural mother-only families are even likelier to be poor than urban ones ("Non-metro and metro children," 1992, p. 27). The link between rural residence and economic disadvantage is particularly pronounced for minority families (Jensen & Tienda, 1989).

Rural families experience child care differently from urban ones on a number of counts. Center-based care, increasingly popular among American families, is less available to rural children. In many areas, lengthy distances, small and scattered populations and high transportation costs make centers impractical. Further, rural parents are more likely to prefer informal care--especially care provided by relatives (Shoffner, 1986) and neighbors (Van Horn & Beielein, 1988). Consequently, only about one fourth of rural children are in group care ("Nonmetro and metro children," 1992, p. 27). Additionally, the centers that do exist in rural areas are often subsidized, and thus targeted at special populations, leaving working-poor and middle-class families with fewer choices.

Some surveys suggest that the small numbers of extant rural centers are of lesser quality than urban ones. A major study that sampled child care programs nationwide found that rural teachers have fewer years of schooling than urban teachers and are paid less, wages being an "important predictor of quality care" (Kisker, Hofferth, Phillips, & Farquhar, 1991, p. 110). Rural centers charge lower fees and generally "fees and quality indicators vary together; the higher the quality, the higher the average fees" (Kisker et al., p. 202). Compared with urban states, rural states provide less oversight and regulation of child care, suggesting that quality may indeed be compromised. Thus it is possible that rural children lack the educational opportunities afforded in centers and are increasingly disadvantaged compared to their urban and suburban counterparts (Sherman, 1992).

Future Projections: There will be an increased emphasis on:

- The level of training and the attainment Bachelors and Child Development Associate (CDA) degrees
- The development of curricula grounded in the "Best Practices" in early learning
- Incentive driven programs that encourage child care providers to attain degrees
- Increased parent involvement in child care programs
- Increased need for parent education that is designed to enable parents to learn "Best Practices" thus enabling parents to initiate and/or reinforce early learning gained in child care.

Implications for Extension Programming:

Increased programming in parent education either as stand-alone programs or in conjunction with child care programs. Some early learning teachers are not proficient in adult education practices whereas extension educators are and not only very proficient but highly effective as parent education teachers.

Collaborate with child care directors and family providers, thus encouraging them to greater involvement of parents in child care programs.

Facilitate community involvement and support of parent education as an integral component to the child – parent – provider team thus ensuring a seamless early learning experience for young children

The dual task for providing two levels of professional development will intensify in the future. Entry level

training is increasing being neglected as higher level training is provided. Extension will continue to play a key role in this task.

As more providers seek the Child Development Associate degree, training by extension must continue to be elevated to meet the needs of the “more advanced” providers. This task is highly appropriate for extension since extension is empowered to grant CEU’s, an entity many agencies who do training cannot grant.

References:

- ERIC Digest, Perspectives on Rural Child Care;
- Casey Institute
- Harvard Family Research Project
- Rural Development, USDA
- NAEYC Position Statement Nov, 2003
- Additional references are readily available in the Better Kid Care E-Newsletter which all counties receive.

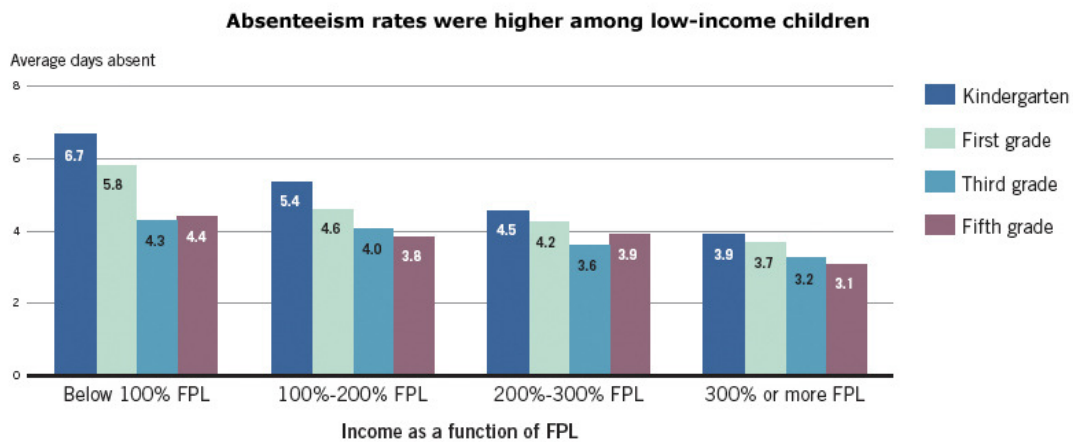
Submitted by James Van Horn



Trend: Early school absenteeism among youth from low-income families.

The Problem: A significant level of absenteeism in the early school years, especially among low-income children, and has a detrimental effects on later school success. Although absenteeism declines in elementary school, it increases as the youth move into middle and high school. Research has shown that chronic absenteeism in middle and high school are linked to significant problems with highly visible negative consequences for youth, and ultimately, for their employability as adults

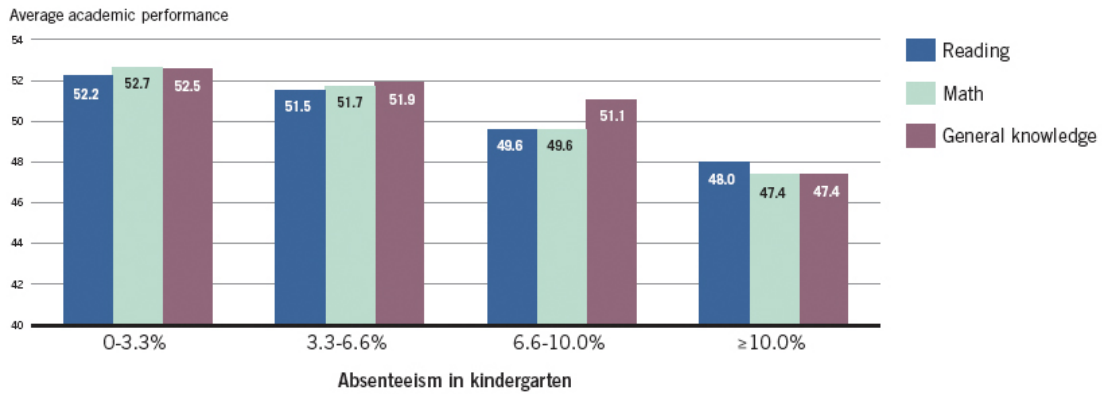
Trends:



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A National Portrait of Chronic Absenteeism in the Early Grades

In kindergarten, children in poor families were four times more likely to be chronic absentees than their highest income counterparts; this proportion decreased to 3.6:1 in first grade, and 2.6:1 in third grade, but rose again to 5.3:1 in fifth grade.

Chronic absentees in kindergarten had the lowest academic performance in first grade



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A National Portrait of Chronic Absenteeism in the Early Grades.

Greater absenteeism in kindergarten was associated with lower achievement in reading, math, and general knowledge at the end of first grade. Regardless of race, economic status and type of kindergarten, children missing 10% or more of the school year scored five points less than did those who were absent up to 3% of the school year in kindergarten. (National Center for Children in Poverty, http://www.nccp.org/publications/pub_771.html)

Future Projections: Continued absenteeism among youth from low-income perpetuates the cycle of poverty because these youth struggle in the formal academic system and complete their educational experience at lower levels, leaving them unqualified to achieve good paying jobs.

Implications for Extension Programming: Extension has the ability to improve the quality of early care and learning environments provided by childcare providers to encourage children to have positive formal education experiences in later grades. Educators also have the ability to make parents aware of the importance and benefits of regular school attendance among even young children.

References:

Romero, M. and Lee, Y, The Influence of Maternal & Family Risk on Chronic Absenteeism in Early Schooling, January 2008, National Center for Children in Poverty, http://www.nccp.org/publications/pub_792.html
 Romero, M. and Lee, Y, A National Portrait of Chronic Absenteeism in the Early Grades, October 2007 National Center for Children in Poverty, http://www.nccp.org/publications/pub_771.html
 Broadhurst, K.; Paton, K.; & May-Chahal, C. (2005). Children missing from school systems: Exploring divergent patterns of disengagement in the narrative accounts of parents, careers, children and young people. *British Journal of Sociology of Education*, 26(1), pp. 105-119

Submitted by Elise Gurgevich



Trend: College of Agricultural Sciences Strategic Initiatives and 4-H Youth Development Programming

4-H Youth Development programs reach over 170,000 youth across the Commonwealth. In addition, the program prepares and works with over 8,500 adult mentors/volunteers. In order to support this program, approximately 70 FTEs are employed through Penn State Cooperative Extension and county

offices. In Pennsylvania, the program is built on Extension's founding principles of technology transfer, community leadership, and improving quality of life.

4-H Youth Development and Science Education

One of three mission mandates in the 4-H Youth Development program focuses on science, engineering, and technology (SET). Objectives of the SET mandate include increasing knowledge, skills, competencies and comfort levels of 4-H staff and volunteers to deliver 4-H SET programming to youth and to increase public and private funding for this mission area.

The 4-H Youth Development Program builds youth of strong character who will be future students and workers within the Commonwealth of Pennsylvania. Extension Educators supporting this program want to feel an alliance with the strategic initiatives of the College of Agricultural Sciences at Penn State. Unfortunately, the goals are often narrowly defined and based upon technology and knowledge beyond the scope of youth abilities and interest. At the same time, youth programs are needed to ensure the development of a knowledge and technology base for future generations. Cooperative Extension's 4-H Youth Development program is about developing well-rounded young adults who will then fit into many of the strategic initiatives currently being developed by the College through careers and community involvement. The groundwork must be laid if we do not want to be repeating our efforts in education every 10-20 years.

Science Education for Youth

America presently faces a significant challenge - young people are not prepared with the necessary SET workforce skills to compete in the 21st century (Rising Above the Gathering Storm, 2006). 4-H is the only youth program with direct access to technological advances in agriculture and life sciences, which result from land-grant university research. This access and application to quality, research-based science, engineering, and technology curricula makes the program unparalleled to any other youth organization in the country, making 4-H the largest provider of informal science experiences. 4-H provides youth with hands-on learning experiences that foster exploration, discovery, and passion for the sciences.

A recent report of the National Academy of Sciences (2006), *Rising Above the Gathering Storm*, speaks to the urgent need to enhance academic and vocational experiences in science, engineering, and technology. American inventiveness and competitiveness in the global marketplace are at risk as student interest and performance in SET disciplines decline at the same time that SET literacy and mastery expectations rise (Business Roundtable, 2005). The increasing pace and complexity of life in a technological age demands engaged, innovative, and cooperating citizens.

Science, engineering, and technology (SET) skills are necessary for productive work in the 21st century economy (Kane, Berryman, Goslen, & Meltzer, 1993) and for everyday survival in mainstream youth culture. SET represents a broad range of disciplines and careers built upon communication and mathematical literacy and applied to multi-disciplinary pathways (e.g., biomedical engineering, environmental GIS). In many of these fields, American youth are losing ground to peers in other nations (Business Roundtable, 2005). Growth in science disciplines (content knowledge) and science abilities (process skills) is synergistic, increasing exponentially with experience and maturation. Optimal outcomes result from early and continuous learning keyed to developmental capacities. Moreover, creative and critical thinking activities prepare youth as innovators and adaptive problem-solvers—roles in high demand in the New Economy (Kane et al., 1993). Upper elementary and middle school years are

critical times for strengthening interests and abilities, especially for young women and ethnic minority youth (National Academy of Sciences, 2006). At all stages, factual knowledge is not as important as critical thinking skills, including: 1) knowing and applying scientific explanations to the natural world; 2) generating and evaluating scientific evidence and explanations; 3) understanding the nature and development of scientific knowledge; and 4) participating in scientific practices and discourse (National Research Council, 2007).

4-H Youth Development and the College's Strategic Initiatives

Engaging 4-H youth in the strategic initiatives of the College of Agricultural Sciences provides opportunities for increasing developmentally appropriate science knowledge and process skills. For example, National 4-H Headquarters and USDA worked with the US Department of Energy on the development of energy curriculum (heat, motion, light, and chemical) for middle school youth. Currently, 4-H educators are being trained on use of the curriculum. In addition, a College faculty member and a graduate student are developing educational materials that will inform youth on the Pennsylvania applications of this energy curriculum. Enhanced materials for volunteer mentors working with youth on the curriculum assist in increasing the science knowledge and science comfort level of adults. Materials are also being developed to inform these middle school students about careers and further educational opportunities. Research projects can be built around curriculum impact, knowledge use and implementation, clientele needs, and a variety of other opportunities.

These opportunities exist for all the strategic initiatives.

Submitted by Christy Bartley



Trend: Increase in Need for Quality Implementation of Evidence-based Programming to Promote Social and Emotional Well-Being of Families and Youth

The Problem: Noteworthy changes have occurred in American families over the last 30 years. The changes have included, but are not limited to, increases in women's labor force participation, increases in divorce, a decline in men's wages, and welfare reform (Marsiglio, Amato, Day, & Lamb, 2000). Indeed, many changes in the family and the social world of children and youth have created a "socially toxic" environment for vulnerable families, children, and youth, and a riskier environment for all families and young people than was true 40 years ago (Garbarino, 1995). Thus, there is a need to strengthening family relationships and family social and emotional well-being. Well being is an essential of health, because health is not just the absence of illness, but a sense of physical, social, emotional and spiritual well-being. Social and emotional aspects of well-being refers to our thoughts, feelings, behavior, and relationships.

Through prevention science a growing number of programs, under carefully controlled conditions, have been shown to be effective at reducing risk factors and increasing protective factors that ultimately improve families' and youth's well-being. However, there are now a new set of obstacles. First, these evidence-based programs are still underutilized compared to prevention strategies with no empirical support. Second, when effective programs *are* used evidence suggests they are not being implemented with quality and fidelity. Third, effective programs are often initiated with short-term grant funding, creating a challenge for sustainability beyond seed funding.

Trends: There are multiple trends affecting social and emotional well-being of families and youth and the programming being implemented to strengthen it. However, two major issues are:

1. Forces such as industrialization, information technology, and the globalization of the world economy have given rise to a perception that the pace of life has accelerated dramatically. The values of speed and efficiency have come to dominate daily life. As the world puts on pace with respect to the exchange of information and commercial goods, so too have families put on pace as a way of adapting to these changes (Daly, 1996). Our language of time is revealing: we talk of time famine, time compression, multitasking, and time scarcity. One of the ways that families cope with the demands of speed and efficiency is through *time-deepening* whereby they plan activities with a precise regard to time, carry out more than one activity at a time, or substitute a faster leisure activity for one that takes a long time (Robinson & Godbey, 1997).
2. Accountability requirements of programming on behalf of families and youth. Evidence-based programming is becoming a requirement of most funding agencies.

Implications for Extension Programming: Extension has the infrastructure to lead the utilization of EBI focused on social and emotional well-being of families and youth. FCS Extension educators can provide the leadership for community mobilization and action for implementing EBIs. This would include the facilitation of community teams, providing ongoing technical assistance, training and staff development, and conducting monitoring protocols to ensure that EBIs are implemented well and that quality is maintained.

References:

- Daly, K. J. (1996). Spending time with the kids: Meanings of family time for fathers. *Family Relations*, 45, 466-476.
- Garbarino, J. (1995). *Raising children in a socially toxic environment*. San Francisco: Jossey-Bass.
- Marsiglio, W., Amato, P., Day, R. D., & Lamb, M. E. (2000). Scholarship on fatherhood in the 1990s and beyond. *Journal of Marriage and the Family*, 62, 1173-1191.
- Robinson, J., & Godbey, G. (1997). *Time for life: The surprising ways Americans use their time*. State College, PA: Penn State Press.

Submitted by Daniel Perkins



Consumer Issues

Trend: Rising Numbers of Uninsured in Pennsylvania

The Problem: The number of uninsured Americans is at an all time high. The personal and financial impact of the uninsured is enormous and one of the most intractable problems facing the states and the nation today. The issue is of relevant to those who are U.S. citizens, legal aliens, or undocumented immigrants.

Trends: The number of uninsured Americans is at an all time high. In Pennsylvania, an estimated 900,000 residents are uninsured which includes 767,000 adults and 133,000 children. Nearly 30 percent of the uninsured in the state have been without health care coverage for five years or more. Those without health care coverage often pay the price of poor health by foregoing primary care and not receiving needed

prescription drugs. When they arrive in emergency departments they are sicker, have more advanced diseases and suffer higher mortality rates.

Forty-nine percent of uninsured adults are between the ages of 18–34; 71 percent of those uninsured adults are employed. The overwhelming majority of the uninsured are employees in low-wage jobs. Of the employed uninsured, 75 percent work for private companies, 62 percent are in the service industry, and 21 percent are in retail. More than 75 percent of the adult uninsured have incomes below 300 percent of the federal poverty level (FPL), which is \$60,000 for a family of four, and need employer or state financial assistance to pay for premiums. In the United States, 35 percent of the total cost of health care services provided to the uninsured is paid out-of-pocket by the uninsured themselves. In 2005, the cost of health care for uninsured Pennsylvanians, which was not paid by the uninsured themselves, was more than \$1.4 billion.

The rate of uninsured persons has been increasing largely because the percentage of people with employer-based coverage continues to decline. Small employers, employers with a majority of low-wage employees, and employers with older employees are less likely to be able to afford health care coverage for their employees. Health care costs have been increasing twice as fast as average wages in Pennsylvania: premiums for employer-based health insurance rose 9.2 percent in 2005, the 5th consecutive year of increases over 9 percent.

In 2005, the mark up on private health insurance premiums due to health care costs for the uninsured was estimated to be 6.5 percent, on average \$277 per year for individual coverage and \$681 per year for family coverage.

Future Projections: Using the model and projections for national health spending, it is projected that the number of nonelderly uninsured Americans will grow to fifty-six million by 2013. If the national trend is replicated in Pennsylvania, the number of uninsured could increase to more than 1 million adult residents, or about 7 percent of the state’s total population.

Implications for Extension Programming:

1. Hold open forums. Be a catalyst for change in communities to create visibility regarding the challenge.
2. Work with employers to develop low-cost health insurance options
3. Refer individuals to relevant sources of educational information
4. Use the document *A Resource Guide to No-cost or Low-cost Health Insurance Options in Pennsylvania*
5. Compile educational information and “real-life” stories and forward to appropriate audiences such as program participants in the Nutrition Links programs
6. Conduct preventive health education programs such as nutrition and physical activity programs to help families stay well.
7. Work with community health coalitions to develop action steps for the local level.

References:

Gilmer, T. and R. Kronick (2005). It’s The Premiums, Stupid: Projections Of The Uninsured Through 2013, *Health Affairs*, April 5. http://www.pnhp.org/news/2005/april/projected_increases.php.
Governor’s Office of Health Care Reform, Commonwealth of Pennsylvania (2007). Prescription for Pennsylvania. <http://www.ohcr.state.pa.us/prescription-for-pennsylvania/Prescription-for-Pennsylvania.pdf>

Submitted by Lisa Davis



Trend: Consumer Bankruptcy Filings Continue to Increase

The Problem:

Consumer debt levels continue to grow out of control. Mature and young adults are targeted as new customers by credit card issuers. Without financial education and life experiences to guide them, these adults are likely to make poor decisions that could impact their well-being for decades. Filing for bankruptcy is one decision that has a lasting impact.

Trends: U.S. consumer bankruptcy filings increased nearly 40 percent nationwide in 2007 from the previous year, according to the American Bankruptcy Institute (ABI) relying on data from the National Bankruptcy Research Center (NBKRC). The data showed that the overall consumer filing total for the 2007 calendar year (Jan. 1 – Dec. 31, 2007) reached 801,840 compared to the 573,203 filings recorded during the similar period in 2006.

According to ABI, with the exception of 2006, the PA bankruptcy data from 2000 to 2006 shows a steady climb in the number of total bankruptcy filings. Moreover, the proportion of consumer filings has remained consistently high, 97% or more, each year.

Year	Total Filings	Business	Non-Business	Percent Consumer
2000	43,970	1,455	42,515	97.69
2001	51,938	1,541	50,397	97.03
2002	54,801	1,263	53,538	97.69
2003	59,423	1,193	58,230	97.99
2004	59,302	1,138	58,164	98.08
2005	78,943	1,356	77,587	98.28
2006	23,932	742	23,190	96.9

Future Projections: Bankruptcy rates will continue to rise as long as credit remains easy to obtain in the U.S.

Implications for Extension Programming: Extension could provide the required basic personal finance course for Chapter 7 & 13 filers and introduce them to Cooperative Extension as a local resource for other educational programs.

References: www.abiworld.org

Submitted by Cathy Bowen



Trend: Price Rate Caps on Electricity Expiring

The Problem:

Rate caps that have kept the price of electricity relatively low are expiring. Depending on which utility company provides your electricity, your rate cap protection may have already expired. But the rate caps still are in effect for the large utility companies in Pennsylvania until Dec. 31, 2009 for PPL and Dec. 31, 2010 for Allegheny Power, Met Ed, Penelec and Philadelphia Electric (PECO).

Trends:

Rate caps on the price of electricity have been in effect throughout the state (with the exception of the areas served by the rural electric cooperatives) since late in 1996 when the deregulation of electricity generation was approved. These rate caps -- enforced by the state Public Utility Commission -- provide price protection to consumers. The utility companies were protected as well by the tangible and intangible transition fees (also known as stranded investment fees) that consumers paid with each monthly billing statement. The bottom line is that consumers have experienced no more than nominal annual price increases in electricity – 5 percent or less -- since 1996. These small increases have been occurring at the same time that prices for oil, natural gas, propane, coal and even wood have skyrocketed.

Future Projections:

There is considerable uncertainty concerning what happens with the price of electricity in two or three years. I have not heard any utility company or PUC official predicting that the prices will stay at the present level -- all are predicting increases in price. I have heard predictions ranging from a low of a 40 percent increase to as high as a 200 percent increase. We all know that such dramatic price increases will have a profound impact on every person and every business in the state.

Implications for Extension Programming:

To prepare for higher electricity prices, each customer needs to develop an energy strategy consisting of at least the following facets:

- Use electricity in a more efficient manner.
- Establish dual or triple-fuel flexibility
- Manage demand for electricity and natural gas to avoid spikes in demand.
- Keep accurate, up-to-date, easily accessible records of your energy use.

Submitted by Dennis Buffington



Trend: Increased interest and funding availability in individual, family, business and community disaster and pandemic preparedness planning.

The Problem: Individuals and others are not prepared for any major disaster. Over dependence of state and federal resources.

Future Projections: As areas are affected by major disasters, particular segments of society are identified as being left out in organized disaster planning efforts. Assessments indicate that the public is not as prepared as they should be.

Implications for Extension Programming: Transferring knowledge to practice –We can provide the bridge to access the audiences that will benefit from better disaster and pandemic planning. Curriculum and finances are available. Meeting needs of non-traditional audiences. Increasing diversity programming. Partnering with non-traditional project and funding partners.

References:

Pa Health/ PA Extension project.
USDA CSREES special needs project funding.

EDEN visibility at the national level.

Hurricane Katrina – A Nation Still Unprepared report of the Committee on Homeland Security and Governmental Affairs, United States Senate, May 2006 “. . . *nearly 4 years after the terror attacks of September 11, 2001, . . . Hurricane Katrina found us – still – a nation unprepared for catastrophe.*”

“A pandemic is not like a hurricane or an earthquake, where resources and help can be shifted from one area to another. Should it occur, every community will need to rely on its own planning and its own resources as it fights the outbreak.” Secretary Michael O. Leavitt, March 13, 2006, Department of Health and Human Services, Pandemic Planning Update.

The US Conference of Mayors, July 26, 2006, The State of Americas Readiness. 70% say they are not prepared to handle a pandemic outbreak. On a scale of 1 to 10, the overall response was 5.2 for the level of confidence that FEMA will respond quickly in the event of a major disaster.

Preparing for a Pandemic Influenza, A Primer for Governors and Senior State Officials, June 2006. *“Develop strategies to engage and educate the public. Public education campaigns should be developed now to begin to enhance the public’s understanding of pandemic flu and build a trusted relationship with the response community.”*

Hurricane Katrina – A Nation Still Unprepared, Committee on Homeland Security and Governmental Affairs, May 2006. *“Avoiding past mistakes will not suffice, Our leadership and systems must be prepared for catastrophes we know will be unlike Katrina, whether due to natural causes or terrorism. The committee hopes to meet that goal through the recommendations in this report, because almost exactly 4 years after 9/11, Katrina showed that the nation is still unprepared.”*

Global Pandemic Preparedness: Implications for Business. Margaret Chan, MD, Director-General of the World Health Organization. February 5, 2007 CIDRAP’s Business Preparedness for Pandemic Influenza: Second National Summit

- All countries affected
- Worldwide spread will be rapid
- Widespread illness – 20% of population will get sick
- Excess mortality will occur
- Shortage of medical supplies
- Hospital capacity will be inadequate -- 6.4 to 28 million will require hospitalization; 1 billion will be seriously ill
- Economic and social disruption will occur

Koppel on the News, By Ted Koppel, NPR, Senior News Analyst. Grass-Roots America Isn't Prepared for Catastrophe “Preparing for a disaster is neither rocket science nor brain surgery. It is making sure that people at the grass-roots level know what to do. ” Morning Edition, August 3, 2006 · Here's what scares me: One of these days, we're going to have another catastrophe in this country. I don't know about you, but I'm not ready.

U.S. Report Faults Nation's Preparedness for Disaster by ERIC LIPTON. Published: June 17, 2006; New York Times. States and cities in hurricane zones have better plans to deal with disaster than do other regions, but the nation's level of preparedness is insufficient, a report says.

Seattle Post-Intelligencer. **"The Next Time: Are You Prepared."** August 29, 2006. Accessed at: http://seattlepi.nwsourc.com/opinion/282864_readyed.asp [Excerpt: "...The understandable sentiment among many Americans is that, in the event of a major disaster, you can't depend on the federal government to bail you out. No matter how accurate, that sentiment emphasizes the importance of preparedness on the part of state and local emergency management officials -- individual citizens.... The mirror is where most of us will find the person most responsible for our survival after a natural or human-caused disaster....”

Yen, Hope. **"Poll: U.S. Not Ready For Major Disaster."** Associated Press, August 27, 2006. Accessed at: http://news.yahoo.com/s/ap/20060827/ap_on_re_us/katrina_ap_poll&printer== [Excerpt: "Their confidence shaken by Katrina, most Americans don't believe the nation is ready for another major disaster, a new AP-Ipsos poll finds.”

Submitted by Dave Filson