



**JULY 2023 - JULY 2024**  
**ANNUAL REPORT OF THE EXECUTIVE DIRECTOR / CFO**

**CO-COUNTY WELLNESS SERVICES**

**PROGRAM UNITS:**

*BERKS AIDS NETWORK*  
*SCHUYLKILL WELLNESS SERVICES*

***Sexually Transmitted Infections***

The CDC's 2022 STI Surveillance Report released in January 2024, underscores that STIs must be a public health priority. ***Yet again in 2022, more than 2.5 million cases of chlamydia, gonorrhea, and syphilis were reported in the United States.*** The most alarming concerns center around the syphilis and congenital syphilis epidemics, signaling an urgent need for swift innovation and collaboration from all STI prevention partners. In addition to the syphilis epidemic worsening, reported gonorrhea cases declined for the first time in at least a decade while reported chlamydia cases were level.

The CDC will continue to examine this finding closely and look to 2023 data for better understanding, but recognize this finding may be a cause for an even closer look at public health efforts and redoubled prevention strategies. As STI services and related resources continue to rebound from the U.S. COVID-19 pandemic and Mpox outbreak, there must be action taken to mobilize and execute a whole-of-nation approach if there is hope to turn the tide of increased infections.<sup>1</sup>

***HIV Infections***

The new HIV incidence estimates released in May 2024, show that national prevention efforts are continuing to move in the right direction overall, although ***substantial disparities still exist.*** The estimated number of new HIV infections in 2022 (31,800) decreased 12% compared with 2018 (36,200), driven by a 30% decrease among young people aged 13-24 years. Likely contributing to the decline is increase in preexposure prophylaxis prescriptions (PrEP), viral suppression, and HIV. Although the data demonstrate continued progress in HIV prevention, longstanding social and economic factors continue to contribute to ***health inequities***—particularly among Black/African American persons and Hispanic/Latino persons.

It is estimated ***that 1.2 million persons in the United States were living with diagnosed and undiagnosed HIV*** at the end of 2022. More people with HIV were aware of their status in 2022 than in 2018, with a slight increase from 86% to 87%. Knowledge of HIV status increased among persons aged 13-24 years, Asian persons, Black persons, Hispanic/Latino persons, persons in the South, and among males with infections attributed to Male-to-Male Sexual Contact (MMS).

Knowledge of HIV status decreased among persons aged 35-44 years (84% in 2022 compared with 86% in 2018). The newly released information does not include data on PrEP coverage. CDC has paused PrEP coverage reporting

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<sup>1</sup> <https://www.cdc.gov/std/statistics/2022/default.htm>

for one year to address a formula error that affected a subset of race/ethnicity data, to update overall PrEP coverage estimates using newly available data sets, and determine the best way to present PrEP coverage. CDC believes this update will yield greater precision and a more complete picture of the PrEP coverage landscape in the United States beginning in 2025.<sup>2</sup>

## ***Teen Pregnancy***

### **According to the Centers for Disease Control and Prevention (CDC):**

- The US teen birthrate has been steadily declining since 1991
- Pregnancy and birth are significant contributors to high school dropout rates among women, as well as lower school achievement and increased risk of health issues, incarceration, and unemployment
- When young males are included in contraceptive decision making, studies show an increase in effective methods of pregnancy prevention and STI prevention

Each May, the CDC, District Health Department #10 (DHD#10), and many other organizations across the nation, traditionally turn their attention to National Teen Pregnancy Prevention Month. In recent years, the shift has moved to more education and lessening the stigma/shame approach, so the NTPPM campaign has evolved to Sex Ed for All Month. Over 20 years, much has been accomplished, but there is still work that must be done, including **decreasing racial/ethnic and geographic disparities in teen birth rates**. Even though the U.S. can be proud of its accomplishments, it **still has one of the highest teen pregnancy rates** in the world.<sup>3</sup>

Prevention remains crucial as teen pregnancy and childbearing create significant short and long-term costs, both socially and economically, for teen parents and their children. For example, **about 50% of teen mothers receive a high school diploma by the age of 22**. For women that did not give birth during their teen years, graduation rate was 90%.

It is important to engage and include young men in promoting reproductive health. Involving young men in contraceptive decision making has shown an increase in the use of effective methods of pregnancy and STI prevention. Normalizing sexual development, removing stigma, and sex education for teens helps them to better understand their feelings, peer pressure, and how to say no if they do not want to have sex.

When teens start having sex, they need to know how to prevent pregnancy and sexually transmitted diseases. **Data continues to show that parents have a strong impact on whether a teenager will make a healthy decision for himself or herself**, including decisions about sex.

The data concludes that teens who talk with their parents about sex, relationships, birth control and pregnancy:

- Begin to have sex at later age
- Use condoms and birth control more often if they do have sex
- Have better communication with romantic partners
- Have sex less often

Co-County Wellness Services continues to play a critical role in the public health of our community, including our work as the supporting organization for Berks Teens. The following is a summary and breakdown of the services we provided in the last fiscal year.

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<sup>2</sup> <https://www.cdc.gov/nchhstp/director-letters/cdc-publishes-new-hiv-surveillance-reports.html>

<sup>3</sup> <https://www.dhd10.org/national-teen-pregnancy-prevention-month-may-2023/>

## Summary of Services 2023-2024 (fiscal)

### **CARE SERVICES**

- Our Care Services work reached **220 clients, including 37 new** this year.
- We served **186 clients who received a total of 3,314 hours** of client-centered case management service. This included linking them with **medical care, psychosocial services, and supportive resources** through ongoing assessment and community collaboration.
- In addition, **23 clients received 205.5 hours** of **Medication Adherence Education** with one of our AIDS Certified RNs.

The population of people living with **HIV Disease** in our community continues to age:

- **Fifty-two (52%) of our clients are between 45 and 64**
- 19% are over 65 (up 4% over last year)
- 24% are between 25 and 44
- 5% between 13 and 24

Of our 37 new clients, 32% are between the ages of 45-64; and **54% between the ages of 25-44**; and 11% were between 13 and 24, showing a **trend toward younger new clients** seeking service. **Sixty percent (60%) of our new clients are Hispanic, 21% are white, and 19% are black.**

From a **transmission mode** perspective, our **percentages remained stable**:

- 47% of our client's report contracting HIV through heterosexual contact
- 11% through Injection Drug Use (IDU)
- 39% through male-to-male sexual contact (MSM); and 3% other

Of our new clients:

- 43% identified MSM as their transmission mode (down 17% from last year)
- 51% heterosexual contact (**up 15% this year**), 3% as IDU; and 3% as other

With **84% of our clients living below the poverty level**, a 66% majority is insured by Medical Assistance and/or Medicare, 14% carry private or veteran's insurance, 15% are on SPBP, and 5% are uninsured.

- **People living with HIV account for 74% of those we serve; the remaining 26% have an AIDS diagnosis**, a 4 percent decrease in those with AIDS, offset by the same percent increase for those who are HIV+ compared to last year.

In the tenth year of funding, a "lost to care" grant supported by federal **Minority AIDS Initiative** resources, through the **PA Department of Health (DOH)** and Jewish Healthcare Foundation, allowed us to provide **624.5 hours of intensive care outreach to 51 individuals, to reconnect them with HIV care.**

This work includes identifying the support that will help people remain in care and is critical to reducing the HIV viral load and new infections in our community.

Managed by the Jewish Healthcare Foundation, the grant enables:

- CCWS Case managers to dedicate a portion of their workweek to this project
- Provides CCWS staff with access to training related to the special needs of this population
- Offers technical assistance to the agency as needed

**Access to and maintenance of medical treatment is vital to the health of those infected by HIV disease and to the public health of our community.**

### ***PREVENTION SERVICES***

**Our prevention services give priority to those at the highest risk for HIV/STD infection or transmission, using an evidence-based intervention – HIV Navigation Services (HNS).**

These services include:

- Guiding clients to health care systems
- Assisting with health insurance and transportation
- Identifying and reducing barriers to care
- Tailoring health education to the client to support their full engagement in care

**It is the only intervention supported by AIDSNET and the PA Department of Health.** In addition, we do provide some outreach and community education services as a means of recruiting and engaging those at high risk into HNS.

**During the past fiscal year, we provided over 2,759 individuals (1,878 unique) with HNS or recruitment/outreach using 1,501 staff hours. Forty-seven (47%) were male, 53% female. Forty-three (43%) were Hispanic, 38% white, 18% were black; Seventy-two percent (72%) were between the ages of 20 and 49; 18% were under 19; and 10% were over age 50.**

- **An additional 39 individuals received HIV counseling/testing** services (through blood draws or INSTI Rapid HIV test with one new positive identified.
- Over 7,000 concrete resources – prevention tools, informational pamphlets or promotional items – were distributed to augment individual risk reduction plans.

### ***STD CLINIC***

Our STD clinicians conducted **over 1,200 patient visits in both our Berks and Schuylkill clinics during the fiscal year.** The protocols allow screening for syphilis, gonorrhea, chlamydia, trichomonas, genital warts, and herpes, as well as offering the traditional HIV test. **This year we identified six new HIV positive cases in the clinic.**

**Of those seen in our clinics: 57% were male, 43% female; 44% were Hispanic, 31% White and 24% Black.**

In its **12th year, our “Monday Walk-In STD Clinic” in Reading** remains popular. Because of this feedback, we have continued with adding **walk-in** hours on other days, when staffing allows. Walk-in hours at our **Pottsville office**, now in their **7th year**, continue to be well received. Our clinics continue to provide an “emergency room alternative” for persons with acute symptomatic needs, a safe option for those with confidentiality concerns, and for many un-or-

underinsured, a viable choice for medical care. We remain committed to providing this care, at no charge, despite DOH's relatively flat funding since the inception of the clinics in 2001.

## **BERKS TEENS (BT)**

As the support organization for **Berks Teens**, we were pleased to hit a new data point when the DOH recently released its latest birth rate data encompassing 2022. Our initiative has now successfully **reduced the teen birth rate in Berks County by 56.5% and in the city of Reading by 60.3% over the ten-year data span of 2012-2022.**

The **Health Resource Center (HRC) and the Youth Ambassador (YA) program** continued to operate at **Reading High School and made a stronger comeback this year**, seeing 124 unduplicated students in the HRC and engaging up to ten YAs in various activities throughout the school year. They also **expanded HRC services to three Red Knight Accelerated Academy locations** including Thomas Ford, City Line and Glenside, reaching even more of the student population.

Throughout the school year, our Youth Engagement Manager and Community Engagement Manager set-up in-classroom presentations to educate students about the HRC and resources available to them, as well as talk to them about adolescent sexual health and answer questions.

In addition, the team has been growing the **virtual YA program** to engage youth from all around Berks County. With a monthly meeting, any teen from within the county can join group discussions, share personal experiences, and engage through activities and games like Kahoot, --all related to comprehensive adolescent sex education.

A concentrated effort was also made to help with YA retention over the summer months to ensure there would be returning YAs. The team hosted several YA Meet-Ups. They included activities, trivia, and of course, snacks! These are designed to be engaging and fun for students who are already YAs, as well as being open to any teen interested in the program. Virtual YAs were also included in this effort.

**Some YA activities highlighted** this year included:

- Assembling Risk Reduction baggies with condoms and STI testing information
- Creating social media content surrounding peer pressure and the importance of using condoms
- Participating in video education and discussions on destigmatizing sensitive topics, dating violence awareness, signs & symptoms of healthy & unhealthy relationships, HIV/AIDS and harm reduction practices
- Attended tabling events and distributing sexual health baggies

The **Berks Teens** team finalized curriculum topics for presentations to share throughout the community, focusing on different ways to educate and engage. Topics include Healthy Relationships, Menstruation Management, Consent and Boundaries, Puberty, and "The Talk". The **"Teen Health Series"** evolved from a partnership this past fall with several **community libraries**, focusing on specific sexual health topics each month. Wernersville Public Library, Southeast Reading Public Library, and Kutztown Community Library were a few of the libraries who participated.

The team also created an engaging way to connect with parents who are looking for support or strategies on communicating with their kids about sexual health. A QR code is set up at tabling and community events and allows parents to privately inquire about BT programs. When they scan the code, it takes them to the BT website parent page. There's a "connect with us" card to fill out, resources, tips, and even individualized one-on-one help on how to have conversations with their kids.

Last fall, **BT partnered** with **Olivet Boys & Girls Club** working with the **Girl Empowerment** group, which focused on educating young girls on ways to plan for their futures, including adequate sexual health education and resources. The BT Team utilized our “Making Proud Choices” curriculum and customized it to work with the girls over an 8-week period. The topics included healthy relationships, contraceptives, consent, and boundaries.

The community engagement efforts turned to cultivating better relationships in the community by targeting locations where youth may see posters or pick up information about BT services. Local restaurants, fitness gyms, doctor’s offices, retail businesses, and barber shops all allowed for fliers, information cards or sometimes condom goody bags to be left at their locations.

In addition, the team also **participated many community awareness, education, and tabling events**, setting up at Pride, Health and Wellness fairs, Camp Safe Berks, Night-Out, PA CareerLink, Reading School District events, Camp Joy, Alvernia, Albright, and any local gatherings where we could engage with those attending. Additionally, over 325 participant surveys were conducted at various community events to better understand those we serve.

With the support of our **social media and communication**, we continue to educate the community about our efforts in teen pregnancy prevention and comprehensive sex education by **showcasing our trainings and events**, promoting our community partners and participation in their events, cross promoting, and **sharing pictures and relevant content when working with youth**.

We’ve utilized some different tools to increase engagement on our social media platforms, paying closer attention to algorithm shifts, posting times, and using more video content. We continue to create “**Reels**” videos, which still give us our **highest engagement and reach** in all of our platforms. Fun Fact: this past year, one of our Reels went “viral”, reaching over 40k views and over 28k accounts! We also share “stories” and continue to share traditional posts on both Instagram and Facebook.

We have continued to use our **Google Business** page, helping us pinpoint how people search for BT and how they **find us**, using this information for our hashtags and content. And our YA/HRC started creating fun **Tik Tok** videos, more specifically targeting youth.

### ***In Conclusion***

Sexual health is the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health and it is shaped by more than individual actions and experiences. Societal factors play a role, like U.S., state, and federal laws, which can have a profound effect on our sexual health. After Roe v. Wade was overturned by the Supreme Court, access to abortion care across the country changed significantly, with some states banning the procedure entirely. And outdated laws in 34 states still criminalize HIV actions taken by people with HIV through HIV or STD specific laws.

State laws also continue to impact sex education offered in schools. According to the Guttmacher Institute, **only 18 states require program content to be medically accurate**, 19 states require instruction on the importance of engaging in sexual activity only within marriage, and **4 states require only negative information to be provided on homosexuality and/or positive emphasis on heterosexuality**. One state prohibits instruction on gender identity, gender expression or sexual orientation.

**Schools in Pennsylvania are not required to teach sex education. Pennsylvania Constitutional Statutes Title 22 § 4.29** requires curriculum to include some instruction on STIs, including HIV. The curriculum **must stress abstinence**; is not required to include instruction on consent, sexual orientation or gender identity, nor must it be medically accurate; making the work of Co-County Wellness Services even more critical in our community.

It is clear, that the laws where a person lives can impact their sexual health, but so too can our communities. Access to health care providers, care facilities, and public transportation, can vary widely from place to place. Sadly, data show that more than **19 million women of reproductive age in the U.S. are in need of publicly funded contraception and live in “contraceptive deserts.”** Simply put, a “contraceptive desert” is an area that lacks reasonable access to a health center that offers the full range of contraceptive methods. **Around 1.2 million of these women live in a county without a single health center offering the full range of methods.**

Laws and policies, lack of access to care and resources—not to mention structural challenges like a lack of transportation or inability to take time off from work, or even the shame and stigma around accessing sexual health services—are just a few of the barriers to achieving optimum sexual health.<sup>4</sup>

From childhood and throughout adulthood, sexual health affects who we are. It impacts how we present ourselves in society, how we nurture confidence and negotiating skills, who we choose as partners, how we take care of our bodies, and maintain our overall health. For almost 39 years, **Co-County Wellness Services has served our community** in the spirit of these words, “It is the greatest of all mistakes to do nothing because you can only do little – do what you can.” – Sydney Smith.

Over the years, CCWS has evolved as an organization to do our part, providing free and confidential services, and serving as an advocate for everyone in our community to have access to information that will give them optimum sexual health. From our HIV testing, STD clinic, care and education services to our work in teen pregnancy prevention and sex education, it is our fundamental belief that **sexual health is a right**. And it is a critical public health issue. By continuing to fulfill our mission, we positively impact our community’s public health.

Respectfully Submitted,

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<sup>4</sup> <https://www.ashasexualhealth.org/sexual-health/>