

## **Community Goal # 4**

**GOAL STATEMENT: Our Families Will Be Stable and Nurturing.**

### **Leadership Team**

Dr. Kirk Neely, Morningside Baptist Church (Chair)

Ms. Doris Tidwell, Community Volunteer (Co-Chair)

Mr. Bernie Brooks, Bernard E. Brooks & Associates (Facilitator)

### **Membership & Diversity**

This Taskforce included experts (persons presently working in specific areas) on Teen Pregnancy (J. Wynn Story), Domestic Violence (L.Hawkins), Child Abuse and Neglect (R. Trail). With the presence of persons working in specific areas of the indicator, our group believed that there was no need to conduct public forums.

### **Approach & Methodology**

The family is the first and most basic institution in any community. The Family, whether defined narrowly or broadly, is the intersection point for nearly all of the ten goals and sixty indicators contained in the 2005 Community Indicators report. Strategies that serve to make our families more “stable and nurturing” will be derived as much from the work of this group (Community Indicator Goal #4) as well as from the recommendations coming from each of the other nine task forces.

As Community Indicator VI points out; “Single mothers with dependent children have the highest rate of poverty across all demographic groups. Children growing up with only one parent are more likely to drop out of school, bear children out of wedlock and have trouble keeping jobs as young adults”. “Children living in poverty are more likely to die in infancy, have low birth weight, lack health care, housing and adequate food, and score lower in math and reading. Poverty creates for them an unfair disadvantage for future opportunities.”

It is evident that individuals who typify the issue in one indicator are more than likely to represent the problem in a host of the other indicators and across a wide spectrum of community goals. Within the data presented to this task force (Goal 4: Our families will be stable and nurturing) it was possible and necessary to delineate between predictors and indicators.

- We can introduce specific strategies to reduce the incidence of issues such as teen pregnancy, domestic violence, child abuse and neglect and, children under 18 living in poverty.
- We can favorably impact such indicators as Medicaid Eligibility and Food Stamp Recipients by policy changes.
- And if we are successful we can reduce the cycle of negative implications for Children in Single Parent Families.

Our strategies are both active and reactive. Our conviction is that all elements of the community must be involved in these strategies – government, the private non-profit, the faith groups, and the business sector.

We envision cooperative efforts where these groups join together to focus on solutions to a specific problem.

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### **Prioritization Process**

The method used to prioritize the indicators was to give each committee member 10 votes of which maximum of 4 votes could be cast for any specific indicator. The result of this was that Teen Pregnancy received 43 votes, Domestic Violence received 29 votes, Child Abuse and Neglect received 23 votes and Children Under 18 Living in Poverty received 16 votes. Based on this voting result we focus on the indicators above. The remainder of this report is organized by the reports from the experts in each of these areas in accordance with the number of votes received.

### **Executive Summary: Teen Pregnancy**

**Goal Statement: To reduce the number of adolescent pregnancies in Spartanburg County from 614 in 2003 to 484 or less in 2010; and to 224 or less in 2020.**

### **Key Findings**

The Clemson Research was supplemented by information from the Spartanburg Teen Pregnancy Prevention Council and used to educate the taskforce on the causes of teen pregnancy and to insure that we all had similar basic information. Among these findings:

- Science has given us a list of more than 250 clinically-proven “determinants” or risk and protective factors for teen pregnancy. Some examples of protective factors against teen pregnancy include access to contraception, knowledge of the risks of pregnancy and disease, better relationships with parents. For a complete list, *please see the addendum entitled, “Important Risk and Protective Factors for Teen Sexual Risk Behaviors and the Feasibility of Changing Them.”*
- Curricula for addressing many of the risk and protective factors abound, but they are far from equal. There are four major, national organizations that evaluate these curricula and only a handful of curricula are consistently included in their lists of “effective curricula,” that is, curricula that are proven to reduce teen pregnancies. *(Please see attached addendum entitled, “Programs that Have Been Found to Be Effective in Delaying Sex, Increasing Contraceptive Use, or Reducing Pregnancy By Community Income Level an Participants’ Race/Ethnicity, Gender, Age/Grade, and Previous Sexual Experience.”)*
- Prevention programs are not “one-size-fits-all.” Different programs have different levels of effectiveness with different audiences. It’s very important to choose a program that has been proven effective with groups that are demographically similar (age, gender, race, socio-economic status, sexual experience, etc.) to the one with which you are working.
- In addition to evaluating the effectiveness of many given programs, researchers have also developed a list of 10 characteristics of proven-effective programs. If, for some reason, it is impossible to use an already-proven-effective curricula with a given group, one could be sure that all 10 characteristics are present in the curricula that is used and still hope to have better-than-average results. *(Please see attached addendum entitled, “The 10 Characteristics of Proven Effective Sexuality Education Programs”)*.
- One very important finding: teaching kids about contraception does NOT make them more likely to have sex earlier or more often. In fact, the opposite affect is present. Kids who learn about contraception are more likely to wait to have sex.

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- Demographic data (number of teen pregnancies and number of youth) show us which Spartanburg County zip codes have the highest rates of teen pregnancy (i.e., where we most need to focus our prevention efforts). Those zip codes are, in descending order: 29303 (Spartanburg), 29306 (Spartanburg), 29330 (Cowpens), 29349 (Inman), and 29388 (Woodruff).

### **Strategic Recommendations**

- **Increase youths' exposure to honest, developmentally appropriate, science-driven sexuality education:**
  - Implement an ongoing sequence of honest, developmentally appropriate, science-driven sexuality education in elementary, middle and secondary levels.
  - Integrate information about local prevention services (clinical services, youth development, etc.) into the school sexuality education curriculum.
  - Fund the training of teachers to become knowledgeable and comfortable in soliciting and answering student questions about sexuality related issues.
  - Through school counselors and social workers, identify youth who need education and support at earlier or later ages than their peers and provide appropriate programming and resources for them.
  - Assist and support youth-serving organizations to include abstinence and protective sexual behavior programming as part of funding requirements.
  - Develop and modify sexuality education curricula based on input from student needs assessments, student focus groups, and student questions.
  - Integrate discussion of sexuality with other relevant subjects in the comprehensive health education program (drug education, community health, communicable diseases, social health) and in other courses such as biology, social studies, literature, etc. as appropriate.
  - Focus on positive aspects of human sexuality as well as preventing negative consequences. Develop or find model lessons, resources and training which frame sexuality within the universal values of love, committed relationships, choice, respect, and responsibility.
- **Broaden adult support for developmentally appropriate, science-driven sexuality education**
  - Provide ongoing, annual campaigns to support developmentally appropriate, science-driven sexuality education. The campaigns should be: strategically planned, based on research, utilize social marketing and learning theories for protective behavior, and be widely disseminated through a variety of channels (magazines, cinemas, clubs, television, schools, posters, billboards, physician offices, pharmacies, CDROM, PSAs, internet sites, etc.)
  - Educate the public about the need for developmentally appropriate, science-driven sexuality education.

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- Educate the public about the overwhelming desire among the public for this type of sexuality education (use “SC Speaks” survey).
- Train parents to get involved in sexuality education by getting appointed to their district’s Comprehensive Health Education Advisory Committee, by appearing before their School boards and writing letters to the Editor.
- Involve parents in the curricula. Institute a Parent Review Night, at which parents can come to look over the curricula.
- Engage the support of community spiritual leaders to speak out in support of sexuality education programs in the schools or community.
- Educate PTAs and get them involved in speaking out in favor of developmentally appropriate, science driven sexuality education.
- Balance public policy efforts with support (in the form of training, funding, etc.) for those who are trying to provide quality comprehensive health education within the current environment.
- **Broaden youth support for abstinence and protective behaviors**
  - Provide ongoing, annual campaigns to promote abstinence and protective behaviors in all aged sexually active Americans, including adolescents. The campaigns should be: strategically planned, based on research, utilize social marketing and learning theories for protective behavior, and be widely disseminated through a variety of channels (magazines, cinemas, clubs, television, schools, posters, billboards, physician offices, pharmacies, CDROM, PSAs, internet sites, etc.)
  - Utilize youth as the initial creatives or through focus groups in the development of adolescent-targeted mass media campaigns and employ teens as the message carriers.
  - Develop specialty campaigns targeted to specific high-risk activities, occasions or groups (holidays, spring break, prom, etc.)
  - Implement policies or conditions that significantly remove barriers for adolescents to receive basic and reproductive health care.
    - Reduce initial intake paper work to a minimum (1 page), make directions simple and information requested non-invasive.
    - Provide clinical services at youth friendly hours (3-8 pm, weekends and holidays)
    - Provide youth friendly services at clinics (phone inquiries, appointments, reception, separate waiting room from adults)
    - Provide low cost or nominal cost for clinical services.
    - Establish one-stop shopping for education, counseling and clinical services addressing a variety of health needs.

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- Provide and maintain condom dispensaries in youth designated locations.
- **Increase quantity and quality of parent/child (and other trusted adult/child) communication re: sexuality and related issues before & after the child becomes sexually active**
  - Teach/role model with parents and adults how to communicate early, openly, honestly and realistically about sexuality and related developmental issues.
  - Teach/role model with parents and adults how to be available, non-judgemental listeners and resources for youth.
  - Educate parents and adults to acknowledge sexuality as a normal developmental process.
  - Provide family resources on adolescent growth and development, including support for abstinence and protective sexual behavior.
  - Stimulate a paradigm shift: young people are not difficult little monsters that we hope we can hurry through to adulthood. Instead, they are valuable assets; our greatest natural resources.
  - Help parents and adults give young people increasing measures of trust and responsibility.
  - Train clergy, youth ministers, educators and lay leaders in communicating about sexuality with all ages of the congregation.
  - Include positive themes and messages about sexuality in sermons, classes, programs and activities.

### **A Few Best Practices From Home and Around the Country**

- Businesses providing opportunities and incentives (and widely publicizing them) for parenting education, parent/youth education, and communication about sexuality. If the parents come, they get lunch and/or they get paid for the time they are in the class.
- Churches providing faith-based sexuality education programming in their Sunday School classes or Vacation Bible School. There are several reputable curricula that include levels for all ages – preschool through to grandparenthood.
- Youth serving organizations incorporating science-driven, pregnancy prevention techniques and curricula into their programming.
- Funders making funding to youth-serving organizations contingent on what the group is doing to address youth sexuality.
- Parent-Teacher Organizations telling school administrators what they want/need re: sexuality education for kids in school.
- Pregnancy Prevention Organizations training “walk and talkers” – those movers and shakers in the community whom everyone knows, but who may have no formal

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credentials. The Walk and Talkers then walk and talk to everyone in the neighborhood about what they should be doing to prevent pregnancy among the teens.

- One-stop shopping for education, counseling, clinical services: Someone comes in for an STD or pregnancy test, they don't leave until they get counseling, education and plenty of contraception.
- Public and private partnerships for airtime, space, and distribution of media messages.
- Schools providing retreats for middle-school students and their parents, focusing on communication skills between the students and parents, including discussion of sexuality issues. Encourage parent and student involvement in the planning of this.
- Schools publish a newsletter for parents on adolescent health. Include books and resources. (The Health Resource Center currently does this).

### **Domestic Violence**

#### **Key Findings**

The task force included members of our community who were active in other community groups, working on the issue of domestic violence. Through our affiliations, we were able to access information that had already been gathered by SAFE Homes-Rape Crisis Coalition (SHRCC), the Spartanburg County Domestic Violence Board, the Upstate Domestic Violence and Sexual Assault Task Force, a community wide Safety Audit of our criminal justice response to domestic violence, and several public forums on the issue throughout the community.

We discovered that there were more reactive services available in the community than preventive services. This is largely seen as an issue of lack of funding. It is important that funding for the basic services providing our safety net are not diminished in our efforts to provide prevention.

We gathered statistical information from SHRCC, which included the number of victims assisted by their organization and local city and county law enforcement agencies. South Carolina currently ranks #6 in the US of homicides of women due to domestic violence; this is a decrease from #1 the previous year. Spartanburg County currently ranks #5 in SC in the number of Criminal Domestic Violence Arrests; this is a decrease from our #1 status for several years. Spartanburg has the largest shelter for domestic violence, with 41 beds, in SC; we are the only large county without a turn-away rate due to lack of space. Agencies are in place to address this issue, and could provide expanded services with funding

#### **SAFE Homes-Rape Crisis Coalition**

	<b><u>DV Victims Assisted</u></b>	<b><u>DV Victims Sheltered</u></b>	<b><u>Education/Prevention Programs</u></b>
2004	6122	391	731
2003	5075	427	608
2002	5497	464	604
2001	6057	477	502
2000	5909	465	502
1999	5832	573	401

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### **Law Enforcement Criminal Domestic Violence (CDV) Warrants**

	<b><u>City of Spartanburg</u></b>	<b><u>Spartanburg County</u></b>
2003	528	1342
2002	660	1808
2001	581	1821
2000	539	1797
1999	601	1957

The following portions of the Clemson Research were used to help educate the task force and insure that we all had similar basic information.

#### **Domestic Violence (Intimate Partner Violence)**

The risk of and vulnerability to domestic violence is related to a combination of individual, relational, community, and societal factors. These risk and vulnerability factors, plus community program suggestions, are summarized below:

##### **Individual Factors for Perpetuating Domestic Violence**

- Young age
- Low- income
- Involvement in aggressive or delinquent behavior as a youth
- Alcohol use
- Low self-esteem
- Low academic achievement
- Witnessing or experiencing violence as a child
- Drug use
- Lack of social networks and social isolation
- Unemployment

##### **Individual Factors Increasing Vulnerability to Domestic Violence**

- History of physical abuse
- Prior injury from the same partner
- Having a verbally abusive partner
- Economic stress
- Partner has a history of alcohol or drug abuse
- Being under the age of 24

##### **Relationship Factors for Perpetuating Domestic Violence**

- Marital conflict
- Marital instability
- Male dominance in the family
- Poor family functioning
- Emotional dependence and insecurity
- Belief in strict gender roles
- Desire power and control in relationships
- Exhibiting anger and hostility toward a partner

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### **Community Factors Perpetuating Domestic Violence**

- Poverty
- Low social capital
- Factors associated with poverty such as overcrowding, stress, hopelessness, and frustration
- Weak sanctions against domestic violence

### **Relationship Factors Increasing Vulnerability to Domestic Violence**

- Marital conflict
- Marital instability
- Male dominance in the family
- Poor family functioning

### **Community Programs to Prevent Domestic Violence (USDA Domestic Violence Awareness Handbook)**

Expand education and awareness efforts to increase positive attitudes toward nonviolence and encourage individuals to report family violence.

Form task forces to assess the problem, develop an action plan, and monitor progress

Mandate training in domestic violence for all social services and criminal justice professionals.

Advocate laws and judicial procedures at the state and local levels that support and protect battered women.

Establish centers where visits between batterers and their children may be supervised, for the children's safety

Fund shelters adequately.

Recruit and train volunteers to staff hotlines, accompany victims to court, and provide administrative support to shelters and victim services.

Improve collection of child support.

Establish medical protocol to help physicians and other health care personnel identify and help victims of domestic abuse.

Provide legal representation for victims of domestic violence.

Advocate for the accessibility of services for all population groups especially underserved populations, which include immigrants and refugees, gays and lesbians, racial and ethnic minorities and the disabled.

### **Strategic Recommendations**

#### **Short-range strategies**

1-Increase positive attitudes toward non-violence, and encourage individuals to report family violence.

- A Coordinated media public awareness campaign

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- B Provide education/prevention programs on domestic violence in after-school programs and Vacation Bible Schools.
- C Expand involvement with the faith community
  - Provide training on the issue of domestic violence for faith community leaders
  - Seek trained volunteer pastoral counselors for victims seen through SAFE Homes-Rape Crisis Coalition
  - Encourage local ministers to address the issue from the pulpit

### **Long-range strategies**

1. Expand involvement in the issue with the business community
  - A. Provide training on the issue to Human Resource personnel in local companies
    - Expand awareness of how domestic violence impacts their bottom line
    - Implement a domestic violence policy for employees in every company
  - B. Provide programs on domestic violence for employees in the workplace
  - C. Advocate with businesses to implement “family-friendly” policies
- 2- Advocate for improvements in legislation and policies impacting the collection of child support, which would help to impact the poverty issue underlying.
- 3- Expand accessibility of services for underserved population group, which include immigrants and refugees, gays and lesbians, racial and ethnic minorities, the disabled, and the elderly.

### **Best Practices**

These practices have successfully been implemented in other communities and our own. Some of these ideas have been initiated locally and are a work in progress.

- Coordinated Media Public Awareness Campaigns (TV, Radio, Billboard, and Print).
- Workplace Training Programs
- School-based education/prevention programs. SHRCC provides programs in the schools for grade 3 through college. They are developing a program for Kindergarten-Grade 2.
- State and Community-Wide Domestic Violence Coordinating Councils. Spartanburg has had a County Council appointed Domestic Violence Board since the mid 1980's. DSS works with this existing board to staff cases where domestic violence and child abuse coincide.
- Interdisciplinary Response Teams and Fatality Review Teams. The City of Spartanburg recently received a federal grant to develop an interdisciplinary Domestic Violence Task Force to review high-risk cases of domestic violence, and a Domestic Violence Fatality Review Team.
- Supervised Visitation Centers. These centers offer safe and supervised visitation for parents who are court-ordered to be supervised during visits due to abuse issues. Carolina Counseling offers such a center locally, and they also offer Batterer's Treatment programs.

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- Family Justice Centers, SHRCC recently renovated a large building for this purpose. Other community partners (i.e. law enforcement, solicitor's office, legal services, DSS, and SADAC) will have offices onsite and offer collaborative services at the center. In San Diego, they have reduced their domestic violence homicide rate by 50%, and they credit the collaborative family justice center approach for this change.
- Emergency Shelters (24 hour) in every county. Spartanburg's emergency shelter covers Spartanburg, Cherokee and Union counties. Union has a transitional shelter.
- State funding for shelters. Shelters do receive some state funding, but it is insufficient to cover every county.
- Screen clients in every Emergency Room and doctor's office for domestic violence; 30% of women seen in the ER are there due to domestic violence.
- Centralized, specialized criminal domestic violence courts. Spartanburg County initiated a CDV Court in 2004, but it still needs work.
- Accessible, low-cost legal representation in child custody, separation and divorce cases caused by domestic violence. SC Centers for Equal Justice offers some such services, but not nearly enough.
- Bi-lingual, culturally diverse staff in social service and criminal justice agencies. There are a few Spanish-speaking advocates, but not nearly enough to meet the demand. Spanish-speaking therapists are almost impossible to find.
- Shelters and services fully accessible to disabled. Our shelter is accessible on the first floor only. The shelter is a two-story old home that was renovated for a shelter.

## **Child Abuse and Neglect**

### **Key Findings:**

Child abuse and neglect is a complex problem with many contributing factors. There are many overlapping causes from other indicators of our goal. Certainly teen pregnancy, domestic violence and children living in poverty all contribute to the occurrence of child abuse and neglect. The Department of Social Services, law enforcement, hospitals and schools work together in dealing with reports of abuse and neglect. There is a need for more programs which focus on prevention of child abuse and neglect. There is also a need for more foster homes when children do come into care. There are currently 221 children in foster care in Spartanburg, with only 100 licensed foster homes.

### **Strategic Recommendations**

- Media campaigns that encourage good parenting
- Parenting education programs located in high schools with a high incidence of teen parents.
- Home visiting programs that provide support and assistance to expecting and new mothers.
- Family resource centers that offer information and referral services to families living in low income neighborhoods.
- Mentoring programs for youth at risk
- Public awareness campaign on how and where to report suspected abuse or neglect
- More after school programs for youth

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### **Best Practices**

There are numerous prevention programs nationally that have proven to be effective. Some of the most successful involve parent education programs and parent support groups, family resource centers, early childhood education and home visitation programs.

We are fortunate to have many of these type services available. The following are some of the best existing services in Spartanburg County which have a direct impact on child abuse and neglect through education, counseling and treatment services;

- Southside learning Center
- Boys and Girls Club
- First Steps
- Adult Education
- Middle Tyger Resource Center
- Spartanburg Alcohol and Drug Abuse
- Spartanburg Teen Pregnancy Prevention Council
- Carolina Counseling
- Family Care Council

### **Children Under 18 Living in Poverty**

**GOAL:** To decrease the number of low-income families and those living below the poverty level by 2010 and to significantly decrease this category by 2020.

### **Key Findings**

The Clemson Research along with information gathered on the internet, ideas and suggestions from taskforce members were used to formulate the summary for Children Under 18 Living In Poverty.

This indicator appears to follow the trend in the nation. Spartanburg County has seen an improvement since 1969. While South Carolina has 21% of its children living below the poverty level, Spartanburg County has 16%. The rate for minorities is 29%. The federal poverty level is \$18,850.00 for a family of four. Families need an income equal to two times the poverty level (\$37,700.00) to meet their most basic needs. 40% of children live in low-income families or families who do not earn enough to meet their basic needs.

Factors that influence poverty are consistent across the country.

Children are more likely to live in poverty or low-income families if the following factors are present:

- Parents have limited education
- Parents are young (14-24)
- Single Mothers
- Minority (African American or Latino)
- Job loss, unemployment or low-wage employment

Many families are trapped between poverty and low-income. While they don't qualify at or below the poverty level, they face many of the hardships that officially poor families face, often time losing eligibility for public benefits.

Children are usually poor because they live with poor adults.

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### **Short-Range Strategies**

1. Advocate for changes in laws that promote greater opportunities for families to decrease their poverty level. Support and encourage laws that would:
  - Decrease payroll tax burden on low-wage workers
  - Provide low-wage workers with insurance
  - Provide subsidies for Child-Care or Child-Care Assistants
  - Increase the minimum wage
  - Increase the collection of child support
  - Expand the earned income tax credit
2. Increase public awareness of the severe outcomes for families with children living in poverty in Spartanburg County.
  - Encourage articles or broadcasts in the media
  - Speak to churches, civic clubs, etc.
  - Stress relationship between poverty and other indicators
  - Discourage child bearing among single, young women and men
3. Support the strengthening of in-kind safety net programs to better meet the needs for adequate food, housing and medical care for all low-income families.
  - Medicaid Temporary Assistance for Needy Families (TANF)
  - Food Stamps Supplemental Security Income (SSI)
  - School Nutrition Housing Assistance Programs
4. Encourage holistic approaches to deal with challenges faced by families and continue to support programs which address various needs such as:
  - Adult Learning Center Adult Education
  - Carolina Counseling Family Connection

### **Long-Range Strategies**

1. Encourage the Up-grading of job skills for working adults.
  - Support local programs that assist with job placements
  - Encourage greater communications between educational institutions and businesses
  - Support programs that address school retention
2. Support the expansion of investments in Child-Care and Early Childhood Programs.
3. Increase the percentage of children 0-5 who exhibit age-appropriate mental and physical development.
4. Increase the percentage of students performing at grade level or meeting state curriculum standards.
5. Provide programs to improve parenting skills and the home environment.

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6. Support the Community Action Agency concept that involves all sectors of the community, elected public officials, public sector representatives, and especially low-income residents to assess local needs, develop plans to alleviate the causes and conditions of poverty, and implement locally designed and controlled solutions.

### **Best Practices**

There are many programs across the nation and in Spartanburg County that address the prevention of child poverty and improve the lives of low-income families. Proven and promising programs nationwide are:

- Early Headstart
- Teen Outreach Programs
- LifeSkills Training
- Smart Start
- Parents As Teachers
- Mentoring Programs
- Partners In Reading

In Spartanburg County programs that help to improve or prevent poverty are provided by:

- Salvation Army
- USC-Upstate
- Boy Scouts of America
- Spartanburg Children Shelter
- Urban League of the Upstate
- Helping Hands of Woodruff
- Family Care Council
- Habitat of Humanity
- Family Connection
- First Presbyterian Church
- YMCA
- Middle Tyger Community Center
- Carolina Counseling
- Adult Education
- Adult Learning Center
- Spartanburg Teen Pregnancy Prevention Council
- Safe Homes/Rape Crisis

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### TASKFORCE PARTICIPATION

<u>Name</u>	<u>Organization</u>
1. Dr. Kirk Neeley	Morningside Baptist Church
2. Bernard Brooks	Management Consultant and a Community Volunteer
3. Doris Tidwell	Community Volunteer
4. Marilyn Anderson	Spartanburg School District 7
5. Tom Barnet	Community Volunteer.
6. Barbara Duncan	Macedonia Missionary Baptist Church
7. Darrin Goss	New Maxwell Chapell Baptist Church
8. Ron Eades	United for Christ
9. Rob Green	Boy Scouts of America
10. Lynn Hawkins	Safe Homes/Rape Crisis Coalition
11. Stella Johnson	Alzheimer's Association
12. Mitch Kennedy	City of Spartanburg
13. Rabbi Yossi J. Liebowitz	B'Nai Israel Congregation
14. Anne Ring	Community Volunteer
15. Ray Trail	Spartanburg County Department of Social Services
16. Gaynell West	Community Volunteer
17. Jessalyn Wynn Story	Spartanburg Teen Pregnancy Prevention Council
18. A. Stan Davis	Spartanburg Community Foundation