

# **The Mifflin Juniata Human Services Needs Assessment**

**2013**



*Prepared by*  
Lewistown Hospital  
Mifflin Juniata County Human Services Department  
Penn State Extension  
United Way of Mifflin-Juniata

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### **Mifflin Juniata County Human Services Department**

The Mifflin Juniata County Human Services Department is responsible for promoting policies and programs that protect and support human service activities in Mifflin and Juniata Counties. The Department coordinates and facilitates the provision of services and programs that work to address economic self-sufficiency and promote the social well-being of residents in both counties. These services include basic needs (food, shelter, utility, health and safety, rehabilitative services, family services, and aging services).

For more information go to [www.co.mifflin.pa.us/HumanServices](http://www.co.mifflin.pa.us/HumanServices)  
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- Strengthen families, children and youth, and the elderly,
- Build caring, safe, and healthy communities,
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### **United Way of Mifflin-Juniata**

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For more information go to [www.mjunitiedway.org](http://www.mjunitiedway.org)  
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*(Visions, mission statements and histories can be found in the appendix)*

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## **Preface**

The Lewistown Hospital, Mifflin Juniata County Human Services Department, Penn State Extension and United Way of Mifflin-Juniata, are proud to present the Human Services Needs Assessment for 2013. This document provides a data-based assessment of the most pressing human service needs of Mifflin and Juniata Counties.

The human service project partners hope to establish a shared vision for the future by creating a collective understanding of key community interests, aspirations, assets and concerns which represent the perspectives of diverse groups, individuals and sectors. The vision may be focused on a single issue or may be a comprehensive community agenda.

Building the community vision will be ongoing work. It will involve community members in conversation along with healthy debate. We anticipate using the needs assessment as a guide to first select strategies, and then identify implementation steps with ongoing monitoring and evaluation to show measurable results at the community level.

This assessment will be used as a guidepost for funding decisions. Human service programs and their outcomes as related to the emerging priorities in this assessment will be used to confirm, expand and enhance funding decisions. The ultimate goal will be to ensure maximum impact.

The Mifflin Juniata County Human Services Needs Assessment serves two primary purposes:

1. To assess the basic human service needs of the community. This information provides the data needed for local legislators, key leaders, county commissioners, human service board members, etc. to make informed and proactive decisions on the needs and patterns of human service delivery within each county. It is intended to be a dynamic document. Since data sources update periodically – applicable websites are listed in the document and appendix in order to allow the user to find the most current statistics available.
2. To plan for the future and create measurable results at the community level such as – lives changed, communities strengthened and community problems that diminish in magnitude over time. This assessment identified three key areas: EDUCATION, INCOME and HEALTH. Within these key areas emerging priorities were identified.

Great things can happen when local governments join with nonprofits and community residents around a common purpose. We hope the information in this report galvanizes all sectors of Mifflin and Juniata Counties to work together toward common outcomes and to guide informed program and policy decisions.

## **Background**

In 2005, the first needs assessment for Mifflin and Juniata Counties was designed to present an accurate picture of the critical areas of need for individuals, families and the community. The original partners in this effort were the Mifflin Juniata County Human Services Department (MJCHSD), United Way of Mifflin-Juniata (UWMJ) and Penn State Extension. The primary goal of the assessment was to identify where funding for human services in the county would be most beneficial. Previously, funding decisions were based on outdated information and/or the perception of a small number of people.

During the time frame of 2005 – 2013 the needs assessment data was used to help local government officials, nonprofit organizations, community groups and individuals develop strategies and direct resources to meet local needs and benefit residents.

Since 2005 there have been economic, demographic, political and environmental changes. The need to refresh local data is critical in order to ensure that resources are being used to meet local needs. It is anticipated that the human service needs assessment will be updated every ten years in conjunction with the census.

For the 2013 Needs Assessment, the MJCHSD, UWMJ and Penn State Extension extended their partnership to include Lewistown Hospital. Together these organizations formed the core team responsible for conducting the needs assessment process. The needs assessment was started in September of 2011 and was completed early in 2013.

The project team was comprised of:

1. Allison Fisher, Director, Mifflin Juniata County Human Services Department
2. Neal Fogle, Economic and Community Development Extension Educator, Penn State Extension
3. Phyllis Mitchell, Vice President of Marketing and Community Affairs, Lewistown Hospital
4. Marie Mulvihill, Executive Director, United Way of Mifflin-Juniata
5. Lisa Stalnaker, Grant Writer, Mifflin Juniata County Human Services Department
6. Walt Whitmer, Senior Associate, Penn State Extension

The assessment encompassed a six-tiered data collection approach which included:

1. A survey of human service providers
2. A random-sample citizen survey
3. A community leaders' forum conducted with service providers, public officials, agency directors, and community stakeholders
4. Five community-based focus groups
5. Collection of relevant secondary data
6. Development of system wide priorities

## The Needs Assessment Process

In order to effectively assess the current views, perceptions and priorities of a wide range of stakeholders in Mifflin and Juniata Counties, the needs assessment project team employed a multifaceted approach for data collection. In addition to secondary data analysis, a survey was conducted of human service providers, a random-sample citizen survey was conducted in the two-county area and a community leaders' forum was held along with five community focus groups. A brief description of each is included below. Additional information on all of these is included in the appendix and available upon request.

### *Secondary Data Analysis*

In addition to our primary data collection efforts (see below), The Project Team compiled and analyzed a wide array of publically available secondary data sources – including health, education, income, economic, poverty, housing, and general population characteristics – from a variety of federal, state, and local sources. The specific references for each are identified sources throughout this report.

### *Human Service Providers Survey*

To assess the priorities of the service provider network an anonymous survey of 51 human service related organizations, public officials and agencies in the two-county area was done in November and December of 2011. The response rate was 80.4%.

The survey focused on five major topic areas:

1. Health care
2. Access to health care
3. Child and family well-being
4. Transportation and housing
5. Community and economic development

### *Random-Sample Citizen Survey*

The random-sample survey was sent to 3,000 residents (1,500 per county) during the months of February and March 2012. Due to address changes and other factors, 2,256 of the surveys were delivered and 383 were returned resulting in an effective response rate of 17%. While this response rate is somewhat less than anticipated, it can be estimated (with a 95% confidence level) that the responses received accurately reflect (within a margin of error of +/- 5%) those that would have been expected if all 70,000 residents in Mifflin and Juniata Counties were surveyed.

The survey focused on the same five major topic areas as the *Human Service Providers Survey*:

1. Health care
2. Access to health care
3. Well-being of children and families
4. Transportation and housing
5. Community and economic development

### *Community Leaders' Forum*

To assess an in-depth and solutions-oriented perspective of the findings in our two aforementioned surveys, a four hour Community Leaders' Forum was conducted with 20 agency, organization and government leaders. This was held in May of 2012. The purpose of the session was to discuss potential strategies and approaches the two-county area must take to move forward in an effective and comprehensive manner.

Topics from the Community Leaders' Forum included:

- Assets to build upon
- Major challenges to overcome
- Priorities in children and family well-being
- Health care
- Overall human services
- Human service office priorities

### *Focus Groups*

Five community based focus groups were conducted in September of 2012. The purpose was to pursue the goal of acquiring broad participation and perspectives. We conducted two focus groups on each topic (one per county) with the exception of the Income Focus Group which included representatives from both counties. A total of 51 leaders, public officials and interested residents attended one or more focus groups.

These meetings focused on the topics that emerged in the previous data collection efforts and included:

- EDUCATION
- HEALTH
- INCOME

Within these three areas emerging priorities were identified. This data is captured in the following sections.

## Education

An ongoing need for Mifflin and Juniata Counties is to increase the value placed on education. While locally many groups are working to enhance educational opportunities, data from the assessment shows the need for lifelong learning opportunities at every age in the community – from early childhood education to workforce training. The needs for improvement and expansion of job readiness and workforce training along with increasing family/household education have been identified as key indicators in this report.

### *Inventory of Educational Resources*

#### **Public Schools**

Juniata County School District operates two high schools, one junior high school, and eight elementary schools. The Juniata County School District provided public educational services to 3,016 students in 2011-2012.

The Mifflin County School District operates one high school (Grades 10-12), one junior high school (Grades 8-9), one middle school (Grades 6-7), one intermediate( Grades 4-5) and five elementary schools (Grades K-3).The schools provided public educational services to 5,410 students in 2011-2012.

The Mifflin Juniata Career and Technology Center (MJCTC) is located in Lewistown in Mifflin County. The Juniata and Mifflin County School Districts jointly operate MJCTC. The student body is comprised of students completing at least grade nine from one of five area schools as well as students that attend non-public schools in the two counties. The average annual enrollment is 500 students. The schools that send students are Mifflin County School District, Belleville Mennonite School, and Juniata County School District. The Pennsylvania Department of Education approves the vocational-technical educational programs offered at MJCTC, and upon successful completion of each planned course, students receive academic credit from their home based high school.

Decreased enrollment rates in both counties reflect the state trend of younger families leaving Pennsylvania.

Table 1: Education

School District Enrollment	2005-2006	2011-2012	Percent Increase/Decrease
<b>Juniata County</b>	3,128	3,016	4% decrease
<b>Mifflin County</b>	6,152	5,410	12% decrease
<b>Pennsylvania</b>	1,830,684	1,765,327	4% decrease

Source: Pennsylvania Department of Education ([www.pde.state.pa.us](http://www.pde.state.pa.us))

Table 2: Education

Indicator	Mifflin	Juniata	PA
<b>District Academic Achievement ranking based upon PSSA scores</b>	432	369	498 schools ranked (score of 1 is best, 498 worst)

Source: Pennsylvania Department of Education ([www.pde.state.pa.us](http://www.pde.state.pa.us))

**Private Schools**

Private schools are regulated and subject to local, state, and federal laws relative to business operations, but are independently responsible for curriculum development and delivery. Mifflin County has 26 private schools which account for a total enrollment of 1,099 students in 2011-2012 (Table 3: Education – see appendix for detailed list). Juniata County has eight private schools which account for a total enrollment of 434 students in 2011-2012 (Table 4: Education – see appendix for detailed list).

**Alternative Education**

Charter and cyber charter schools are an alternative education choice. The schools are self-managed public schools that are approved by local school districts and the PA Department of Education. Both charter and cyber charter schools are created and controlled by parents, teachers, community leaders, and colleges or universities. PA Department of Education uses a variety of cyber and charter schools; locally, there are nine options. For the 2011-12 year 77 children in Mifflin County were enrolled, representing 1% of the total student population. In Juniata County, 114 children were enrolled, representing 4% of the total student population. (Table 5: Education – see appendix for detailed list).

**Higher Education**

A variety of degree granting colleges, universities, and technical schools located throughout central Pennsylvania support the higher education needs within Mifflin and Juniata Counties. The supporting institutions include the following:

Table 6: Education

<b>Institution</b>	<b>Location</b>	<b>Degree Programs</b>
The Pennsylvania State University	Centre County	Associate, Bachelors, Masters, PhD
Bucknell University	Union County	Bachelors, Masters, PhD
Juniata College	Huntingdon County	Bachelors
DuBois Business College	Huntingdon County	Associate
Susquehanna University	Union County	Bachelors
PA College of Technology	Lycoming County	Associate, Bachelors
Penn State Learning Center	Mifflin County	Continuing education, Associate
TIU #11/CareerLink	Mifflin County	GED, Continuing education
South Hills Business School	Mifflin County	Accredited career school-Associate and Diplomas

*Lifelong Learning Opportunities and Factors*

The need for and benefit of education and learning is relevant for people of all ages. Learning can be at a personal or professional level; in a formal or non-formal setting and can enhance one’s knowledge, attitude and skills. Lifelong learning is not confined to childhood or the classroom.

The need for increased educational opportunities was expressed throughout our needs assessment process. The Office of Child Development and Early Learning (OCDEL) reported in 2010-2011

that the benefits of quality early education to children and families translate into a more competitive workforce and greater tax base, while reducing public expenses in special education costs, public assistance, crime control and lost taxes. “Lifelong learning begins at birth” is a statement supported by information found in the OCDEL Program Reach and Risk Assessment ([www.ocdelresearch.org](http://www.ocdelresearch.org)) and the PA Promise for Children website ([www.papromiseforchildren.com](http://www.papromiseforchildren.com) – “The First Five Years Matter”).

**Poverty Levels for Children**

Mifflin and Juniata Counties are above the state averages for children living in poverty. (Table 7: Education). The OCDEL 2010-2011 Annual Report showed that the number one indicator of whether or not a child ends up in poverty is if they are born to mothers with less than a high school education.

In Mifflin and Juniata Counties the number of children living in poverty and the number of children born to mothers with less than a high school education is significantly higher than the state average. That same research confirms that children who live with a mother who has not completed high school are less likely to receive cognitive stimulation and high quality child care during crucial development periods and are more likely to have diminished reading skills.

Table 7: Education

<b>Indicator</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>Children living in economically at-risk families (up to 300% of poverty - this translates to a family of 4 making \$61,950 in 2012)</b>	75.9%	85%	58.4%
<b>Births to mothers with less than a high school degree</b>	36.6%	33.9%	15.8%
<b>Children in public funded early education programs</b>	29.5%	31.4%	36%

Source: Pennsylvania Office of Child Development and Early Learning – Annual Report 2010-2011 ([www.ocdelresearch.org](http://www.ocdelresearch.org))

OCDEL research shows that children who are living in economically stressed families are more likely to have poor nutrition, chronic health problems, and have less preparation for and more difficulty in school. ([www.ocdelresearch.org](http://www.ocdelresearch.org)) Locally, food instability is a significant issue for many of our children as noted in Table 8: Education.

Table 8: Education

<b>Free/Reduces Lunch Enrollment</b>	<b>2005-2006</b>	<b>2011-2012</b>	<b>Percent Increase/Decrease</b>
<b>Juniata County</b>	31.6%	38.9%	7.3 % increase
<b>Mifflin County</b>	39.7%	49.4%	9.7 % increase

Source: Pennsylvania Department of Education ([www.pde.state.pa.us](http://www.pde.state.pa.us))

**School Preparedness/Reading Proficiency Scores**

When children affected by risk factors, such as poverty or low maternal education, have access to quality early education before age five, they can often make up for such setbacks, enabling them to enter kindergarten on par with their peers. The benefits of quality early education to children and families reduce public expenses in special education.

OCDEL data shows that Mifflin and Juniata Counties have fewer children under five being reached by school preparedness programs than the state average. If private programs are included, the number of children participating in early education programs only raises to about 50% in each county. (Source: The PA Department of Public Welfare as part of the Maternal, Infant and Early Childhood Home Visiting Grant, April of 2011).

Another educational risk factor for local children is indicated by reading proficiency scores. The correlation between early reading experience and high school dropout is proven repeatedly in academic studies. The [2011 report “Early Warning! Why Reading by the End of Third Grade Matters”](#) by the Annie E. Casey Foundation showed that low-income children who are not reading on grade level by third grade are six times more likely to drop out of high school than their peers. The report also indicated that low-income children of color who are not at grade level by third grade are eight times more likely to drop out of high school.

Table 9: Education

<b>Indicator</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>Number of children birth to five</b>	1,559	2,922	729,538
<b>Percent of children under five served in early education programs</b> ( <i>Nurse-Family Partnership, Parent-Child Home Program, Head Start, PA Pre-K Counts, PA Pact for Pre-K, School Based Pre-K, Early Intervention, and Keystone Stars</i> )	29.5%	31.4%	36%
<b>Percent of 3<sup>rd</sup> graders scoring below proficient on the 2010 PSSA reading test</b>	20.4%	23.8	22.1%

Source: Pennsylvania Office of Child Development and Early Learning – Annual Report 2010-2011 ([www.ocdelresearch.org](http://www.ocdelresearch.org))

**Low Birth Weights**

Babies born at low birth weight are at risk for serious health complications which can often result in the need for remediation once they reach school age. Visual and auditory impairments, learning disorders, behavioral problems, grade retention, and school failure have all been linked to low birth weight. Taking into account the socio-demographic risk factors, low birth weight children still score significantly lower on intelligence tests than do children born at normal weight. They are also more likely to be affected with attention-related disorders. (Source: Pennsylvania Office of Child Development and Early Learning – Annual Report 2010-2011 [www.ocdelresearch.org](http://www.ocdelresearch.org))

Table 10: Education

Indicator	Juniata	Mifflin	PA
Percent low-weight births	4.8%	6.5%	8.4%
Percent teen pregnancy (under 18)	2.1%	3.1%	3.7%
Percent Tobacco use during pregnancy	21.1%	18.1%	21%
Percent born to mothers who receive little or no prenatal care	23%	26.6%	16.7%

Source: Center for Rural PA [www.ruralpa.org](http://www.ruralpa.org)

Table 11: Education

Indicator	Juniata	Mifflin	PA
Children enrolled in special education	12%	16%	10%

Source: PA Department of Education [www.pde.state.pa.us](http://www.pde.state.pa.us)

### *Job Readiness and Workforce Training Opportunities and Factors*

The assessment for education identified the need for improvement in access and delivery of workforce training. The discussion included a range of services needed to prepare participants for job searching and employment. Services needed include computer training, academic education, technical training, and resume preparation. Additional programs could help people prepare for work by providing workshops on workplace etiquette and interviewing skills. The population that would benefit the most includes adults and youth who are unemployed or underemployed and who need assistance developing the skills needed to find and maintain employment that pays living wages.

### **Dropout Rates**

Dropout rates have a ripple effect on the local economy. Dropouts cost U.S. taxpayers between \$320 billion and \$350 billion a year in areas including but not limited to lost wages, taxable income, healthcare expenses, welfare, and incarceration costs. Of the 3.8 million students that start high school this year, one-quarter will not receive a diploma. Dropouts are not eligible for 90% of the jobs in our economy. The National Center for Education Statistics in 2011 reports that the median income of persons ages 18 through 67 who had not completed high school was roughly \$25,000 in 2009. (Source: National Department of Education Compendium Report, “Trends in High School Dropout and Completion Rates in the United States: 1972-2009”-<http://nces.ed.gov>)

In Juniata County, the dropout rate is much lower than the state average but has seen a slight increase. The Mifflin County dropout rate is higher than the state average and has remained relatively the same since 2005.

Table 12: Education

<b>Juniata County School District</b>	<b>Total Enrollment (7-12)</b>	<b>Dropouts -MALE</b>	<b>Dropouts - FEMALE</b>	<b>Dropouts - TOTAL</b>	<b>Rate</b>	<b>PA Rate</b>
<b>2005-2006</b>	1,526	8	3	11	.07%	1.9%
<b>2011-2012</b>	1,411	6	7	13	.09%	1.6%

<b>Mifflin County School District</b>	<b>Total Enrollment (7-12)</b>	<b>Dropouts -MALE</b>	<b>Dropouts - FEMALE</b>	<b>Dropouts - TOTAL</b>	<b>Rate</b>	<b>PA Rate</b>
<b>2005-2006</b>	2,966	42	31	73	2.5%	1.9%
<b>2011-2012</b>	2,545	37	27	64	2.5%	1.6%

Source: Pennsylvania Department of Education ([www.pde.state.pa.us](http://www.pde.state.pa.us))

*Family/Household Education*

The desire to increase family and household education arose during the assessment. Residents have the opportunity to seek additional education at a personal or professional level, in a formal or non-formal setting, with the intent to enhance one’s knowledge, attitude and skills.

For residents 25 years of age and older in Juniata County, 21.1% do not have a high school diploma. In Mifflin County, 18.9% of adults 25 years of age and older do not have a high school diploma. Both counties’ percentages are much higher than the state average of 13.1%. Census data shows that in Juniata County 10.8% hold a college degree while in Mifflin County the number is 11.1%, both much lower than the state average of 26%.

Table 13: Education

<b>Education Level</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>High School Graduation Rate</b>	93%	87.9%	82.6%
<b>No High School Diploma</b>	21.1%	18.9%	13.1%
<b>College Degree</b>	10.8%	11.1%	26%

In order to effectively assess the current views, perceptions and priorities of a wide range of stakeholders in Mifflin and Juniata Counties, the needs assessment project team employed a multifaceted approach for data collection. The following are the highlights from:

- Human Service Providers Survey
- Random-Sample Citizen Survey
- Community Leaders' Forum
- Focus Groups

A summary of Emerging Priorities from all data sources is provided at the end of this section.

### **What Service Providers Told Us**

Among respondents to our *Human Service Providers Survey*, educational considerations were seen as an important component of all our major issue categories. High priorities included:

- Providing better schools
- Educating citizens regarding health care resources available in the county
- Increasing educational levels of the workforce for new and emerging businesses
- Educating and instilling civic values in our youth
- Enhancing pre-school quality and availability
- Teaching and modeling respectfulness in public discussions

### **What the Public Told Us**

Respondents to our *Random-Sample Citizens Survey* identified a number of important educational and information issues. The top ranked concerns included:

- Increasing parental engagement in the education of their children
- Improving job training opportunities
- Increasing access to higher education opportunities
- Improving family financial management skills and education
- Educating about healthy lifestyles
- Providing education to teen parents
- Increasing literacy training



### What We Learned from the Community Leaders' Forum

Consistent with the findings from our other information gathering efforts, education was seen as a key component and high strategic priority in our *Community Leaders' Forum*. Indeed 'investing in youth' and 'improving school districts' were considered the first and third most important issues respectively among the overall goals this group identified. Additional education-related topics include:

- Increasing education related to healthy lifestyles
- Improving family financial skills
- Increasing parental involvement in education of their children
- Encouraging educationally supportive environments throughout the county
- Providing training for present and future leaders
- Reinventing the workforce to meet new technologies and jobs

### What the Focus Groups Told Us

The two *Focus Group* discussions identified three overall goals as well as a wide array of implementation considerations. The most consistent theme of each was fostering a comprehensive and continuous learning environment for all residents. In addition, substantial discussion focused on the challenge of improving school districts in a rapidly changing and demanding environment. The following emerging issues were considered the most critical areas of improvement.

- Improving life long learning opportunities for all (birth through adult)
  - For all stakeholders, increasing pre-school access and quality, information related to school programs and activities, decreasing drop-out rate, adult education, employment training and long-term skill development
- Improving/expanding job readiness and workforce training and opportunities
  - Match to current and future employer needs, basic skills, attentiveness to all skill levels
- Increasing family/household education
  - Healthy lifestyles, family financial management, parenting education, available resources, community engagement

## **Emerging Priorities for Education**

After careful analysis of all the primary and secondary data and subsequent discussions, several important education priorities emerged. Each has consistently been identified as critical areas to address as we move forward. It is our hope that these priorities will form the foundation of a wide range of initiatives to address human service needs, be incorporated in our partners planning and funding considerations, and become areas around which we can begin to assess measurable impact across in the two-county area.

- Improving life long learning opportunities for all
  - Decrease the poverty rate, especially for children.
  - Increase the number of children reached by school preparedness programs
  - Decrease the number of low weight births
  - Increase reading proficiency scores as indicated by 3<sup>rd</sup> grade test scores
- Improving/expanding job readiness and workforce training opportunities
  - Decrease the drop out rate
  - Diversify the local job market
- Increasing family/household education
  - Increase educational opportunities
  - Encourage healthy lifestyles
  - Increase knowledge of local resources
  - Encourage community engagement at all ages

## Health

The assessment for health care identified where changes in the healthcare delivery system can improve both patient care and preventive services for those at risk for health problems. Mifflin and Juniata Counties have several underlying socio-demographic characteristics that impact many of the health indicators in this report. Both counties face a growing elderly population, increased numbers of people living in poverty, and an increased number of people with limited or no health insurance. A significant number of people have limited education and technical qualifications thus limiting their job opportunities.

There are also several health behaviors that fail to meet the state and national benchmarks and present opportunities for improvement. These behaviors include: smoking, obesity, physical inactivity, and the teen birth rate. Mifflin County ranks 35 out of 67 counties in Pennsylvania for positive health behaviors. Juniata County ranks higher at 17.

Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, Robert Woods Johnson Foundation, 2013 ([www.countyhealthrankings.org](http://www.countyhealthrankings.org))

### *Access to Health Care*

Growing concern over access to healthcare services is evident throughout the research in this assessment. It is also a key issue in the healthcare reform initiative that is now underway in the United States. From the random sample survey and service provider survey responses to the meetings with community leaders and focus groups, there is concern regarding the large percentage of residents without health insurance or who have limited insurance coverage. According to Healthy People 2020, people with no health insurance are more likely to lack a usual source of medical care, such as a primary care physician, and are more likely to skip routine medical care due to costs, thus increasing their risk for serious and disabling health conditions.

Source: Healthy People 2020. <http://www.healthypeople.gov/2020/LHI/accessCare.aspx>

There are two distinct areas within Mifflin and Juniata Counties that qualify as medically-underserved area. The index of medical under-service consists of four components:

- The percentage of the population below poverty;
- The percentage of the population that is elderly;
- The infant mortality rate; and
- The availability of primary care physicians.

For Juniata County, (MUA/P: 07696) includes the following townships: Bratton, Lack, Tuscarora, Kistler, McVeytown, Newton Hamilton, Oliver and Wayne.

In Mifflin County, (MUA/P) includes the following townships: Brown, Menno, and Union.

Source: <http://muafind.hrsa.gov/index.aspx>

### **Primary/Specialty Care Access**

Access to primary care, in both Juniata and Mifflin Counties, lags behind the national benchmark due in part to the national shortage of primary care physicians and the difficulty in recruiting physicians to rural areas. The primary care office serves as a “medical home” for the patient,

ensuring that the patient receives appropriate preventive care and monitoring. Without this important link to sufficient primary care, many residents in Juniata and Mifflin Counties are missing the necessary guidance needed to successfully and cost-effectively manage their overall healthcare needs.

For acute health services, Lewistown Hospital serves both Mifflin and Juniata Counties. This 123-bed hospital provides inpatient, outpatient, wellness and community services. Lewistown Hospital’s medical staff consists of 128 physicians and allied health practitioners, providing most of the basic healthcare services such as, primary care, general surgery, orthopedics, obstetrics/gynecology, cardiology, oncology, pulmonology and urology.

The majority of physicians in the area, for both primary and specialty care, are employed by two group practices: Family Health Associates and Geisinger Medical Group. Several specialty care physicians remain independent practitioners in the areas of OB/GYN, Oncology, Podiatry, Neurology, Pediatrics, and Surgery. In addition, University Orthopedics offers a comprehensive range of orthopedic care in Lewistown. Within the past year, Penn State Hershey Medical Group opened an office in Lewistown for cardiology services.

According to Lewistown Hospital utilization statistics, many residents use the Hospital’s emergency department for health problems that could be addressed in a primary care office. In 2012, there were 33,122 visits to the Lewistown Hospital emergency department. Patient acuity for those visits was:

- <1% critical
- 5% unstable
- 49% urgent
- 45% non-urgent

Since 2009, the Lewistown Hospital emergency department has seen a 20% overall increase in patient visits and a subsequent increase in the number of urgent and non-urgent types of visits. For residents who do not have insurance, the emergency department often becomes their first choice for health care. Over the last several years, the percentage of bad debt and charity care provided by the hospital has grown substantially, directly related to the economic downturn that resulted in residents losing jobs, health insurance, and the resources to pay for healthcare services. In fiscal year 2012, Lewistown Hospital’s bad debt and charity care totaled \$3,758,122.00.

Table 1: Health

<b>Clinical Healthcare Factors</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>	<b>National Benchmark</b>
<b>Uninsured</b>	14%	16%	12%	11%
<b>Ratio of primary care physicians to population</b>	3,291:1	1,277:1	1067:1	631:1
<b>Ratio of mental health providers to population</b>	23,095:1	6,568:1	1,779:1	N/A
<b>Ratio of dentists to population</b>	6,060:1	3,325:1	N/A	1976:1

Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, Robert Woods Johnson Foundation, 2013 ([www.countyhealthrankings.org](http://www.countyhealthrankings.org))

**Mental Health Access**

Mental health received attention during this assessment with a need to expand mental health options and services to improve access to care. The number of mental health providers in both counties falls well below the state average (Table 1: Health).

According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately one in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year. Locally, Mifflin County is above the state average and national benchmark for suicide rates (Table 2: Health).

Table 2: Health

<b>Suicide Rate (2000-2010)</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>	<b>Healthy People 2020 Benchmark</b>
<b>Per 100,000 population</b>	9.4	14.3	11.4	10.2

Source: PA Department of Health, 2012. <http://www.portal.state.pa.us>

Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

**Dental Care Access**

The need for expanding dental care was discussed throughout the assessment process. There remains a significant shortage of dentists in both counties (Table 1: Health). The lack of dental insurance and the cost of dental care were other deterrents for individuals seeking dental care. It was noted during the community focus group meeting, that many of our local dentists are over the age of 50 and as they retire over the next several years this will further increase the shortage of dental providers. According to the Pennsylvania Department of Health, from 1999 to 2001, the number of licensed dentists in the commonwealth has decreased by 700.

Oral disease is more prevalent in low income families. The PA Department of Health research shows that children in households with an annual income of less than \$20,000 in Pennsylvania are three times more likely to have untreated dental cavities than children in households with an annual income of more than \$100,000. In addition, more than half the population in Pennsylvania does not have fluoridated water, with Juniata County included in that count.

*Chronic Disease*

It became clear from the needs assessment, as well as the secondary data, that improving care for chronic disease is a priority. Heart disease, cancer, and stroke are the leading causes of death in both Mifflin and Juniata Counties.

According to the Centers for Disease Control, chronic disease – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly, and preventable of all health problems in the United States.

- Seven out of ten deaths among Americans each year are from chronic diseases. Heart disease, cancer and stroke account for more than 50% of all deaths each year.
- Obesity has become a major health concern. One in every three adults is obese and almost one in five youth between the ages of six and nine is obese.
- About one-fourth of people with chronic conditions have one or more daily activity limitations.
- Arthritis is the most common cause of disability. 32% of adults in Pennsylvania reported being diagnosed with arthritis  
(<http://www.cdc.gov/chronicdisease/states/pdf/pennsylvania.pdf>)
- Diabetes continues to be the leading cause of kidney failure, non-traumatic lower-extremity amputations, and blindness among adults, aged 20-74.
- Excessive alcohol consumption is the third leading preventable death in the United States behind diet and physical activity and tobacco.  
(Source: <http://www.cdc.gov/chronicdisease/overview/index.htm>)

Table 3: Health

<b>*Cause of Death (2008-2010)</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>Heart disease</b>	177.5	206.2	194.0
<b>Cancer</b>	182.5	172.5	183.8
<b>Stroke</b>	36.8	44.5	40.1
<b>Chronic lower respiratory disease</b>	43.1	44.7	39.9

Source: PA Department of Health, County Health Profiles 2012. (\*per 100,000 2000 U.S. standard million population)

*Life Style and Behavioral Risk Factors*

Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person’s risk for developing chronic disease.

Table 4: Health

<b>Health behavior</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>	<b>National Benchmark</b>
<b>Adult obesity</b>	31%	31%	29%	25%

<b>Physical inactivity (do not engage in leisure time physical activity)</b>	28%	30%	26%	21%
<b>Limited access to healthy foods</b>	6%	3%	14%	1%
<b>Fast food restaurants</b>	48%	43%	49%	27%

Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2013. ([www.countyhealthrankings.org](http://www.countyhealthrankings.org))

**Physical Activity, Nutrition and Overweight/Obesity**

According to the US Department of Health and Human Services, regular physical activity can improve the health and quality of life for all ages, regardless of disability. Among adults, physical activity can lower the risk of: coronary heart disease, stroke, high blood pressure, Type 2 diabetes, breast and colon cancer, falls and depression. Among children and adolescents, physical activity can improve bone health, improve cardio-respiratory and muscular fitness, decrease levels of body fat, and reduce symptoms of depression. Mifflin and Juniata Counties fail to meet the national benchmark for obesity and physical inactivity.

Source: US Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion, Physical activity guidelines advisory committee report, Washington: HHS, 2008

Beginning with the 2007-2008 school year, Pennsylvania has required school districts to conduct Body Mass Index (BMI) screenings for grades K-12. As shown in Table 5: Health, the percentage of children considered obese for the school year 2010-11. When you combine the numbers for both overweight and obesity, the percentages are much higher. Obese children are more likely to become obese adults with potential for other serious health conditions such as heart disease, diabetes, and some cancers.

Table 5: Health

<b>Childhood obesity (&gt;=95<sup>th</sup> Percentile)</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>Grades K-6</b>	22.32%	18.32%	16.68%
<b>Grades 7-12</b>	25.05%	24.71%	17.65%

Table 6: Health

<b>Childhood obesity &amp; overweight (&gt;85<sup>th</sup> to &lt;95<sup>th</sup> Percentile)</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>Grades K-6</b>	39.2%	37.3%	32.6%
<b>Grades 7-12</b>	42.1%	49.5%	34.1%

Source: PA Department of Health, 2012

(<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=556724&mode=2>)

The Nutrition and Weight Status objectives for Healthy People 2020 reflect strong science supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such

as schools, worksites, health care organizations, and communities. The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

### **Healthy Food Access**

Good nutrition is important and a healthful diet helps reduce risks for many health conditions including: overweight and obesity, malnutrition, heart disease, high blood pressure, Type 2 diabetes, osteoporosis, oral disease, and some cancers.

Source: US Department of Health and Human Services and US Department of Agriculture (USDA), Dietary guidelines for Americans, 2005, 6<sup>th</sup> ed. Washington: US Government Printing Office, 2005 Jan.

Despite the fact that Mifflin and Juniata counties offer access to and availability of healthier foods, it does not seem to be a strong factor when it comes to a local resident's diet. However, the places where people eat do appear to influence diet. For example, foods eaten away from home often have lower nutritional quality than foods prepared at home. The percentage of fast food restaurants in both counties is well above the national benchmark (Table 4: Health). Although fast food restaurants offer some healthy food choices, most of the menu selections are high in calories and fat.

Source: (Guthrie JF, Lin BH, Frazao E. Role of food prepared away from home in the American diet, 1977–78 versus 1994–96: Changes and consequences. *J Nutr Educ Behav.* 2002 May–Jun;34(3):140-50).

A recent grant from Pennsylvania's Women in Agriculture Growth Network (PA-WAGN) has allowed the new Rec Park Farmer's Market to form in the Borough of Lewistown, an area identified as a food desert. The grant also has established the use of Supplemental Nutrition Assistance Program (SNAP) program benefits to increase the sale of fresh local products to low-income families. Additionally, weekly cooking demonstrations and nutritional education workshops are offered to promote the use of fresh local products. In 2012, the Rec Park Farmer's Market served an average of 200 customers weekly.

### **Allison – need local numbers served**

Serving 27 counties, the Central Pennsylvania Food Bank is the largest non-profit food distribution organization in central PA. The Food Bank solicits inventories and distributes food and other donated products to more than 700 partner agencies (food pantries, soup kitchens, shelters, etc.) that directly serve people struggling with hunger. During the past year, the Food Bank distributed more than 22 million pounds of food.

For Mifflin and Juniata counties, the Central PA Food Bank works with the following food pantries:

- Calvary Bible Church – Lewistown
- Grace Covenant Church – Lewistown
- Bible Baptist - Burnham
- Salvation Army – Lewistown
- Juniata County Food Pantry – Mifflintown

In addition, many local residents and businesses support the food pantries through food drives and donations.

**Community and Worksite Wellness Programs**

Efforts by Mifflin County Meltdown to encourage community wide weight loss and healthy behavior have helped promote a healthier lifestyle. This program started in 2010 and succeeded in raising awareness of the need to take responsibility for one’s health – to become fit, have fun exercising and as a by-product, lose weight if needed. The 2011 Meltdown helped 522 participants lose more than 3,400 pounds in six weeks.

Businesses and organizations recognize the importance of promoting wellness for employees. Several businesses in the community offer wellness incentive programs to encourage healthy lifestyles. For example, Lewistown Hospital partners with Highmark Blue Shield to offer a wellness program that includes three modules: Wellness Profile & Employee Interest Survey, Biometric Health Screenings, and Wellness Interventions. All activities are tracked on a scorecard and employees can earn a cash bonus for completing all module activities.

**Teen Pregnancy**

Prevention of teen and unplanned pregnancy is an important part of a healthy community. According to the Centers for Disease Control (CDC), 409,840 infants were born to 15 to 19 year olds in 2009, for a live birth rate of 39.1 births per 1,000 women in this age group. Nearly two-thirds of these births were unintended in girls younger than age 18 and more than half were unintended among 18 to 19 year olds. In Pennsylvania the rate is 27.2.

Source: [http://www.americashealthrankings.org/PA/teenbirth/2011#\\_ftn2](http://www.americashealthrankings.org/PA/teenbirth/2011#_ftn2)

Teen childbearing in Pennsylvania cost taxpayers at least \$4,643 million in 2008, according to an updated analysis from The National Campaign to Prevent Teen and Unplanned Pregnancy. Most of the public sector costs of teen childbearing are associated with negative consequences for the children of teen mother, during their childhood and young adult years. Annual taxpayer costs associated with children born to teen mothers include public health care (Medicaid and CHIP), child welfare, and among those children who have reached adolescence and young adulthood, increased rates of incarceration, and lost tax revenue due to decreased earnings and spending. Pennsylvania has seen a 33% decline in the teen birth rate between 1991 and 2008.

Source: [www.TheNationalCampaign.or/costs](http://www.TheNationalCampaign.or/costs)

However, for Mifflin County in 2010, the teen birth rate for ages 18-19 year olds was above the state average (Table 7: Health).

Table 7: Health

<b>% Teen Births (2010)</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>Under Age 18</b>	.07% (2 live births)	2.3% (12 live births)	2.6% ( 3,715 live births)
<b>Ages 18-19</b>	3.6% (10 live births)	9.0% (46 live births)	5.8% (8,367 live births)

Source: PA Department of Health, Health Profile 2012

**Prenatal Care**

In addition, a significant number of women in both counties did not receive any prenatal care in the first trimester. According to the CDC, low birth weight, premature births, neonatal mortality, infant mortality, and maternal mortality are linked to insufficient prenatal care (Table 8: Health).

Table 8: Health

<b>% Women Receiving Prenatal Care in First Trimester (2010)</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>	<b>Healthy People 2020 Objective</b>
<b>All ages</b>	60.5%	58.8%	71.3%	77.9%

Source: PA Department of Health, Health Profile 2012

**Tobacco/Alcohol/Illegal Drug Use**

Tobacco use is the single most preventable cause of death and disease in the United States. According to a report from the Tri-County Drug & Alcohol Commission in 2012, from 2007 to 2009, Mifflin County saw slight increases in alcohol, smokeless tobacco and marijuana use as well as binge drinking. Cigarette use stayed the same and inhalants saw the largest increase of 60%. Juniata County saw overall increases in smokeless tobacco and inhalant use from 2007 to 2009. Compared to the state data, Juniata County youth are almost double the state average for the use of smokeless tobacco. (Source: Prevention/Treatment Needs Assessment, Bureau of Drug & Alcohol Programs, June 31, 2012)

Excessive alcohol consumption contributes to over 54 different diseases and injuries, including cancer of the mouth, throat, esophagus, liver, colon, and breast, liver diseases, and other cardiovascular, neurological, psychiatric, and gastrointestinal health problems.

**Domestic Violence**

The Abuse Network in Lewistown serves both Mifflin and Juniata Counties and annually serves approximately 600 new victims and significant others experiencing sexual and/or domestic violence. Of the 600 individuals served, approximately 450 receive domestic violence services and 150 receive sexual assault services. In addition, the Abuse Network serves approximately 20 victims of other violent crime. These numbers have remained fairly consistent over the last decade with little fluctuation.

Community members may not realize how often sexual and domestic violence and other violent crimes touch our residents. The Abuse Network can assist victims of these crimes even if the victimization does not result in criminal charges against the perpetrator. In the 2011-12 fiscal year, the agency provided 2,049 days of shelter to residents of Mifflin and Juniata Counties displaced by or fleeing domestic violence. This translates to an average of six people per day every day. Additionally, agency advocates provided 2,245 hours of direct services to clientele. Included in this direct service work are services such as crisis intervention and counseling, supportive counseling, legal and medical advocacy and accompaniment, support groups, and resource management including referrals to other agencies that may be of assistance. The Abuse Network hotline receives between 600 and 800 calls annually and staff members are available 24 hours a day to answer calls or to provide an in-person response to victims.

The agency also provides free educational programs about violence and the impact of violence to schools, professionals, and civic groups. In fiscal year 2011-12, training was provided to over 3,560 people in the two counties. Education is one way to inform the public about the frequency of violence, the complex dynamics associated with violence, and ways to reduce risk and to safely intervene in violent situations.

### *Healthcare Quality*

The issue of healthcare quality was another prominent theme throughout this assessment. From a healthcare consumer perspective, quality issues centered on cost, affordability, access to services, wait times to see a healthcare provider, and satisfaction with healthcare providers.

With healthcare reform underway in the U.S., healthcare systems and providers are also focused on quality issues. Quality in the form of reduced waste and improved efficiency drives down costs while also improving patient satisfaction through the avoidance of complications, infections, longer stays in the hospital, longer waiting times, and higher costs. (Source: Futurescan 2012, Healthcare Trends and Implications, SHSMD).

There are several challenges to reshaping the healthcare delivery system to focus on increased quality and reduced cost. Growth in healthcare costs has caused federal and state governments to look at deficit reduction which means Medicare beneficiaries could face reductions in healthcare coverage. There will not be much relief on the uninsured challenges for several years, with continued high levels of uninsured patients and bad debt for health systems as individuals will need to assume more of the cost of their care.

Health systems are looking at the intersections of all settings of care to provide greater access and improved quality for patients to address the deficit reduction. Better coordination of care can help improve hospital readmission rates, improve clinical outcomes, and help patients navigate more easily through a complex set of healthcare services. (Source: Futurescan 2012, Healthcare Trends and Implications, SHSMD).

To improve quality, healthcare providers are focusing on wellness services, solutions for chronic disease management, and better access to primary care services. Community-based services can also offer support for disease management, food and nutrition, and wellness services. Additionally, providers can work with nontraditional caregivers, such as homeless shelters and federally-qualified and urgent-care clinics to help improve efficiency of care.

In order to effectively assess the current views, perceptions and priorities of a wide range of stakeholders in Mifflin and Juniata Counties, the needs assessment project team employed a multifaceted approach for data collection. The following are the highlights from:

- Human Service Providers Survey
- Random-Sample Citizen Survey
- Community Leaders' Forum
- Focus Groups

A summary of Emerging Priorities from all data sources is provided at the end of this section.

### **What Service Providers Told Us**

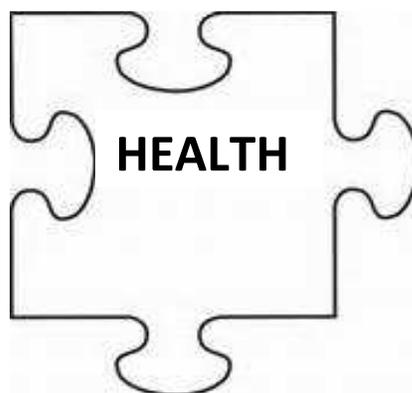
Among respondents to our *Human Service Providers Survey*, healthcare considerations were seen as the foundation for addressing many of the other issues identified throughout our needs assessment process. High priorities included:

- Providing low cost alternatives to the uninsured and underinsured
- Increasing access to all health care services and expanding number of physicians serving the area
- Expanding dental care and mental health care services
- Improving emergency care services
- Increasing health education and improving preventive health care opportunities

### **What the Public Told Us**

Respondents to our *Random-Sample Citizens Survey* identified a number of important health care concerns. The most frequently cited priorities included:

- Decreasing drug and alcohol use among teens and adults
- Addressing domestic violence and abuse
- Providing low cost alternatives to uninsured and underinsured
- Improving access to cancer care
- Improving chronic illness care, primary care and emergency room services
- Improving health care quality



### What We Learned from the Community Leaders' Forum

Consistent with the findings from other sources, healthcare was seen as a key component and high strategic priority in our *Community Leaders' Forum*. Of 14 overall goals these groups identified the following three as the most important priorities:

- access to healthcare services
- quality improvement and
- providing affordable care

Other priorities in this category included:

- Improving access to mental health services
- Providing affordable health care options and services
- Improving overall health care quality
- Expanding specialized medical care services, dental care and wellness programs
- Reducing lifestyle diseases and behavioral risk factors (diabetes, obesity, smoking)

### What the Focus Groups Told Us

Our *Focus Group* for health care identified three critical priorities. The most consistent aspect of this discussion was that all goals needed to be broad and inclusive. The priorities for this group were:

- Improving overall health care quality
  - Emergency, specialized, chronic, mental, dental, health/behavioral health integration
- Improving primary care access and affordability
  - Preventive care, family planning, service information and costs, insurance affordability, urgent care, wait times
- Reducing lifestyle diseases (diabetes, obesity, smoking, drug and alcohol)
  - Effective education and information, recreation and exercise provision, community care clinics

## **Emerging Priorities for Health**

After careful analysis of all the primary and secondary data and subsequent discussions, several important health priorities emerged. Each has consistently been identified as critical areas to address as we move forward. It is our hope that these priorities will form the foundation of a wide range of initiatives to address human service needs, be incorporated in our partners planning and funding considerations, and become areas around which we can begin to assess measurable impact across in the two-county area.

- Access to health care was a key theme and participants throughout the assessment process noted the following issues related to access:
  - Increase the percentage of insured
  - Increase resources to pay for healthcare services
  - Increase the number of healthcare providers to raise the availability of receiving appropriate services ( primary care, mental health care, dental care)
- Improving the quality of healthcare was seen as a priority. However, how individuals defined quality varied significantly. For example, healthcare quality was defined in the following ways:
  - Decrease the length of time it takes to see a healthcare provider
  - Increase satisfaction with physician office hours and physician
  - Decrease the length of waiting time in the physician's office or the hospital emergency department
  - Increase the ability to find a physician that accepts all health insurance plans
- Providing additional resources around making healthy lifestyle choices was seen as an important factor in improving overall health of the community.
  - Increase the opportunities to participate in community events that encourage physical activity
  - Change cultural norms around diet and exercise
  - Increase opportunities to provide education about healthy food choices
  - Address specific youth risk behaviors, including teen pregnancy, use of alcohol, tobacco and drugs, and violence prevention

To effectively address the healthcare needs in the community, it will take a multidisciplinary approach that addresses individual behaviors as well as the policies and environments that support these behaviors. This approach should focus on developing partnerships that include schools, worksites, human resource agencies, health care organizations, and governmental agencies.

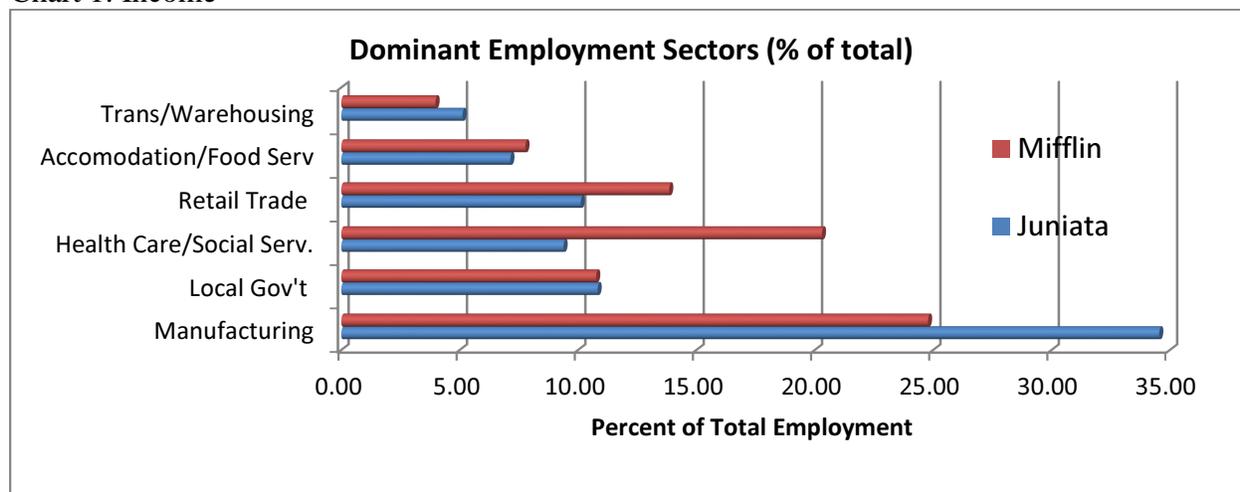
## Income

The income section highlights both sides of the income perspective: employment and income. While these two perspectives are related, they are separate issues in terms of human services. Not all residents in the counties (e.g. children, disabled people, those in poor health, and the elderly) are able to work regardless of the employment picture and outlook. All residents, the fully employed, the un- and underemployed, and those that are unable work are all of concern when considering human service needs. Therefore, the focus is on both income generation, wealth and household financial issues.

## Employment

While there are differences between the two counties, manufacturing continues to dominate other employment sectors in both and though generally declining, remain well above state averages. It is worth noting, however, that manufacturing average wages remain consistently below the state average. The economy in both counties (based on employment) is primarily dependent on six sectors: manufacturing, health care/social services, retail trade, education, accommodation and food services, and local government. While future projections are beyond the scope of this report, it is worth noting that expanding total employment in manufacturing (which both counties rely fairly heavily on) while indeed possible will continue to face a challenging environment as will local government. (See Chart 1: Income). Diversity of the employment base will continue to be an issue for both future economic stability as well as workforce training.

Chart 1: Income



Source: Center for Workforce Information and Analysis. 2011 Annual Average

Although the mid-2000s saw overall employment increase higher than the state and regional averages, these numbers declined overall in Mifflin and Juniata Counties in the years since the economic downturn (2007 – 2010). Indeed private non-farm employment fell by 7.3% and 11.8% respectively for Mifflin and Juniata Counties between 2000 and 2010. The employment picture, however, has begun to improve since 2010. The unemployment rate (January 2013) was 7.9%, 7.4%, and 8.1% respectively for Mifflin County, Juniata County, and Pennsylvania.

Future economic development challenges in both counties will continue to be how to develop strategies that take advantage of current strengths and sector developments while building an effective workforce to meet current and future business requirements.

**Workforce Training**

Workforce training was an issue identified in both the Education and Income components of our needs assessment. As the Mifflin County Comprehensive Plan and others have highlighted, there is a considerable mismatch between residents’ skills and interests and employers’ needs. In addition, workforce training opportunities are not currently aligned as effectively as they could be with current and future employment requirements and increasingly many residents to commute outside the counties for employment. Education and targeted training of the community’s workforce to support higher skilled employment opportunities is key to the area’s ability to both expand current business opportunities as well as attract new employers.

**Income and Poverty**

As indicated in the Table 1 below, income levels in each of the two counties remain below the state average. While poverty rates in Juniata County are (and have historically been) below the state average, Mifflin County’s poverty rate remains above the state average. Data from the 2010 Census however indicates that when we consider children (0-17 yrs.) the relative percentages fluctuate somewhat: PA 18.9%; Juniata 18.09% and Mifflin 28.1%

Table 1: Income

<b>Indicator</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>Median household income (ACS 2007-11 average)</b>	\$45,496	\$38,892	\$51,651
<b>Percent of persons below poverty level (ACS 2007-11 average)</b>	10.6%	15.2%	12.6%
<b>Percent of children below poverty level</b>	18.0%	28.1%	18.9%
<b>Per capita income (2007-11 average in 2011 dollars)</b>	\$20,611	\$19,758	\$27,824
<b>Percent of receiving SNAP benefits (ACS 12 month average 2009-11)</b>	8.9%	16.4%	12.7%

Source: Center for Rural Pennsylvania

**Additional Factors That Shape Income And Poverty Outcomes**

In addition to the Education (see Education section) and the issues raised above, several other factors related to household economic well-being are also important to consider including: 1) percentage of income spent on housing costs; 2) income from transfer payments; 3) children living in poverty; 4) and wage levels.

**Percentage of Income Spent On Housing Costs**

The percentage of renters paying more than 30% of their income for housing, while lower than the state average, remains higher than what the average homeowner pays for housing costs. While rental rates are still below the state average, it is important to note that for both counties, numbers are trending upwards. However, in Juniata County, (which has no public housing authority), the rates are considerably higher than the state average.

Table 2: Income

<b>Indicator</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>Percent Renters</b>	22.9%	25.6%	<b>29.4%</b>
<b>Percent Homeowners</b>	77.1%	74.4%	70.6%
<b>Percent of renters paying in excess of 30% of income on rent</b>	<b>41.5%</b>	<b>45.7%</b>	49.3%

Source: US Census Bureau/American Community Survey

**Income from Transfer Payments**

Table 3 highlights income from selected transfer payments – an important indicator of household economic well-being. For both Mifflin and Juniata Counties, the percent of those receiving cash assistance is somewhat lower than the state average. For each of the other factors highlighted, Mifflin County is generally higher than the state while Juniata County’s percentages are lower. Each of these, in addition to the child poverty rates below (see Table 4), are also indicative of related challenges families and households in the two-county are facing. This does, and almost certainly will continue to place a strain on the local human services community to meet the needs of our most vulnerable residents – especially as budget resources continue to decline.

Table 3: Income

<b>Indicator</b>	<b>Juniata</b>	<b>Mifflin</b>	<b>PA</b>
<b>Percent receiving Social Security</b>	34.4%	39.9%	31.8%
<b>Percent receiving Supplemental Security Income</b>	4.2%	7.8%	4.8%
<b>Percent cash public assistance</b>	2.4%	4.3%	3.4%
<b>Percent receiving Food Stamps/SNAP benefits in last 12 months</b>	8.4%	15.1%	10.1%

Source: US Census Bureau/American Community Survey

**Children Living In Poverty**

The poverty rate for children in Mifflin and Juniata counties has been generally increasing as it has for the state and nation. Additionally, as indicated in Table 4, the numbers of students eligible for free and reduced lunches in the two-county area has increased. The number of uninsured children in our area is also above the state average. As noted earlier, each of these have been identified throughout our needs assessment efforts and influence a range of other outcomes and concerns including workforce development, economic development, education, health, and family well-being.

Table 4: Income

Indicator	Juniata	Mifflin	PA
<b>Poverty Rate (%) Children (&lt;18) - 2000</b>	12.3%	17.3%	13.1%
<b>Poverty Rate (%) Children (&lt;18) - 2010</b>	18.0%	28.1%	18.9%
<b>Percent children (&lt;18) uninsured - 2010</b>	8.0%	7.4%	5.1%
<b>Percent students eligible for free/reduced lunches - 2010</b>	<b>15.5%</b>	<b>8.6%</b>	7.1%

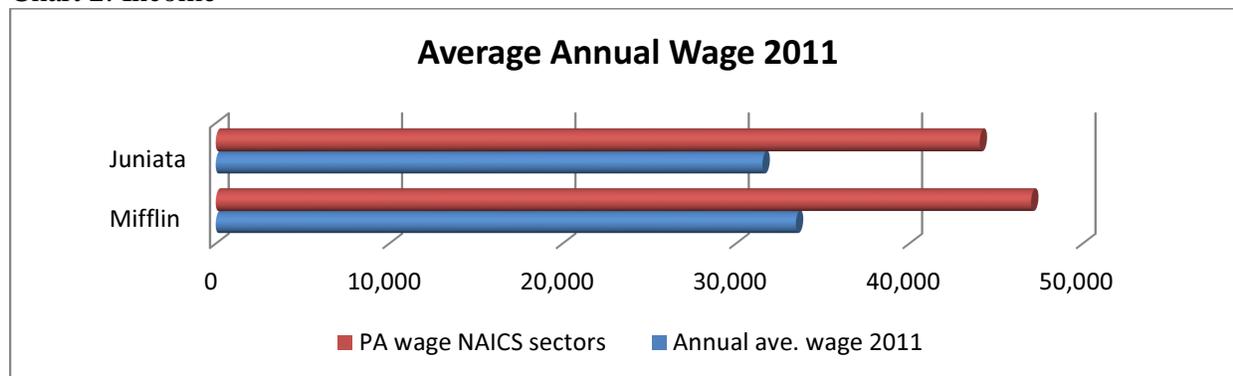
Source: US Census Bureau/American Community Survey

### Wage Levels and Self-Sufficiency Standards

According to the Department of Labor and Industry, with one exception (protective service in Juniata County) wage levels in both counties remain below the state average for all employment sectors. Chart 2 highlights the overall average annual wage for Mifflin and Juniata counties and the state for those sectors represented in each county.

Source: The state averages are different for each county reflecting the specific sector mix in each county.

Chart 2: Income



Source: Center for Workforce Information & Analysis, 2011 Annual Average

When we consider wage levels in relation to established self-sufficiency standards (reflecting the local cost of living with all factors and tax credits included), the average annual wage for each county is approximately on par with for a majority of household types. The wages received across employment/occupation types varies considerably and obscures the difficulty some employees have earning a living wage – a concern raised often is our needs assessment data. According to recent Massachusetts Institute of Technology (MIT) calculations, local hourly wages received in the following employment categories all fail to meet the living wage standards for one adult supporting one child: healthcare support, food preparation and related services, building grounds and maintenance, personal care and services, sales and related, office and administrative support, production, and transportation and materials moving. (MIT Living Wage Calculator)

Source: Pathways PA Self Sufficiency Standards

In order to effectively assess the current views, perceptions and priorities of a wide range of stakeholders in Mifflin and Juniata Counties, the needs assessment project team employed a multifaceted approach for data collection. The following are the highlights from:

- Human Service Providers Survey
- Random-Sample Citizen Survey
- Community Leaders' Forum
- Focus Groups

A summary of Emerging Priorities from all data sources is provided at the end of this section.

### **What Service Providers Told Us**

Among respondents to our *Human Service Providers Survey*, income considerations were seen as the foundation for addressing many of the other issues identified throughout our needs assessment process. High priorities included:

- Improving the ability of the area to attract new industries
- Expanding workforce training of all types
- Improving coordination among agencies, local governments, and organizations dealing with economic development
- Providing funds for improving existing buildings rather than building new one
- Increasing funding for both economic development and human support and training services
- Attracting new families to move to the area.
- Increasing educational levels of the workforce for new and emerging businesses
- Improving quality of life and recreational opportunities to enhance area attractiveness to businesses and industries
- Providing low cost alternatives to the un- and under-insured
- Increasing community support for affordable and mixed housing

### **What the Public Told Us**

Respondents to our *Random-Sample Citizens Survey* identified a number of important income and employment concerns. The most frequently cited priorities include:

- Increasing types and number of jobs available for all skill levels
- Improving job training opportunities
- Reducing prevalence and impacts of poverty
- Increasing affordable housing and day care for the elderly
- Ensuring adequate housing for all income levels
- Improving family financial skills
- Increasing utility assistance and weatherization assistance
- Increasing rent/mortgage assistance



### What We Learned from the Community Leaders' Forum

Consistent with the findings from other sources, income and employment were seen as key components and high strategic priority in our *Community Leaders' Forum* with community leaders. This group identified 'attracting new and young families to locate to the area' and 'increasing the area's standard of living' as the second and fourth most important priorities respectively. Additional income and economic development related priorities include:

- Addressing the need to attract new industries and businesses to the area
- Reinventing the workforce in preparation for emerging technologies and jobs
- Matching skills of graduating students to skills of area employers
- Work as a team to bring human service providers and the business community together
- Encouraging educationally supportive environments throughout the county
- Providing training for present and future leaders
- Reinventing the workforce to meet new technologies and jobs

### What the Focus Groups Told Us

Our *Focus Group* for income identified three critical priorities as well as a wide range of implementation considerations.

- Expanding job opportunities and economic diversity
- Increasing workforce development and training
- Providing adequate human services funding in order to provide services to all those that need it.

The most consistent aspect of this discussion was that all goals will most effectively be met if they are seen, and addressed inclusively and broadly, especially as they relate to education, training, services and enhancing quality of life. There is also strong need to identify future and current employment needs and how we can best position residents to meet the skill requirements of area employers.

## **Emerging Priorities for Income**

After careful analysis of all the primary and secondary data and subsequent discussions, several important income priorities emerged. Each has consistently been identified as critical areas to address as we move forward. It is our hope that these priorities will form the foundation of a wide range of initiatives to address human service needs, be incorporated in our partners planning and funding considerations, and become areas around which we can begin to assess measurable impact across in the two-county area.

- Expanding job opportunities and economic diversity
  - Increase opportunities for families to earn a living wage
  - Increase the diversity of the economic sector
- Increasing workforce development and training
  - Increase coordination of programs offering education and training
  - Improve incentives for moving into workforce
- Ensuring adequate human service resources to meet community needs
  - Increase collaborative opportunities for funding
  - Increase opportunities for family financial management education