

United Way of Indiana County

Needs Assessment

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September 2016

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Executive Summary

After reviewing all data sources (i.e., publicly available social indicator data, the United Way 211 helpline data, the community partner agency data and stakeholder survey responses) the needs and strengths of Indiana County were identified. No one source was used to determine needs and strengths, each need and strength reflects a trend found in multiple data sources. The needs represent gaps between the current conditions and a comparison group (e.g., the state of Pennsylvania or rural comparison counties). The needs also represent areas where community members have expressed a concern (stakeholder survey) or sought resources (United Way 211 hotline and partner agency service numbers). The strengths represent areas where Indiana County performed better than the comparison groups and the areas where stakeholders believed United Way could have the greatest impact.

Needs	Strengths
Children & Youth	
Support for Purchase Line SD	High Quality Preschool Settings K-12 State Exam Performance National Recognition for Play Friendly Borough High Percentage of High School Graduates Low Teen Pregnancy
Family	
Caregiver Support (Single Parents & Grandparents)	High Percentage of Married Households with Children Low Abuse Low Teen Pregnancy Low Foster Care
Self-Sufficiency	
Employment Assistance Greater Financial Resources	High Percentage of Home Ownership Short Work Commute Time Reduction in Cash Assistance

Health

Access to Care	Low rates of Low Birthweight
Reduction in Sexually Transmitted Infections	Low HIV Prevalence
Early Prenatal Care	Decline in Excessive Drinking
Reduction in Infant Mortality	Decline in Adult Smoking
Reduction in Violent Crime	
Health Insurance Enrollment for Children	
Access to Exercise Opportunities	
Reduction in Drug Overdoses	
Reduction in Obesity	

Vulnerable Areas: Burrell, Blairsville, East Wheatfield, Purchase Line School District neighborhoods

Vulnerable Groups: Young Children (Birth to 5 years), Youth (15-24), Low-Income Families, Grandparent caregivers

When conducting the needs assessment, a few neighborhoods appeared multiple times as high need areas. These neighborhoods were labeled as vulnerable areas. In addition to vulnerable areas, there were groups that seemed to need additional resources and care. These groups were identified through publicly available state and local data, the stakeholder survey, as well as existing research. Those in need of additional resources and care were labeled as vulnerable groups.

Introduction

The United Way of Indiana County (UWIC) in an effort to increase community impact proposed a three step action plan:

- 1) Identify and address critical community needs;
- 2) Identify where and how United Way can make an impact;
- 3) Align funding allocation to effectively meet community needs.

For the first and second action steps, the UWIC contracted the Program Evaluation and Applied Research (PEAR) Lab of the Indiana University of Pennsylvania (IUP), led by Dr. Kalani Palmer, to conduct a Community Needs Assessment. The needs assessment is intended to provide UWIC with the data needed to inform its decisions concerning priority needs. The aims of the needs assessment were as follows: (1) identify the critical needs of the community, and (2) assess where and how United Way can make an impact. This report summarizes the data collected for the UWIC Needs Assessment.

Methodology

This report includes state and local publicly available social indicator data. The data examined provided information on the health and well-being of those living in Indiana County with a focus on the UWIC priority areas.



The United Way of Indiana County 211 Helpline data was also used to assess expressed community needs. Both the publicly available data and the helpline data were examined for trends over time. For some of the publicly available data, trends across decades were examined as well.

Additionally, community stakeholders (UWIC board members, UWIC community partners, Indiana County human service agencies, and community members) were asked to complete a web based survey.



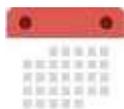
All board members received an email from the United Way director.



Two hundred randomly selected donors received a paper mailing from the United Way inviting them to complete the survey.



The IUP PEAR Lab reached out to 15 community partners as well as 23 human service agencies in Indiana County via email and phone to invite them to complete the stakeholder survey. The partner and community agencies then distributed the survey to their staff and consumers.



The data collection and analyses occurred over a 6 month period, from March 2016 to August 2016. The stakeholder survey was available only for the month of July.

Measures

Social Indicator Data

A list of all publicly available data sources used for this needs assessment are provided at the end of this report. The sources included data collected by private foundations, industry professionals, as well as federal and state governments. Throughout the report, when appropriate, the sources of data are cited.

Helpline & Partner Data

The UWIC 211 Helpline Data was provided by the United Way of Southwestern PA located in Allegheny County. When individuals call the helpline, they are often provided with referral information based on their expressed needs. The Helpline data was used to assess trends or patterns in the needs of those that have utilized the helpline. In addition to the helpline data, six UWIC partners provided demographics and service data. The partner data complemented the social indicator and helpline data by highlighting the populations served, the number of people served, and the types of services provided.

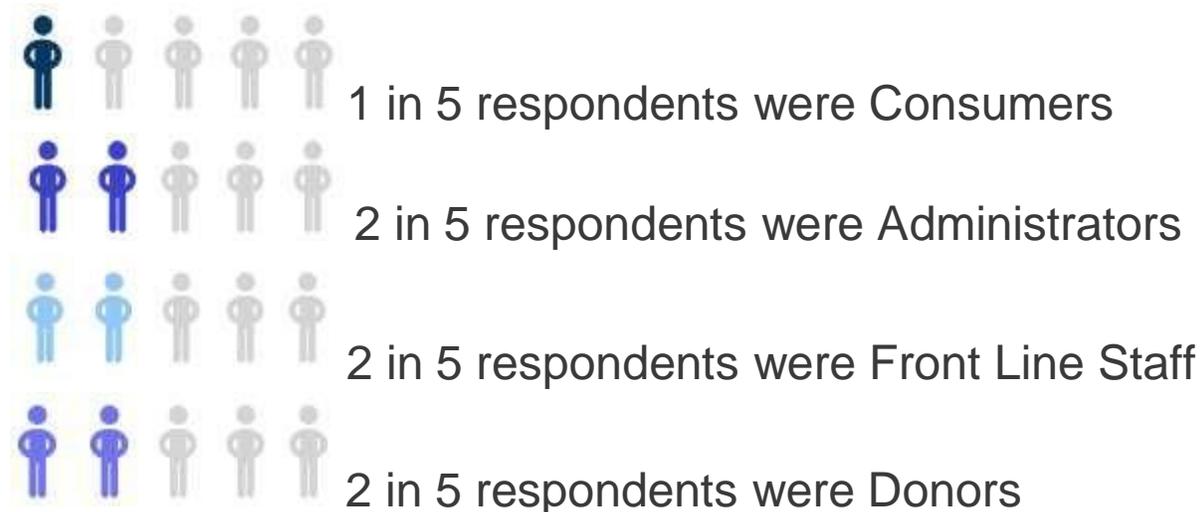
Stakeholder Survey

The stakeholder survey designed by the PEAR Lab addressed the five UWIC priority areas: Developing Self-Sufficiency, Helping Children and Youth Grow & Succeed, Supporting Vulnerable Populations, Encouraging Healthy Life Choices, and Building Family Success. Within each of those priority areas participants were asked to identify perceived gaps in service, community strengths, vulnerable subgroups, and UWIC's potential for impact. The survey also

asked participants to identify their role(s) in the community which included current and former UWIC board members, current and former UWIC donors, current and former human service program participants, current and former front line staff, as well as current and former human service administrators.

Stakeholder Survey Sample

One hundred and thirty six stakeholder surveys were started and 68 were fully completed. Surveys with at least 40% completion were included in this report. Online survey response rates vary but the average survey completion rate is 24% (Sheehan, 2001). The response rate is the total number of surveys sent divided by the total number completed. Because the total number of surveys sent out via community partners and human service agencies is unknown, it is not possible to calculate a response rate. However we estimate that at least 300 stakeholders received an invitation to participate through a paper mailed invite, email from a community partner, or an email from a human service organization. Based on this estimate the response rate would be consistent with other online surveys. While our preference was to have at least 100 surveys, it is important to note that the survey sample was sufficient to perform the planned analyses. The analysis sample consisted of 73 respondents. The analysis sample included a diverse group of community representatives: 26 human service administrators, 30 front line staff, 17 consumers, 6 UWIC board members and 30 UWIC donors.



These participants have diverse insight because they have provided community services, financial donations, and volunteered time to UWIC while also having been on the receiving end of services. It is important to note that the respondents were asked to identify all of their current roles in the Indiana community. Most respondents (63%) reported a dual role.

Analysis Plan

For the social indicator data, a graphic analysis was performed to identify trends over time and to examine differences between Indiana County, the state of Pennsylvania and/or other rural

counties when appropriate. Descriptive statistics (e.g., frequencies) were calculated for the intake data from the 211 Helpline. Descriptive statistics (e.g., means, frequencies) were also calculated for the closed ended stakeholder survey items. A statistical significance test was then performed when appropriate to investigate differences among the five UWIC priority areas on the survey items. The results from each of these analyses were then triangulated and assessed for common themes.

Findings

Indiana County has a population of 86,966 (Census, 2015). Approximately 4.9 percent of the population is under the age of 5 and 18.3 percent is under the age of 18. Eighteen percent of the county includes residents 65 years of age and older. Between 2000 and 2010 Indiana saw a 1.8 percent decline in population. This decline occurred in the child and youth population. The child and youth population declined by 10.7% while the adult population increased by 1.8 percent. The large majority (94%) of Indiana County residents identify as White (non-Hispanic). However, the minority population in Indiana also increased between 2000 and 2010 by 61 percent. The state of Pennsylvania (PA) only saw a 33% increase in the minority population during this time. The minority population is growing in Indiana.

For comparative analysis, three rural counties (i.e., Crawford, Somerset, and Armstrong) within Pennsylvania with a population similar to Indiana have been identified. It is important to note that Indiana differs from the comparison counties with respect to the young adult population (18-24). This is likely due to the student population at Indiana University of Pennsylvania (IUP). In 2015, IUP had 13,775 students enrolled. Another PA rural county similar in population to Indiana in terms of size and college population was not found. As a result when examining PA rural counties for potential comparison groups the following criteria were used: (1) total population between 66,966 and 89966, (2) percentage under 5, percentage under 18, and percentage 65 and older within 5 percent of Indiana. After meeting the first two criteria, the remaining counties were assessed for population density. Because IUP may inflate the Indiana demographic numbers, any county with a population per square mile greater than 107.5 was excluded. In this report, when appropriate the unique and complex contributions of the IUP community in Indiana are noted.

Comparison Counties Population Data

County	Total Pop	% Under 5	% Under 18	%18-24*	% 65 and older	Pop. Per Square Mile
Indiana	86966	4.9	18.2	17.6	17.6	107.5
Armstrong	67052	4.9	19.4	7.2	20.7	105.5
Crawford	86484	5.4	21.2	9.7	18.8	87.7
Somerset	75522	4.4	18.2	7.5	21	72.4

US Census Bureau, Population Estimates Program (PEP), 2015; *US Census Bureau, 2010-2014

Helping our Children & Youth Grow and Succeed

Supporting growth and success for children and youth could potentially cut across all of the United Way priority areas. Physical, cognitive, and social development are influenced by a variety of factors, including but not limited to lifestyle choices, economic resources, parenting, and impairments. This section of the needs assessment specifically examines educational settings and statistics.

Early Education and Development

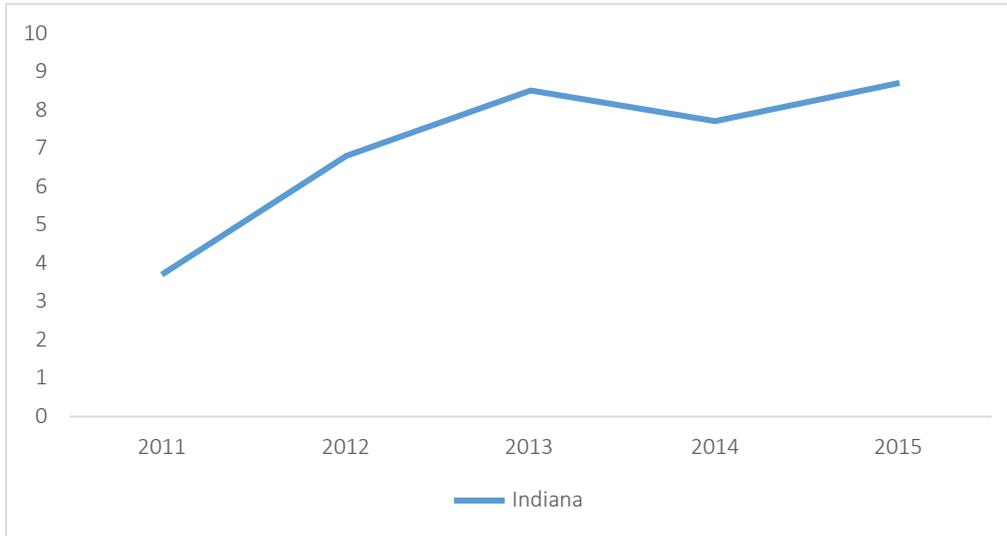
For early childhood education, the number of licensed child care providers varies from month to month. New providers are added, providers close, and some are temporarily removed as a result of delayed licensure renewal. As of August 2016, there were 37 registered early education settings in Indiana County. Of those 37, 12 were enrolled in Keystone Stars, a state quality initiative (Pennsylvania Department of Human Services COMPASS Provider Search, 2016). The programs enrolled in Keystone Stars were located in five municipalities: Indiana, Homer City, Blairsville, Penn Run, and Home. Only four out of the 12 were considered “top rated” or the highest quality with a Star 4 designation (a state quality initiative) or NAEYC accreditation (a national professional organization that sets standards for early education). The highest quality programs were located in three municipalities: Indiana, Homer City, and Blairsville.

Provider Participation in Quality Initiatives 2016

County	# of Providers	# Enrolled in Stars	#Star 4	NAEYC
Indiana	37	12	4	1
Armstrong	34	14	4	0
Crawford	44	13	4	1
Somerset	27	8	0	0

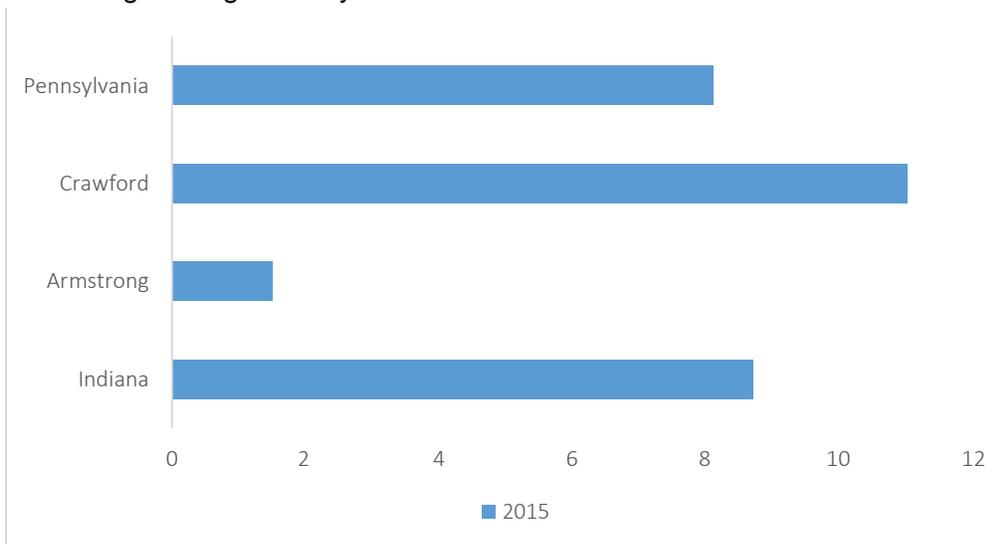
Pennsylvania Partnerships for Children (2016) calculated the number of spaces available for children ages birth to 4 years in high quality settings. High quality determined by NAEYC accreditation, National Association for Family Child Care (NAFCC) accreditation, Council on Accreditation (COA), National Early Childhood Program Accreditation (NECPA), or a Star 3-4 rating through Keystone Stars. The quality of care in the aforementioned initiatives is determined by a variety of factors, some of which include staff education and training, teacher-child interactions, safe physical space, as well as collaborative relationships with families and the community. The Pennsylvania Partnership for Children also examined the number of children living with working parents. It was assumed that children living with working parents would be in need of care. The percentage of high quality child care available was then calculated by dividing the number of available spaces by the estimated number of children in need of care. Indiana has seen an increase in the percentage of high quality care for children birth to 4 years of age.

Percentage of High Quality Care Available in Indiana



When compared to the state, Indiana had a slightly higher percentage of high quality care available for young children. In comparison to Armstrong, Indiana had a much higher percentage of quality care. Crawford County however had a greater percentage of care than Indiana. Overall the percentage of available quality care is low (>10%); there is room for improvement in this area for Indiana.

Percentage of High Quality Care Available for Birth to 4



Source: Pennsylvania Partnerships for Children. Data for Somerset not available.

Considering the number of providers (37) and the number children under 5 (approximately 4,327), United Way Partner agencies serve a substantial percentage of the children under 5 in Indiana County. Early Head Start and Head Start consistently serve approximately 400 children (Birth to 5) each year and the Indiana County Child Day Care Program serves approximately

100 children (Birth to 5) each year. The Indiana County Child Day Care program is also considered high quality because it is NAEYC accredited and a Star 4 center.



Commitment to Play play matters for all kids

Indiana Bureau was one of only 8 cities/towns in Pennsylvania recognized by Kaboom, in 2016 as a playful city. Kaboom is a nonprofit organization that works to provide safe and appropriate play spaces for children, with an emphasis on areas with high rates of poverty. Indiana has received this recognition of a "Playful City" three times before. Kaboom has been recognizing playful cities for 10 years. The playful city designation honors the collaborative efforts between local government and community organizations as their commitment to incorporate play into the lives of children. This honor also strengthens the townships' applications for grant funds with Kaboom (Kaboom, 2016).

Primary and Secondary Education

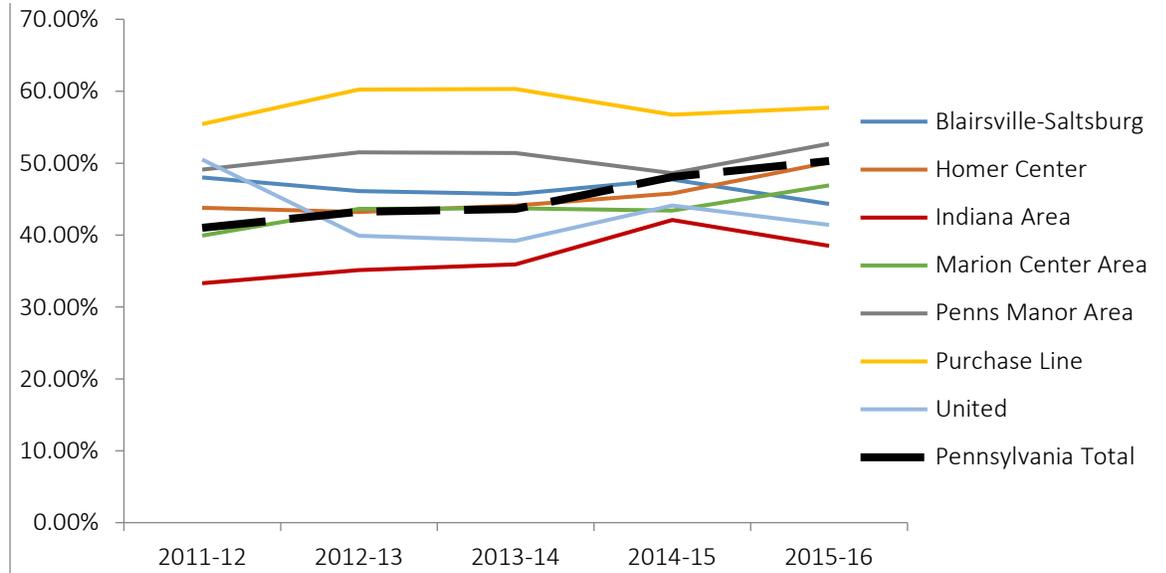
Despite the small number of early education programs enrolled in the state quality initiative Keystone STARS or programs identified as high quality with NAEYC accreditation or a Star 4 rating, children enrolled in elementary schools in Indiana County for the past several years have typically performed well on state assessments of reading and math (PA Department of Education (2010-2015)). There are 7 school districts within Indiana County. Six out of the seven school districts have dropouts rates lower than the state average (PA Department of Education, 2015). For most districts the percentage of students that drop out was about 1% or less.

Although Indiana County as a whole demonstrates positive outcomes in educational attainment and state assessments of achievement, one district seemed to stand out from the others. Purchase Line consistently had a high percentage of students performing at the basic or below level in reading and math for the last 5 years (PA Department of Education, 2010-2015). Moreover, Purchase Line was the only district in Indiana County on the PA list of low performing schools (PA Department of Education, 2016). There are two schools in Purchase Line, an elementary school and junior/senior high, the elementary school is on the state low performing list. *In 2015 the Pennsylvania state assessment changed and all districts across the state had an increase in below basic and basic performance. The 2015 results are an outlier and were not used to assess overall district performance.

Socioeconomic status is often correlated with academic performance for students. When examining the socioeconomic status for Indiana County school districts, using free or reduced lunch status as an indicator of income, there were some notable trends. In 2011, all but two districts had a higher percentage of eligible students than the state. However, in 2015 all but two districts had a lower percentage of eligible students than the state. This trend seems mostly due to rising numbers for the state. The other notable trend is with Purchase Line School District (SD). They consistently had the highest percentage of students eligible for free or reduced lunch. Purchase Line was also the only district in the county on the states' low

performing list. The limited financial resources of the families in the Purchase Line SD may partially contribute to the student performance results.

Percentage of District Students Receiving Free or Reduced Lunch

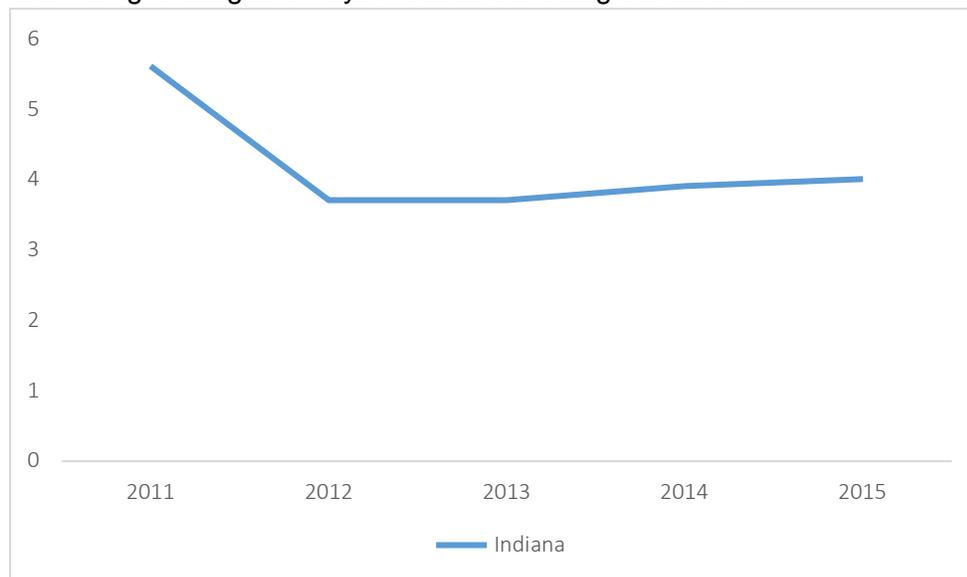


Source: PA Department of Education – National School Lunch Reports

Out of School Time

Pennsylvania Partnership for Children, mentioned previously in the discussion of high quality care for young children, also reported the percentage of high quality care for children ages 5-12 years. These care settings would serve children primarily after school. Indiana saw a decline in high quality after school care settings in 2012 but has steadily increased each year since.

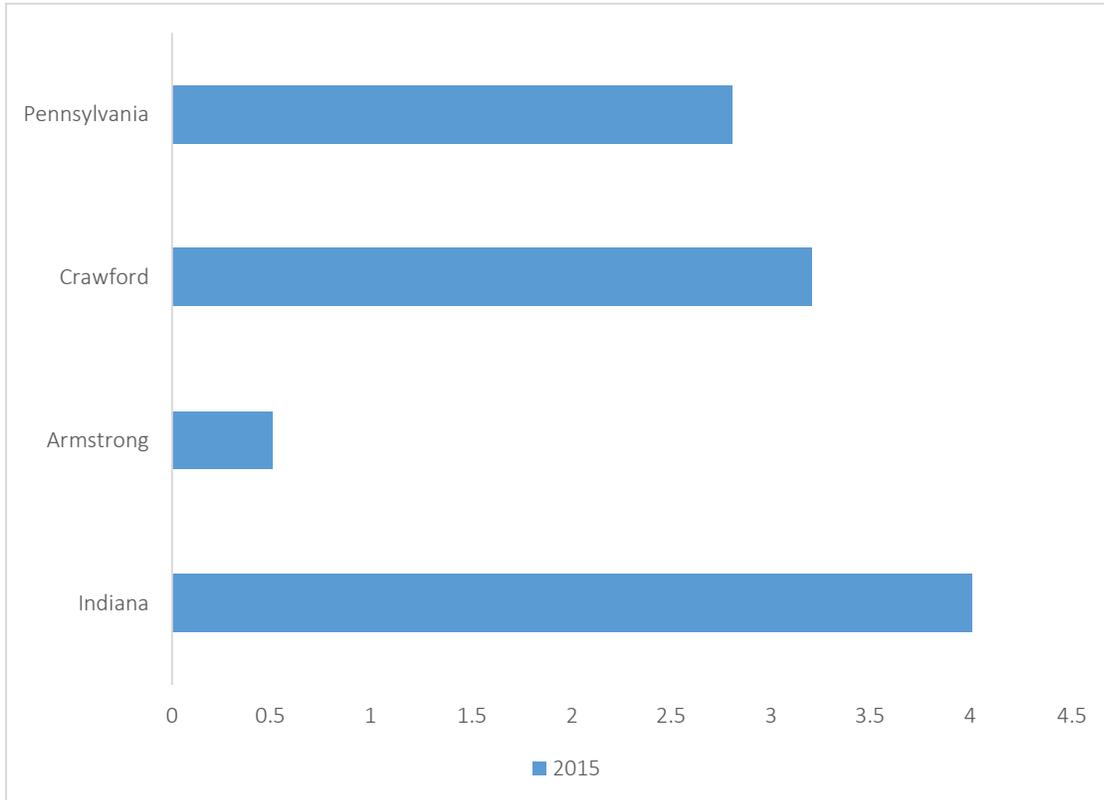
Percentage of High Quality Care for School Aged Children



Source: Pennsylvania Partnerships for Children

Indiana has a higher percentage of high quality afterschool care than the state and comparison counties. Afterschool care providers are often providers of early care as well.

Percentage of High Quality School Aged Care Comparison



Source: Pennsylvania Partnerships for Children

The YMCA and Indiana County Child Day Care Program serve large groups of school aged children with summer and afterschool programming. The YMCA serves 400-500 school aged children each year. The number of children served over the last 5 years appears to be trending up. The Indiana County Child Day Care Program has experienced a decline in school age enrollment but after a discussion with the director it seems that demand for this age group remains high. Moreover, the Indiana County Child Day Care Program has the designation of high quality school aged care. Additionally in 2015, about 4,400 children in Indiana County were served by another UWIC partner, Laurel Highlands Boy Scouts of America, through participation in the cub/boy scouts.

Adult Educational Attainment

Indiana has seen positive outcomes in secondary and postsecondary education for at least two decades (American Community Survey, 2013; Census, 1990; Census, 2000). The percentage of residents 25 years of age or older with at least a high school diploma has increased by 6-7% every 10 years since 1990. Similar increases have occurred for the comparison counties and Southwestern Pennsylvania in general.

Southwestern PA 1990 Percentage of Adults with at Least a High School Diploma



Southwestern PA 2000 Percentage of Adults with at Least a High School Diploma



Southwestern PA 2013 Percentage of Adults with at Least a High School Diploma



In addition to increases in high school completion more people are going to college. The percentage of individuals over 25 years of age with at least a Bachelor's degree has increased by 3-5% every 10 years since 1990 (American Community Survey, 2013; US Census Bureau, 1990; US Census Bureau, 2000).

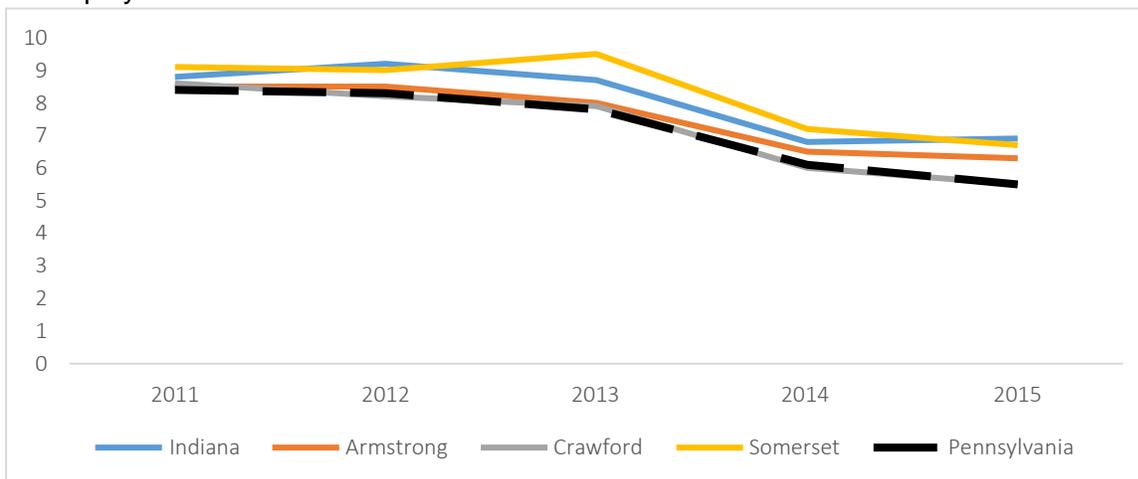
Developing Self-Sufficiency

For individuals or families to become self-sufficient, they need a living wage and sufficient resources (e.g., skills) to care for themselves.

Employment

The unemployment rate for Indiana County and the state of Pennsylvania has been declining over the last several years but the unemployment rate in Indiana remains higher than the state. Indiana in comparison to other rural PA counties with similar population demographics, has a higher unemployment rate but is declining at a comparable rate (US Bureau of Labor Statistics, 2011-2015).

Unemployment rate



*US Bureau of Labor Statistics - rates for June of each year reported

Frequently high school completion and postsecondary education attainment is associated with higher earnings. Unfortunately, while there have been increases in education for Indiana County as a whole, there have not been comparable increases in income. Across the country, state, and Indiana County household incomes have remained stagnant (American Community Survey, 2013; Census 2000).

The median household income for Indiana, PA in 2000 was \$42,267.00 which for a family of four would have been considered middle income (family of four with \$42,267 annually, \$247% above the poverty guideline). In 2013, the median income in Indiana was \$43,997.00. In 2013, a family

\$42,267 in 2000
Middle Income



\$43,997 in 2013
Low Income



of four with an annual income of \$43,997 would be considered low income (family of four with \$43,997 annually, 187% above the poverty guideline).

Individuals or families with incomes that range between 101% and 200% of the poverty guideline are considered low-income (Boushey et al, 2001). Families at 185% percent of the poverty guideline are eligible for two federal food programs: (1) free or reduced lunch and (2) Woman, Infants, and Children (WIC). While on the surface it appears that incomes increased slightly, when put into context the financial resources for individuals and families in Indiana have declined. A significant number of community members identified job training and volunteer opportunities as potential need areas (UWIC Stakeholder Survey, 2016). While stagnant wages seem to be a regional and national concern, job training and volunteer opportunities may support advancement into higher paying positions.

Supplemental Income

Cash Assistance or Temporary Assistance for Needy Families (TANF)

The number of individuals that applied and were eligible for cash assistance is an indicator of those living close to or below the federal poverty guideline (FPG), and as a result struggling with self-sufficiency. The state does not publicly publish the income guidelines for cash assistance but these income guidelines are lower than the guidelines set for food stamps, which requires an income at or less than 133% of the FPG. Recipients of cash assistance may include adults in the community that are enrolled in a training program/school, caring for a young child (newborn to 5 years of age), underemployed, or employed but not earning a living wage. For Indiana, the number of individuals receiving cash assistance has steadily declined. This pattern occurred for all comparison counties as well.

County	TANF15	TANF14	TANF13	TANF12	TANF11
Indiana	362	387	414	577	722
Crawford	616	831	992	1180	1256
Somerset	482	554	479	508	537
Armstrong	447	455	519	643	644

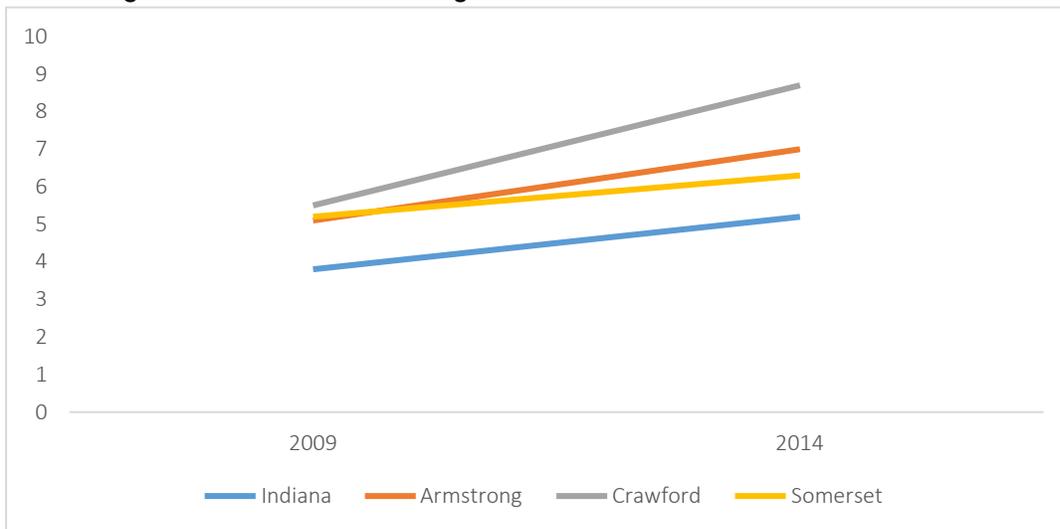
Source: PA Department of Human Services

*Cash assistance unlike other types of government aid (e.g., Medicaid) has a lifetime limit of 60 months.

Supplemental Security Income (SSI) Households

While the number of people receiving cash assistance has declined, the percentage of households receiving supplemental security income (SSI) has risen. SSI is a benefit for individuals that are “disabled, blind, or at least 65 years of age” with limited assets and financial resources (Social Security Administration, 2016).

Percentage of Individuals Receiving SSI



Source: US Census Bureau, American Community Survey 2005-2009 5 Year Estimates; US Census Bureau, 2010-2014 5 Year Estimates

Food Programs

Food Stamps or the Supplemental Nutrition Assistance Program (SNAP)

Similar to cash assistance and SSI, the number of individuals that applied and were eligible for food stamps provides some indication of the number of people struggling with self-sufficiency. In 2015, about 15% of the adult population in Indiana applied for and was eligible for food stamps. For the last two years, this number has been trending up. Although the number of cash assistance recipients is declining, the number of those receiving food stamps has increased. Somerset County had a similar trend, while Crawford and Armstrong appear to be trending down.

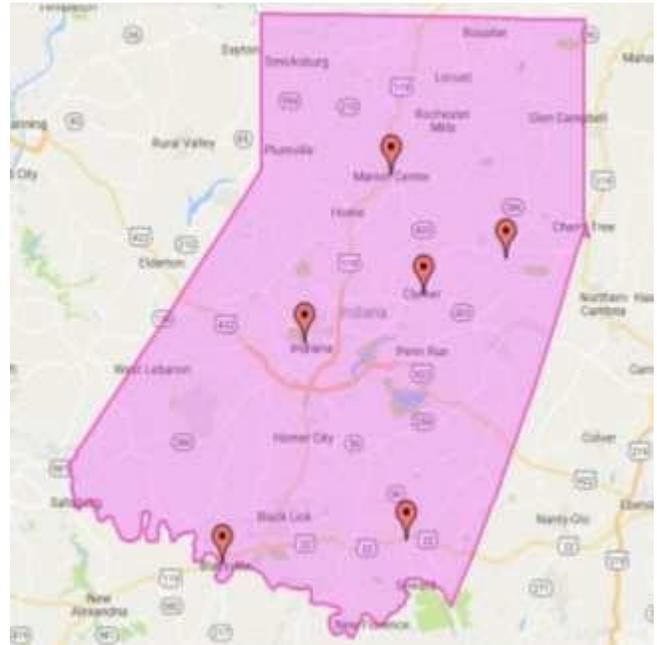
Eligible for Food Stamps

County	SNAP15	SNAP14	SNAP13	SNAP12	SNAP11
Indiana	10565	9958	9924	10082	10248
Crawford	13063	13424	13958	14561	14840
Somerset	10072	9832	9872	9829	9664
Armstrong	10773	10766	10725	10817	10881

Source: PA Department of Human Services

Woman, Infants, and Children (WIC)

The income guideline for WIC includes more low-income families than the food stamp program. Families with incomes up to 185% of the poverty guideline are eligible for WIC (Pennsylvania WIC, 2016). There are 6 WIC offices located in Indiana County (Pennsylvania WIC, 2016). The number of WIC offices is comparable to Armstrong (7) and Somerset (6), whereas Crawford has a limited number of offices, only two in the county. The location of the offices in Indiana County are spread out but there are areas (e.g., Homer City) that would need to travel 6-10 miles to reach a WIC office. WIC requires recertification and multiple follow up appointments. Travel to appointments may be difficult for parents without reliable access to a vehicle.



Housing

For the past 3 decades the percentage of owner occupied homes in Indiana County has remained slightly below 70% (US Census Bureau, 1990; US Census Bureau, 2000; US Census Bureau, 2010). Those that own a home and have mortgage payments generally spent less than 30% of their household income on their mortgage (American Community Survey, 2014). The US Department of Housing and Urban Development (2016) considers housing costs that exceed 30% of the household income to be a burden. Only 11% of Indiana residents spent more than 30% of their household income on mortgage payments. Whereas 46% of Indiana renters paid 30% or more on rental costs. Indiana's rental cost in relation to income seemed much higher than the comparison counties.

Home Owners with Mortgage



1 in 10

Burdensome Housing Cost

Renters



5 in 10

Burdensome Housing Cost

When examining the 15-24 year old population in Indiana, they make up 21%, of the renters paying 30% or more of their household income in rental costs. The percentage of young people paying more than they can afford is 4-5x times higher in Indiana than in the comparison counties (American Community Survey, 2014). This unique issue for Indiana is likely because of the presence a large public university. The demand for rental property is high as a result of the student population, which potentially inflates rental costs close to the IUP campus.

The UWIC 211 data supports these findings that basic needs are a concern for some Indiana residents. Consistently since 2012, the majority (50% or more) of United Way 211 contacts were for assistance with basic needs. Typically the requests were for utility bill or mortgage/rent payment assistance. A smaller but substantial portion, ranging from 10 to 25%, of the basic needs requests also included clothing and food assistance. The stagnant wages reported early in the employment section are possibly the most concerning for Indiana residents not enrolled at IUP full time and renting.

Transportation

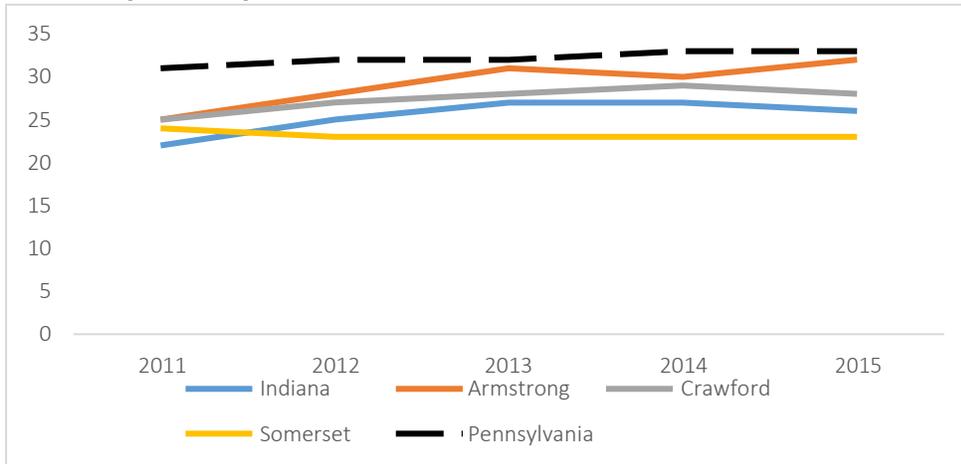
The majority of Indiana residents (66%) have a commute time of 24 minutes or less which is lower than the state and national average, 26 and 25 minutes respectively (American Community Survey, 2014). Moreover the insurance company Obrella (2016) recently released a report noting the 40 best and 40 worst commuter cities/towns in Pennsylvania. Indiana County had two communities in the top 40 best list (i.e., Indiana Bureau #5 and White Township #18) and no municipalities on the 40 worst list. This data suggests that most Indiana residents work close to home. Eighty percent of workers in Indiana drive to work alone, nine percent car pool, and less than one percent use public transportation (American Community Survey, 2010-2014). When the demand for public transportation is low, access to public transportation, especially in small townships, may be limited. Limited public transportation is a potential barrier to employment and resources for individuals without reliable access to a vehicle.

Building Family Success

Household Characteristics

In 2010 80% of children in Indiana lived in a married household. A smaller percentage of children lived in a single female household (13%) and an even smaller percentage (6%) in a single male household (US Census Bureau, 2010). The percentage of single parents since then has increased. However, Indiana remains lower than the state and lower than all but one of the comparison counties.

Percentage of Single Parents



Source: County Health Ranking - American Community Survey

A closer examination of single parent households in Indiana was performed for 2014. The townships or boroughs with the highest concentrations (i.e., percentage higher than the county average and the number is estimated to be >100) of single parent families are noted below. Single parents are more likely to struggle with financial resources. In these areas with large percentages of single parents, supplemental education opportunities at a low or reduced cost are potentially beneficial in the following priority areas: (1) Building Family Success, and (2) Helping Children & Youth Grow and Succeed.

Conemaugh 50%; 217

Burrell 45%; 352

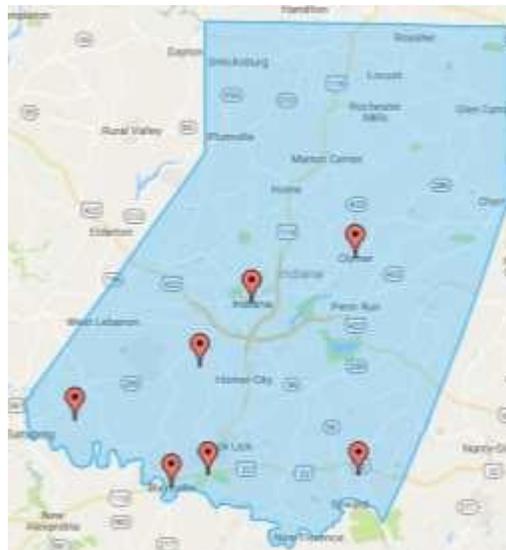
Clymer 39%; 114

Center 39%; 363

East Wheatfield 35%; 168

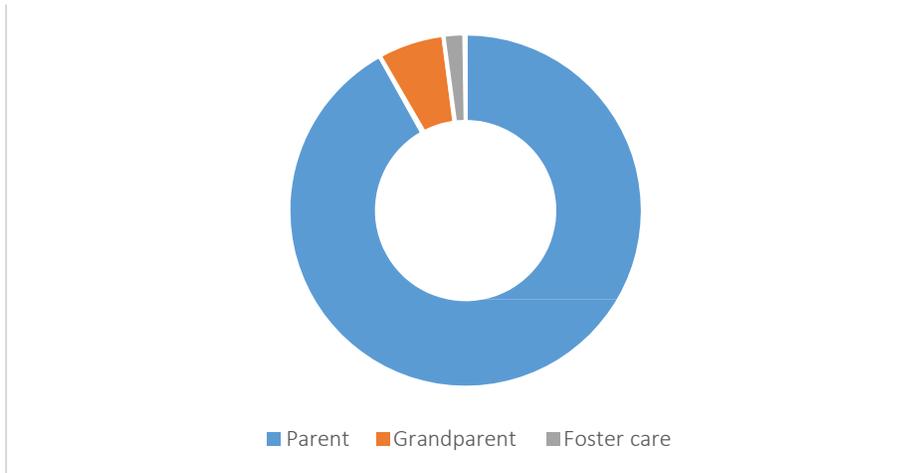
Indiana 33%; 413

Blairsville 31%; 238



Family Structure

Ninety-one percent of children in Indiana live with a biological, step, or adopted parent (US Census Bureau, 2010-2014). Six percent of children were being raised by a grandparent and another one percent were being cared for by some other relative. The remaining two percent of children were living with a non-relative, some of these children may be in a foster care placement.

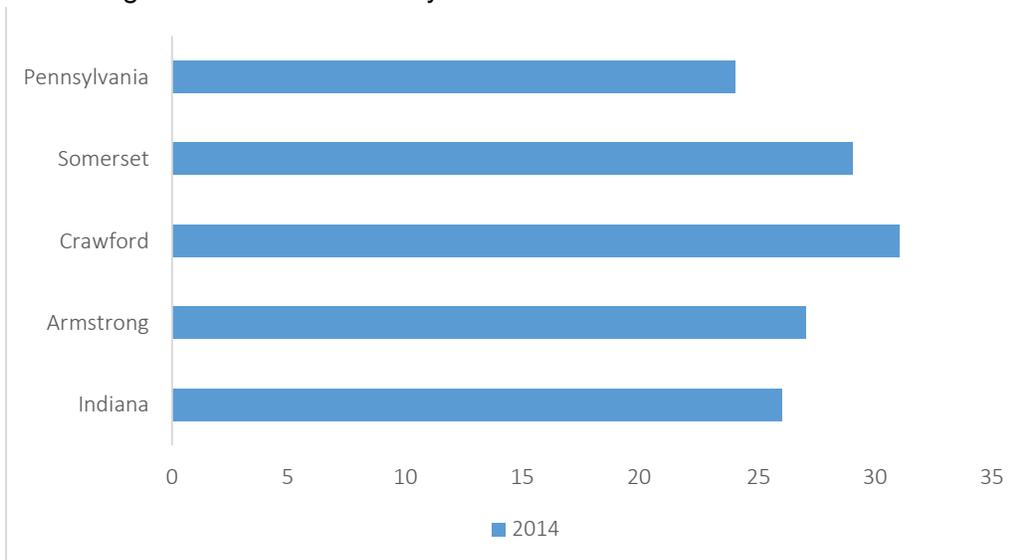


Source: US Census Bureau, 2014

Family Financial Resources

According to the US Census (2010-2014), the percentage of families living in poverty or with limited financial resources (low-income) in Indiana has remained the same 9 and 19 percent respectively. The same trend was found for the comparison counties. In the state, there was a 1% increase in low-income families but poverty remained the same.

Percentage of Families in Poverty or Low-Income



Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

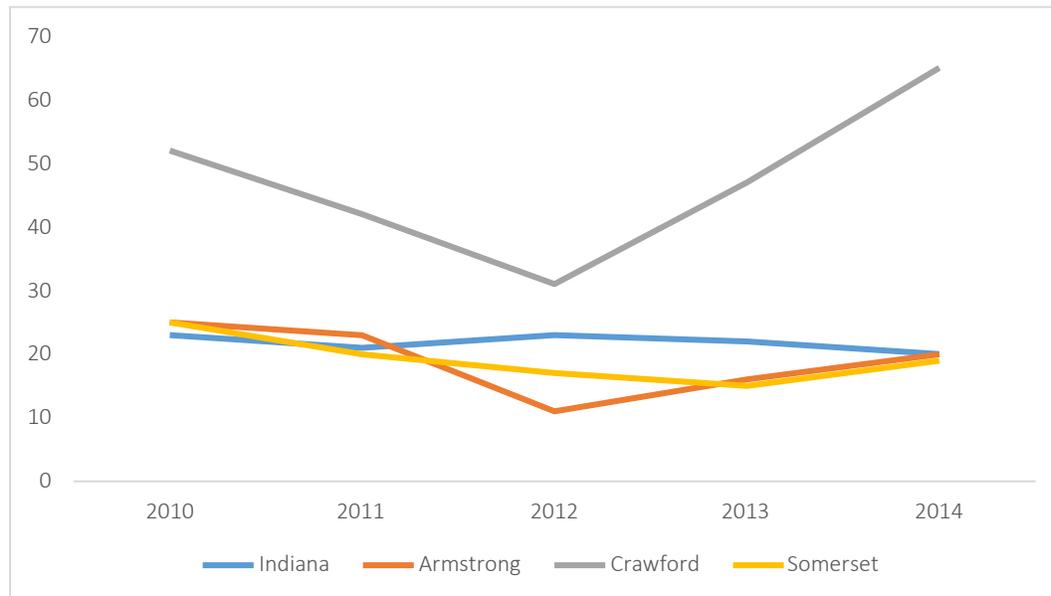
In the UWIC Stakeholder Survey (2016), low-income individuals and families were identified as a group in need of greater support. The percentage of low-income families in Indiana County was more than double the percentage of families living in poverty (US Census, 2010-2014). Moreover low-income families have limited financial resources and may not qualify for supportive government programs such as WIC. The size of this group, the potential for limited government support, and the community concerns demonstrated in the stakeholder survey suggests that low-income families are a vulnerable subgroup.

Abuse and Neglect

In 2012, similar to the trends found across the state of Pennsylvania, Indiana County reported an increase in child abuse claims. The number of claims has continued to increase each year since 2012 (PA Department of Human Services, 2010-2014). Although there seems to be a heightened awareness of child abuse, as demonstrated by the increase in claims, the percentage of substantiated claims has declined. The actual number of children abused each year for Indiana County has remained relatively unchanged. Some have argued that this is due to inadequate abuse laws in the state. In 2015, the laws regarding child abuse were adjusted in attempt to address some of the criticisms. It is not yet known if these changes led to a change in the number of substantiated claims. This information will be released later in the year by the PA Department of Human Services.

The number of substantiated child abuse claims in Indiana was similar to the number of cases found in comparable rural counties. *Note: Crawford County has had an unusually high number of substantiated child abuse cases every year for the last 5 years.*

Child Abuse Substantiated Claims



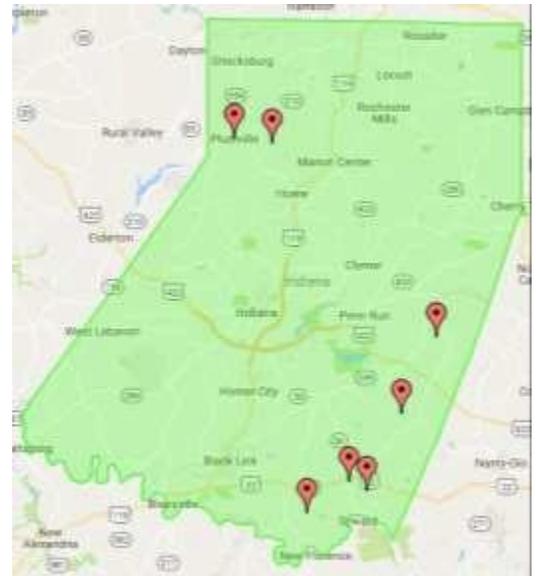
Source: PA Department of Human Services, 2010-2014

Encouraging Healthy Life Choices

The University of Wisconsin Populations Health Institute, with support from the Robert Wood Johnson Foundation, ranks each county in the country for health outcomes. Indiana County has a rank of 40 out of 67 counties in Pennsylvania. Indiana performed better than Somerset ranked 46th and Crawford ranked 44th but trailed behind Armstrong ranked 36th (County Health Rankings, 2016). This was a large drop in rank for Indiana. In 2011, Indiana was ranked 17th out of 67 counties

Access to Care

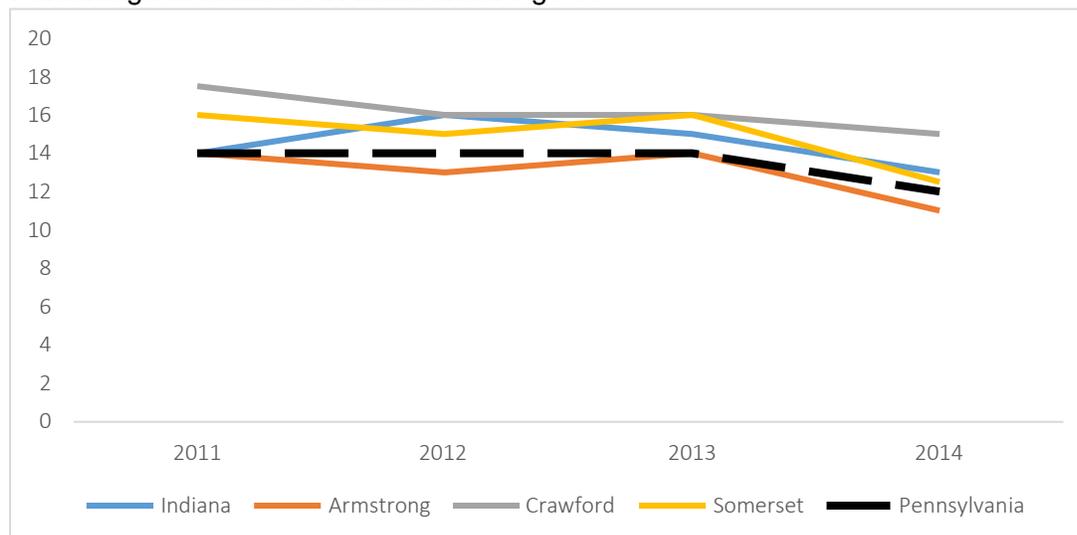
Indiana County has been designated as a health professional shortage area for mental health and dental health. Within the county, the following areas are designated as shortage areas for primary care: Armagh, Buffington, East Wheatfield, Pine, West Wheatfield, Plumville, and South Mahoning (US Department of Health and Human Services, 2016). These primary care shortage areas are clustered in the southeastern and northwestern part of the county. Armstrong, Crawford, and Somerset Counties were also designated as health professional shortage areas for mental and dental health with specified primary care shortage areas within the county.



Health Insurance

The percentage of uninsured adults in Indiana has declined over the last couple years but remained higher than the state. Each of the comparison counties, with one exception, has also had a higher percentage of uninsured adults than the state average.

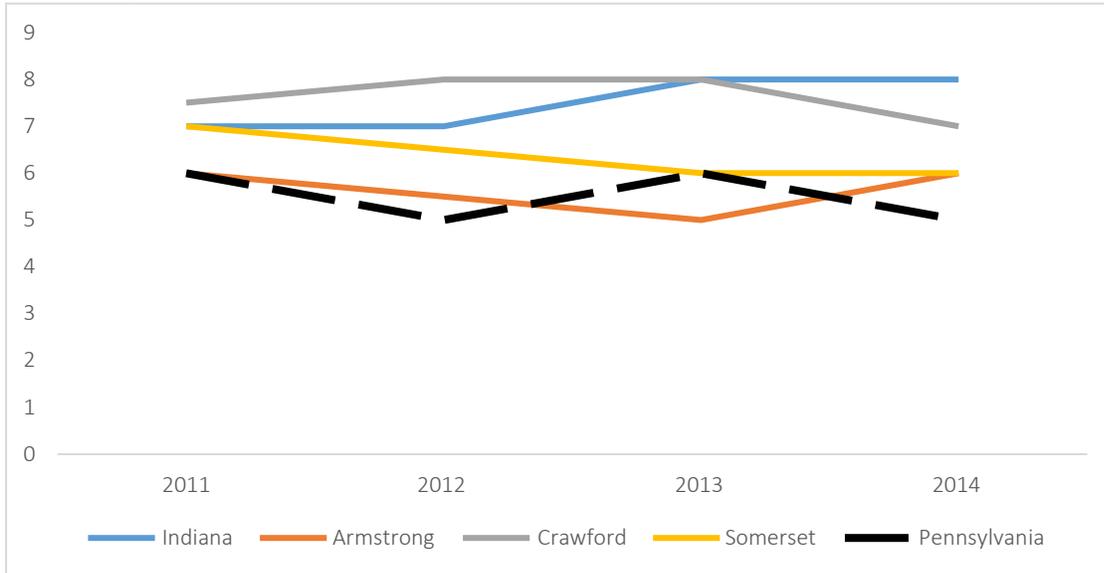
Percentage of Uninsured Adults under Age 65



Source: US Census Bureau, Small Area Health Insurance Estimates 2011-2014

In comparison to adults, a much smaller percentage of children were uninsured. However similar to the trend for adults, Indiana was higher than the state. Also, for children the percentage of uninsured is trending up, leaving Indiana higher than all comparison counties.

Percentage of Uninsured Children



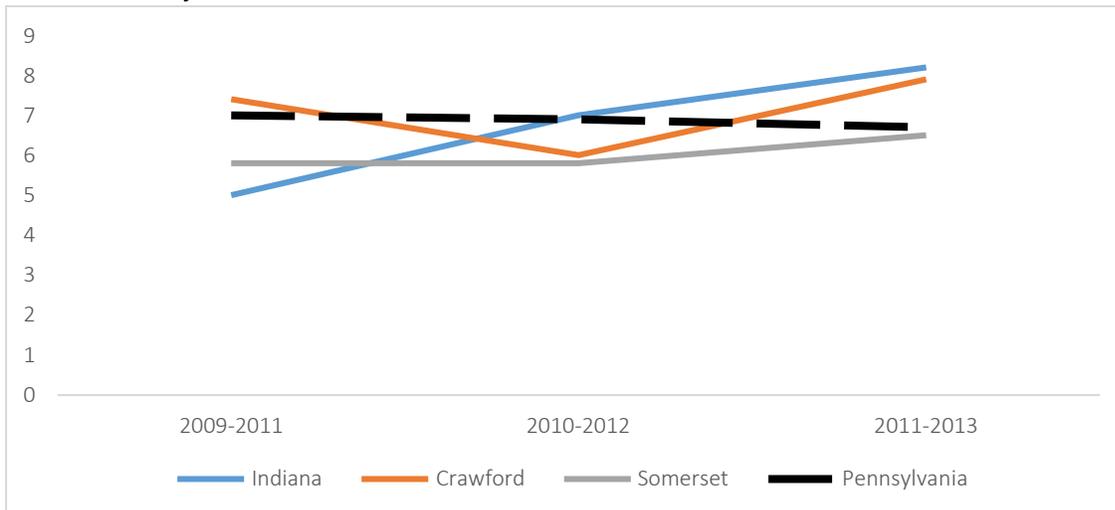
Source: US Census Bureau, Small Area Health Insurance Estimates 2011-2014

Physical Health

Maternal and Neonatal

For the last several years, the percentage of low birthweight and very low birth weight infants in Indiana County has consistently remained lower than the state (PA Health Statistics, 2009-2013). However the infant mortality rate rose above the state between 2009 and 2013 (PA Health Statistics, 2009-2013).

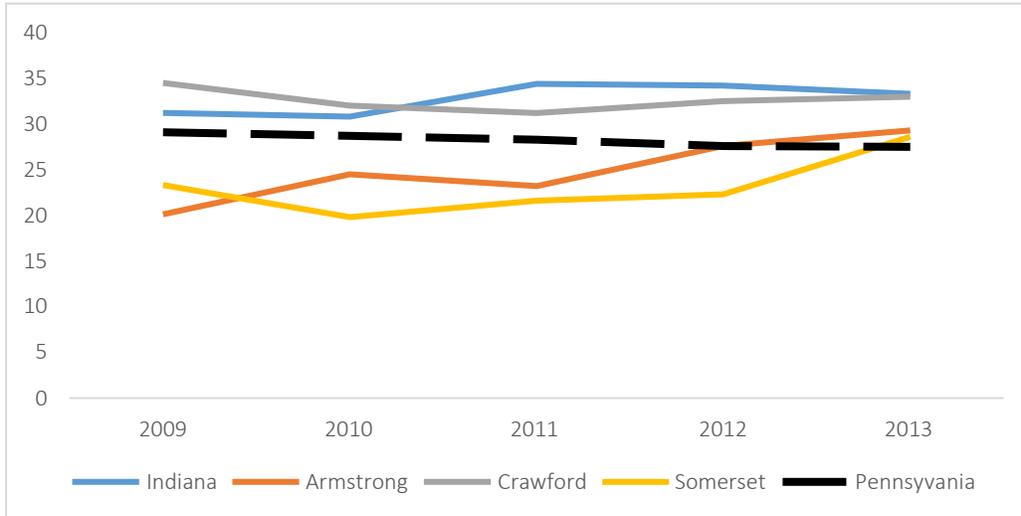
Infant Mortality Rate



Source: PA Health Statistics

Additionally the percentage of mothers that receive early and adequate prenatal care in Indiana County has remained stagnant and below the state for years, while the overall percentage of mothers in PA receiving early and adequate prenatal care has steadily increased each year.

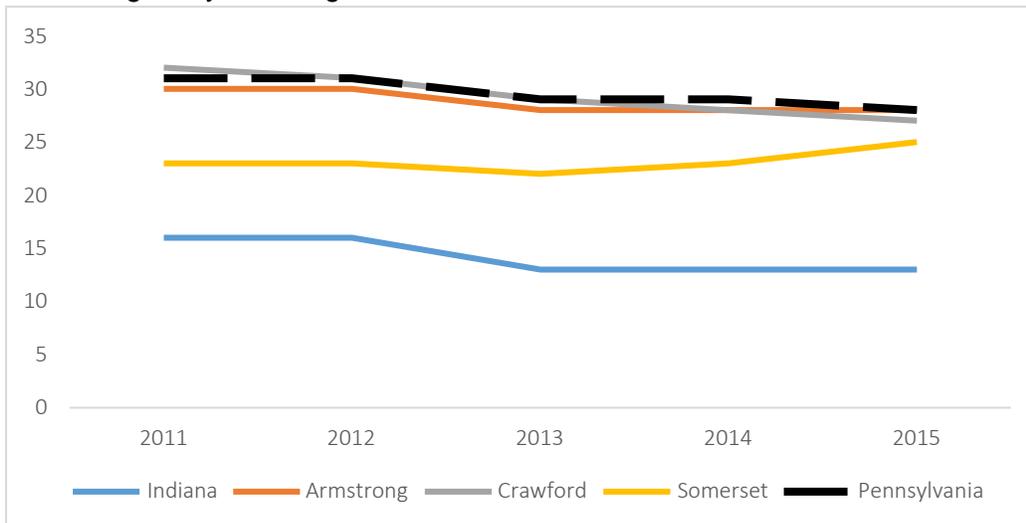
Late or No Prenatal Care



Source: Kids Count Data Center - PA Health Statistics (2009-2013)

The teen pregnancy rate in Indiana has remained relatively stable and consistently lower than the state average and comparison counties.

Teen Pregnancy Rate: Ages 15-19

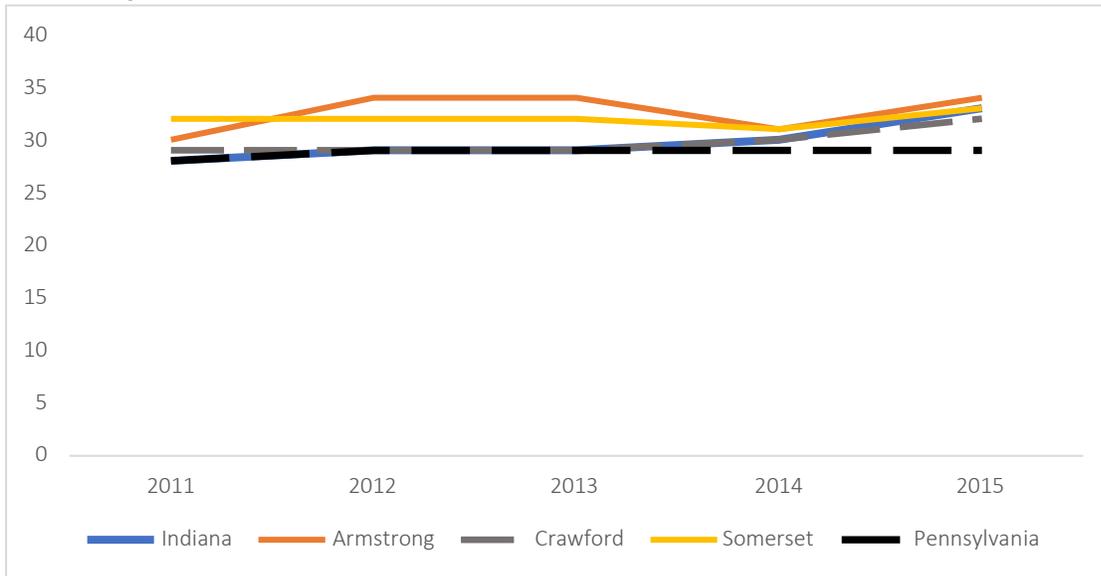


Source: County Health Rankings – PA Health Statistics

Obesity

The percentage of adults with a weight in the obese range has remained about the same in the state of Pennsylvania for the last 5 years. However in Indiana there has been a steady increase. Between 2014 and 2015 an increase also occurred in all comparison counties.

Percentage of Obese Adults

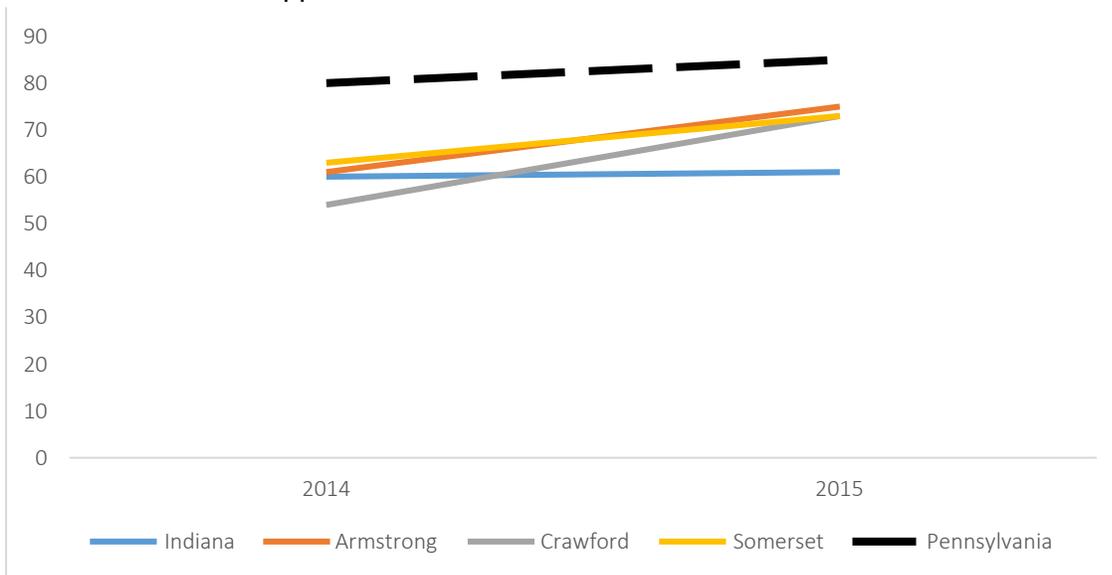


Source: County Health Rankings – PA Department of Health

Access to Exercise Opportunities

With the increase in obesity, it was important to review access to exercise opportunities. In Pennsylvania generally, a large percentage of people have adequate access to exercise opportunities. However in Indiana this percentage was much lower than the state and trailed behind the comparison counties. The access to exercise opportunities assesses the percentage of people that reside within half of a mile from a park or within three miles of a recreational facility. Recreational facilities include gyms, community centers, YMCA's, dance studios, and pools.

Access to Exercise Opportunities

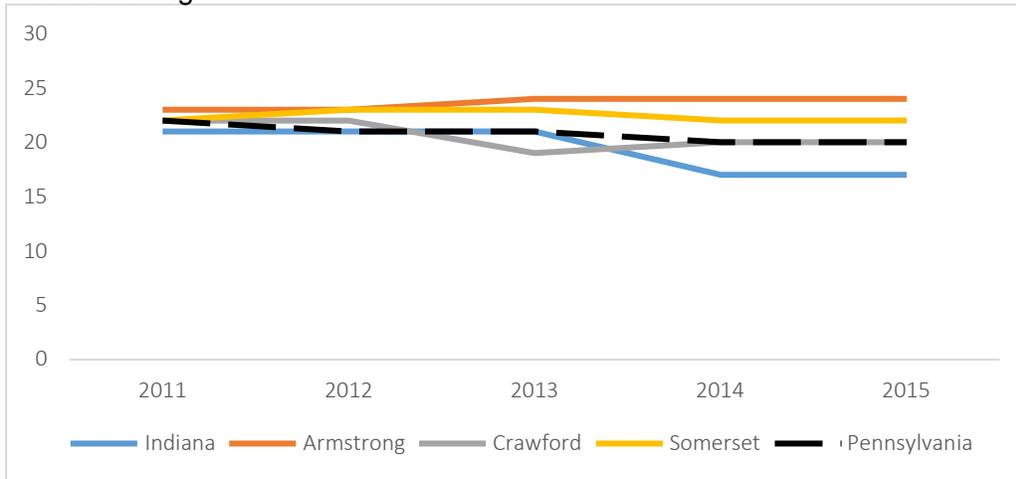


Source: County Health Rankings

Adult Smoking

While there were increases in obesity rates, there were some positive signs in smoking behavior. Adult smoking rates in Indiana have progressively declined and were lower than both the state and comparison counties.

Adult Smoking

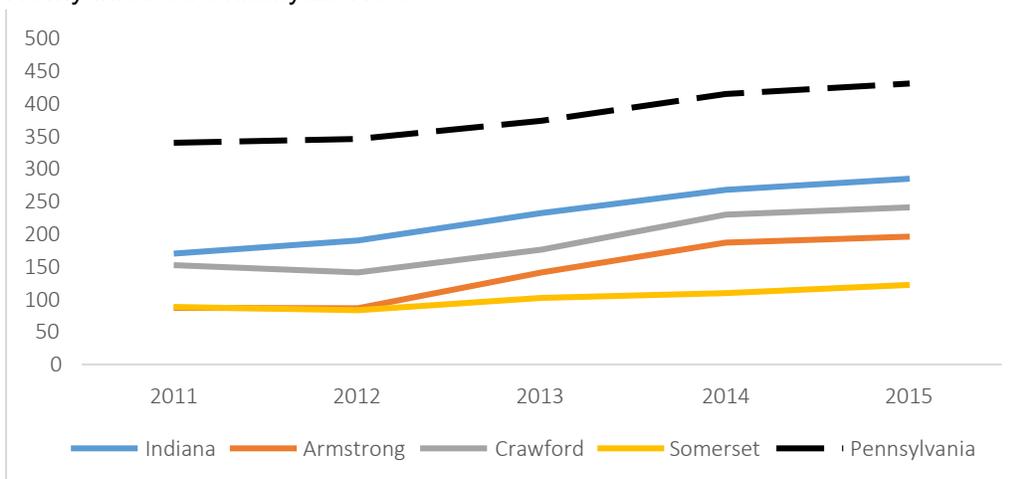


Source: County Health Rankings – PA Department of Health

Sexual Transmitted Infections

Indiana and the comparison counties have a much lower rate of STI infections, specifically for Chlamydia. However, each of these counties has seen a steady increase each year. Indiana has the highest rate out of all of the comparison counties. Those in Indiana infected with Chlamydia were more likely to be 15-24 years of age and female (Pennsylvania Department of Health, 2011-2014). Note: "These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions"

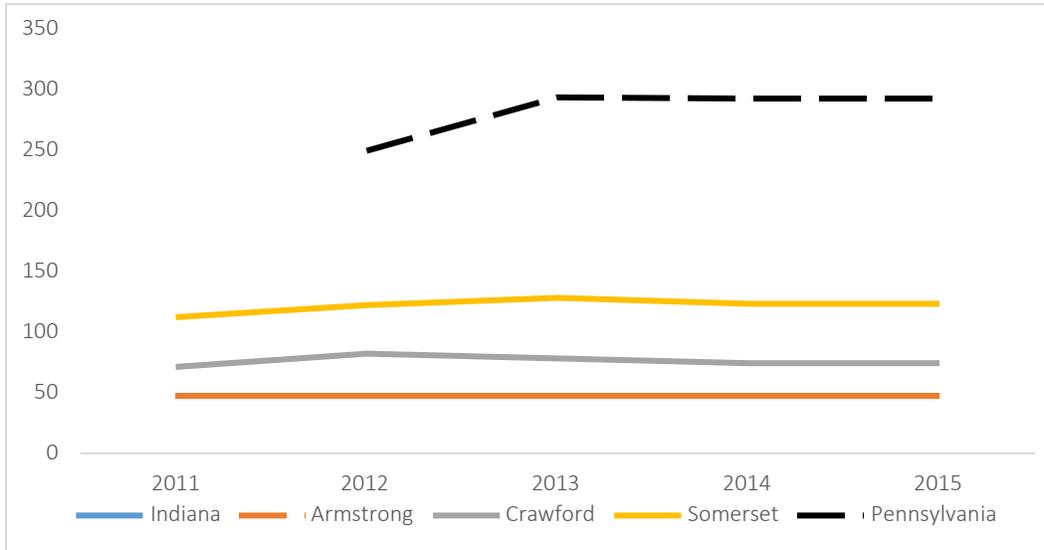
Newly infected Chlamydia Rate



Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Although there was an increase in STI infections, Indiana continues to have a low rate of HIV. Indiana has rates similar to Armstrong County and lower than Crawford and Somerset.

HIV Prevalence Rate

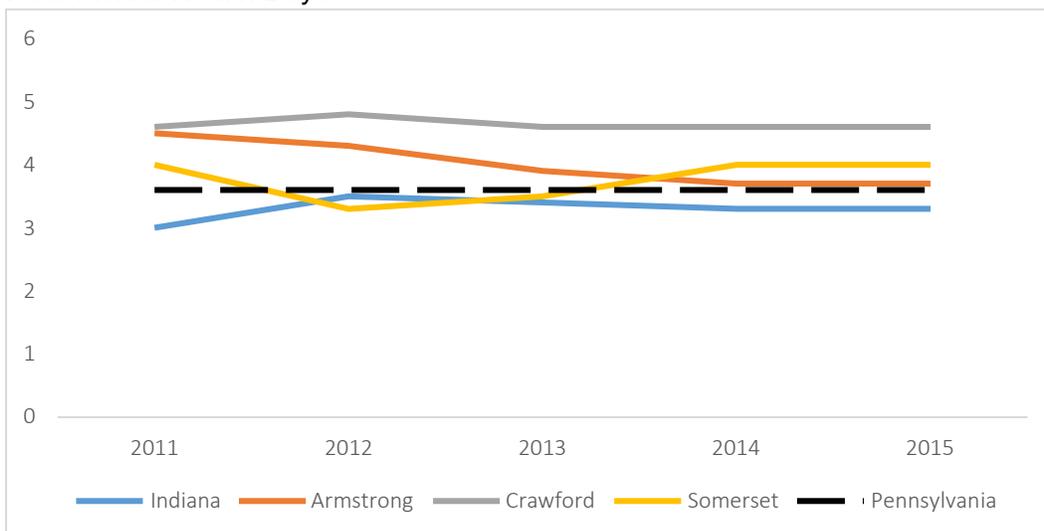


Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Mental Health

Unemployment, income declines, poverty, and unmanageable debts are associated with poor mental health (Frasquilho et al, 2015). Since the needs assessment has identified potential concerns with unemployment, income, and rental costs, an examination of mental health in Indiana County was important. Indiana residents report fewer mentally unhealthy days than residents in Armstrong, Crawford, Somerset, and the overall state.

Poor Mental Health Days

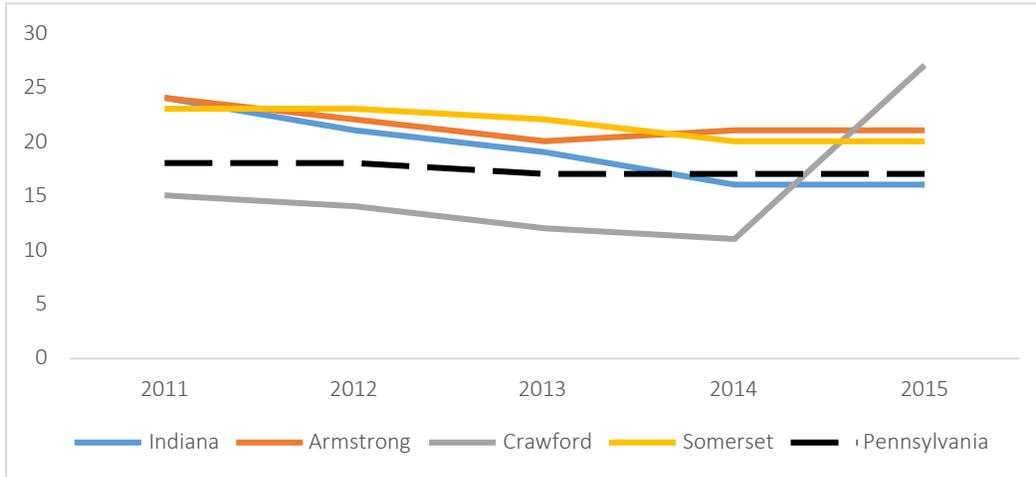


Source: Behavioral Risk Factor Surveillance System

Substance Use

In addition, to reporting a lower number of poor mental health days, Indiana has seen a decline in excessive drinking. In 2015, Indiana's rates were lower than the state and all comparison counties.

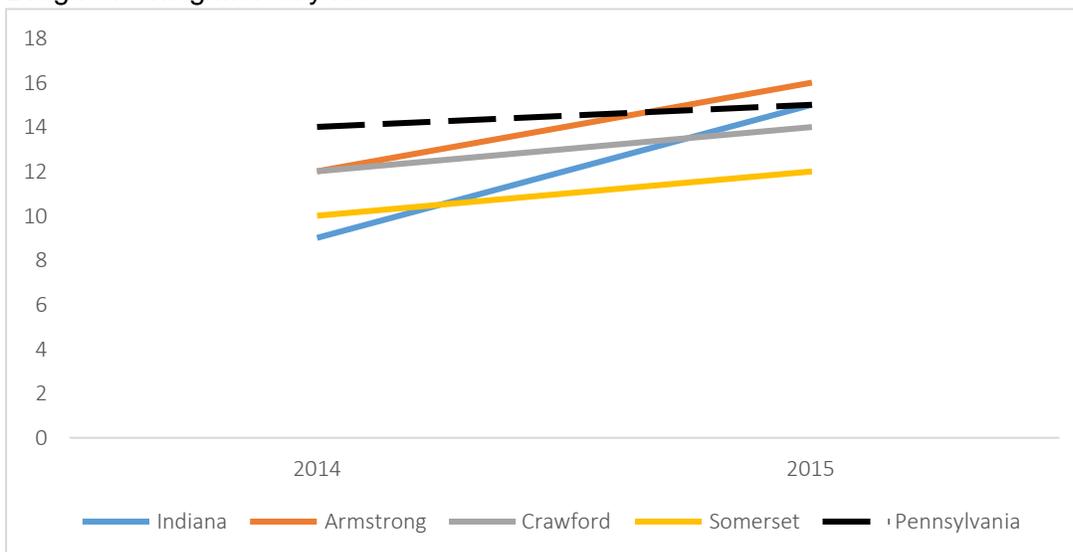
Excessive Drinking



Source: County Health Rankings – Centers for Disease Control and Prevention

Pennsylvania is one of only 14 states that had a statistically significant increase in drug overdose deaths from 2013-2014 (Rudd, Aleshire, Zibbell, & Gladden, 2016). From 2014-2015 it was estimated that the number of individuals dying from drug poisoning has again increased for the state and the comparison counties. The largest increase was found in Indiana County. While excessive drinking may be declining, the drug poisoning mortality rate is increasing.

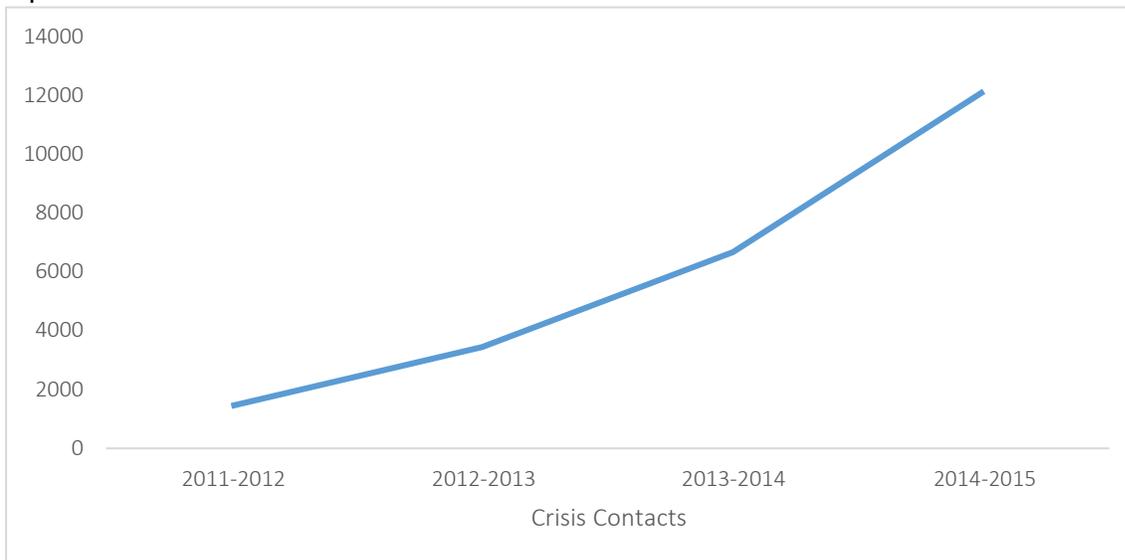
Drug Poisoning Mortality Rate



Source: County Health Rankings – Center for Disease Control and Prevention

The Open Door, one of the UWIC partners has seen an increase in crisis contacts each year for the last four years. The primary concerns for those seeking help were general mental health, substance use, and self-harm (i.e., suicide or self-mutilation). Despite the low rate of poor mental health days in comparison to the state and other counties, there is a great need for mental health services expressed in the Open Door crisis hotline contacts each year and by the designation of Indiana County as a mental health professional shortage area by the Health Resources and Services Administration (HRSA), an agency of the US Department of Health and Human Services.

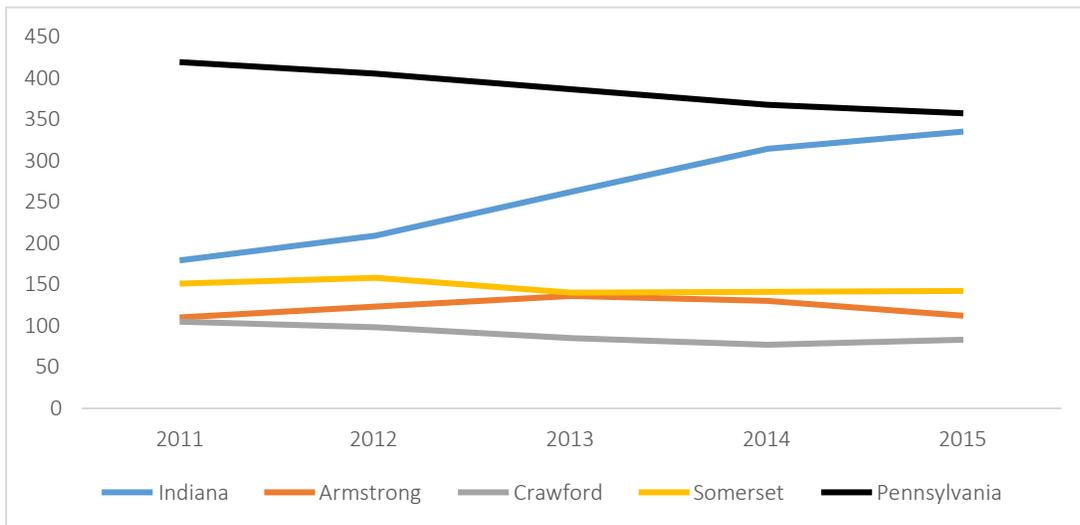
Open Door Crisis Contacts



Safety

Along with the increase in drug overdoses, the violent crime rate for Indiana has increased. This trend is counter to the trend for the state. The rate in Indiana is trending up, while the state rate is trending down. It is also important to note that the rate in Indiana is much higher than the comparison counties. Violent crimes include homicide, forcible rape, face-to-face robbery, and aggravated assault. To assess potential contributions from the IUP community, IUP crime statistics report were examined. The IUP Crime Statistics Report includes crimes that occurred on and off campus for students. The majority of crimes for the IUP community are related to drug and alcohol violations; very few violent crimes were reported (>20) each year from 2013-2015 with no notable increases during that time (IUP Crime Statistics Report, 2016). It does not seem that IUP students contributed to the rise in violent crime in Indiana. There is however a simultaneous rise in mental health concerns (e.g., crisis contacts at Open Door, drug use) and violent crime. The mental health concerns may have contributed to the violent crime rate.

Violent Crime Rate



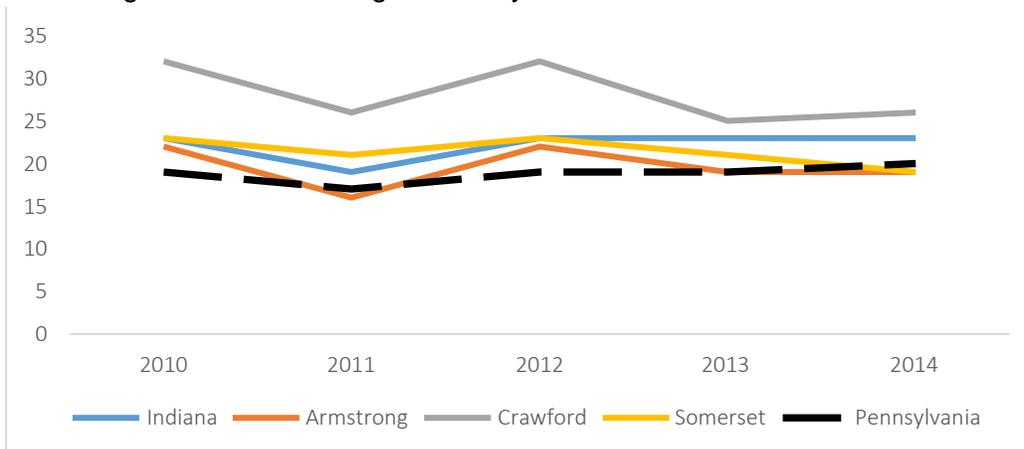
Source: County Health Ranking - FBI – Uniform Crime Reporting

Vulnerable Populations

Children

In Pennsylvania, children in foster care and children living in poverty are at greater risk for abuse and neglect (Children’s Bureau, 2010-2013). As mentioned previously in the Building Family Success section of this report, only one percent of children in Indiana live in foster care. A greater percentage of children live in poverty. In 2014, an estimated 23% of children in Indiana were living in poverty (Small Area Income and Poverty Estimates, 2014).

Percentage of Children Living in Poverty



Source: US Census Bureau, Small Area Income and Poverty Estimates (2010-2014)

The Department of Human Services has not yet released the Annual Child Abuse Report for 2015, but they have released a Child Protective Services report that examines the number of fatalities and near fatalities as a result of child abuse. Out of 67 counties in PA, 35 had a fatality

or near fatality as a result of child abuse in 2015. Indiana County was not on this list. The report also highlights characteristics of victims and perpetrators in fatality or near fatality cases.



Children under the age of 5 at greatest risk

87% of Fatalities were children under

82% of Near Fatalities were children under 5

Children living in poverty are at greatest risk for abuse and the highest rates of child poverty in Indiana are for children under the age of 5 (US Census Bureau, 2014). Young children (under the age of 5) are a vulnerable group.



Perpetrators were more likely to be:

A Parent (62%)

The Mother (43%)

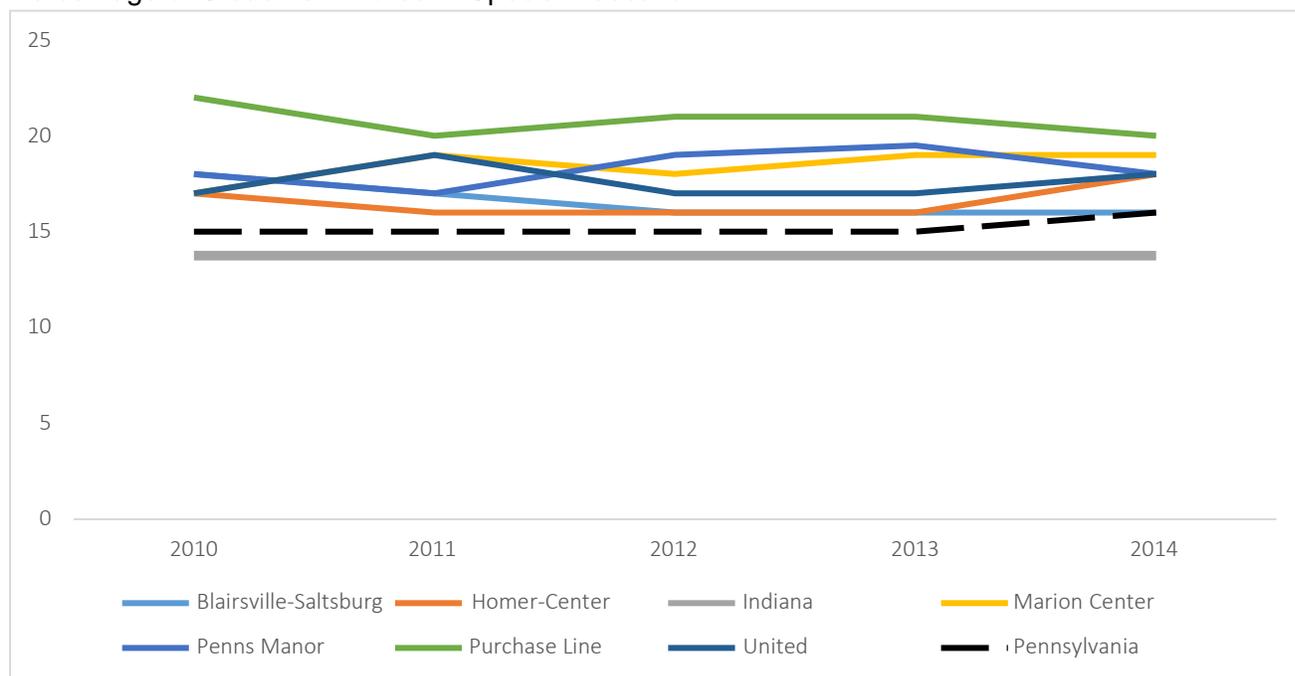
A Young Adult (50% Ages 20-29)

Unemployed (59%)

Children with Disabilities

All of the school districts, with one exception Indiana Area SD, had a higher percentage of students enrolled in Special Education than the state. It is important to note that Purchase Line SD, which has the highest percentage of students enrolled in Special Education also had the highest percentage of low income students and had a school identified by the state as low performing.

Percentage of Students Enrolled in Special Education

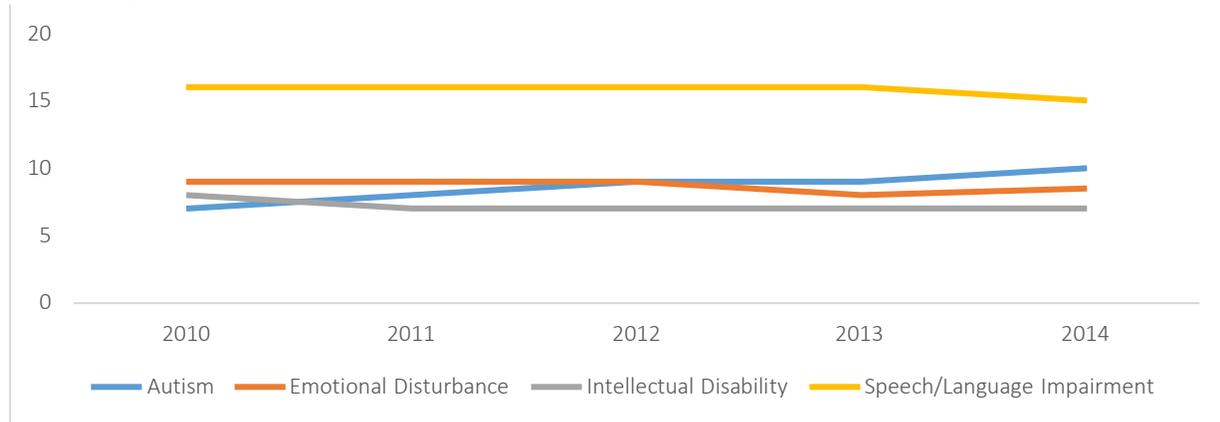


Source: PA Department of Education

Type of Disability

For the state, “specific learning disability”, speech and language impairment, autism, emotional disturbance and intellectual disability were the most frequent disabilities.

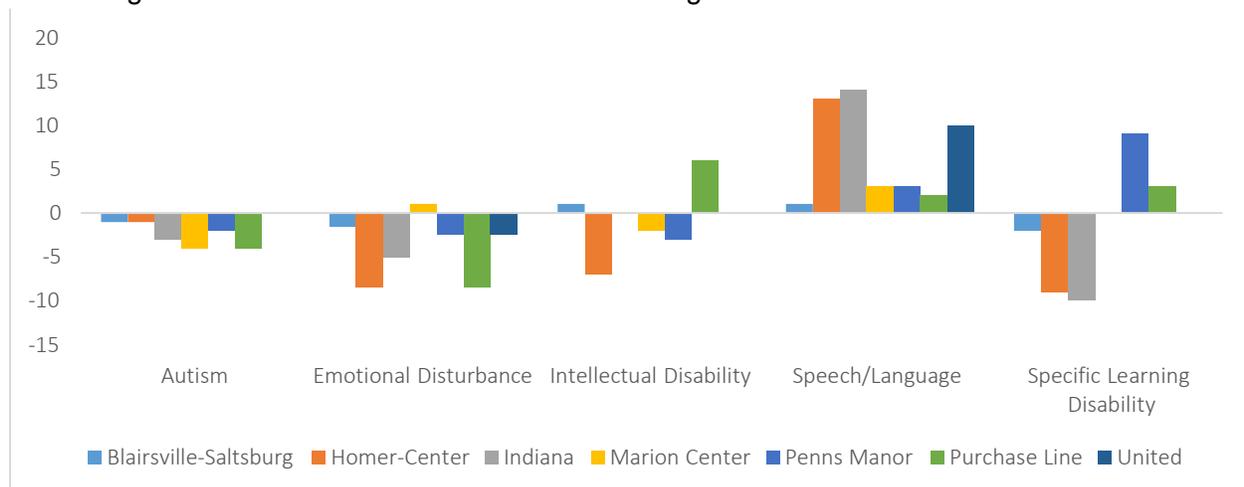
Percentage of Students by Type of Disability in Pennsylvania



Source: PA Department of Education

Indiana County school districts had a pattern similar to the state. The rates of autism were increasing and the primary disabilities were “specific learning disability”, speech and language impairment, autism, emotional disturbance, and intellectual disability. Specific learning disability (e.g., dyslexia) refers to a disorder that negatively impacts understanding or use of language in learning contexts (Individuals with Disabilities Act, 2004). . Indiana school districts have a higher prevalence of speech and language disorders than the state, with the highest percentages in United, Indiana, and Homer Center. A focus on speech and language support in out-of-school time areas across the county may be useful. Purchase Line and Penns Manor had a higher percentage of students with a “specific learning disability”. Purchase Line also had a higher rate of students with an intellectual disability. Greater support for supplemental education in Purchase Line and Penns Manor neighborhoods may also prove useful.

Percentage of Students Above or Below State Average

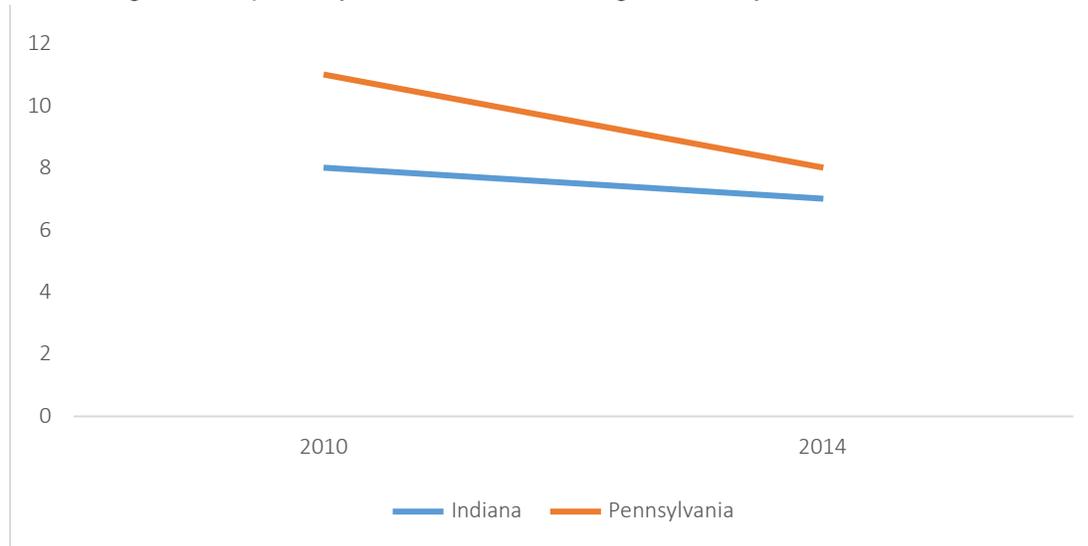


Source: PA Department of Education, 2014

Older Population

In comparison to children, a small percentage of the older population is living in poverty in Indiana and the state. This pattern is similar to results found in national studies (AARP, 2010). Seniors have lower poverty rates than children and working adults (AARP, 2010).

Percentage of People 65 years and Older Living in Poverty



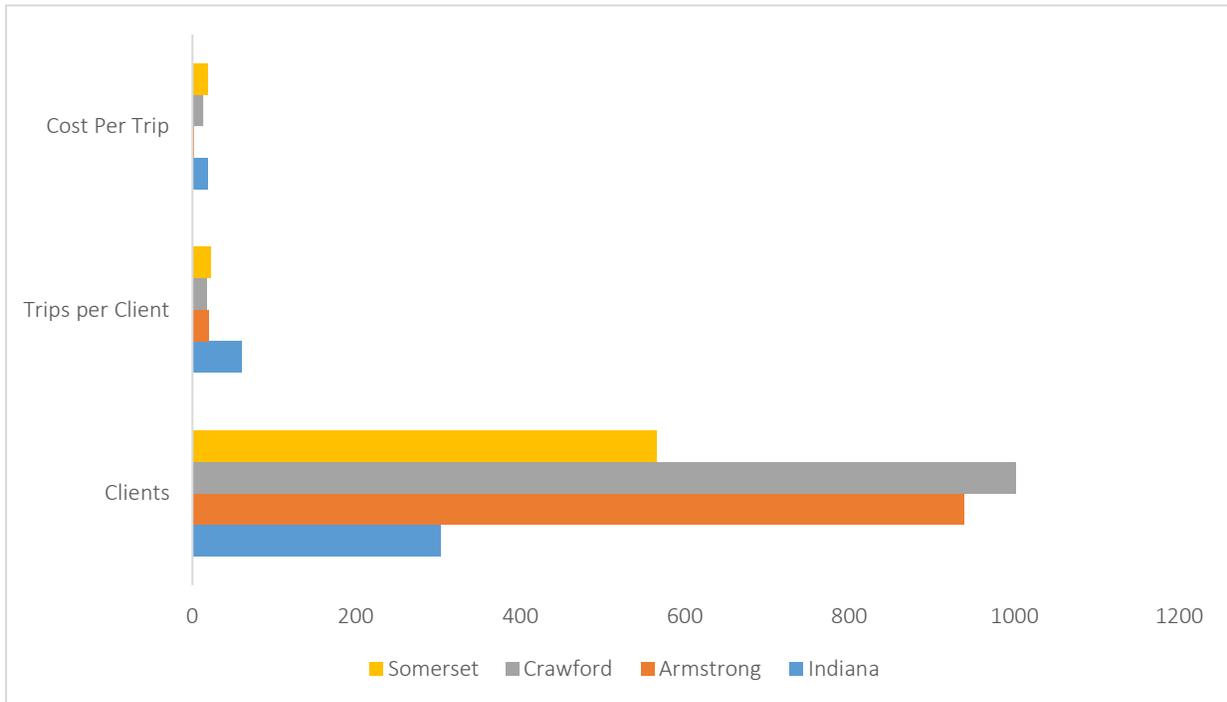
Source: US Census Bureau, 2010; US Census, 2014

Transportation for Vulnerable Populations

Furthermore, the United Way 211 helpline data did not highlight transportation as the most pressing need in Indiana Community as whole. However, some vulnerable groups were frequently and consistently each year reaching out to the Helpline for transportation resources. Specifically individuals with disabilities, seniors, and those seeking transportation to medical appointments have consistently reached out to the Helpline each year. Indiana County Transit Authority does offer public transportation service for seniors at a low rate into Pittsburgh once a week for medical appointments. This service assists with accessing medical resources available in the Pittsburgh area.

A small number of individuals utilize the state medical transportation assistance program in Indiana, in comparison to similar rural counties. Yet, those that utilize the medical transportation assistance in Indiana access the system 2-3x more than residents in comparison counties.

Medical Assistance Transportation



Source: Pennsylvania Department of Human Services, 2014

Grandparent Caregivers

In 2009, 92% of children lived with their parents (biological, step, adopted) and 5% lived with a grandparent, whereas in 2014, 91% lived with a parent and 6% with a grandparent. This is a 1% shift from parents to grandparents. While it is a small shift, there were more children being cared for full time by a grandparent. Grandparents raising their grandchildren are a vulnerable group. Grandparents, are older and may have fewer financial resources. Also grandparents may have challenges adjusting to their new role as parent.

The municipalities with the largest percentage of grandparents raising children were clustered in the southwestern portion of the county (US Census Bureau, 2010-2014).

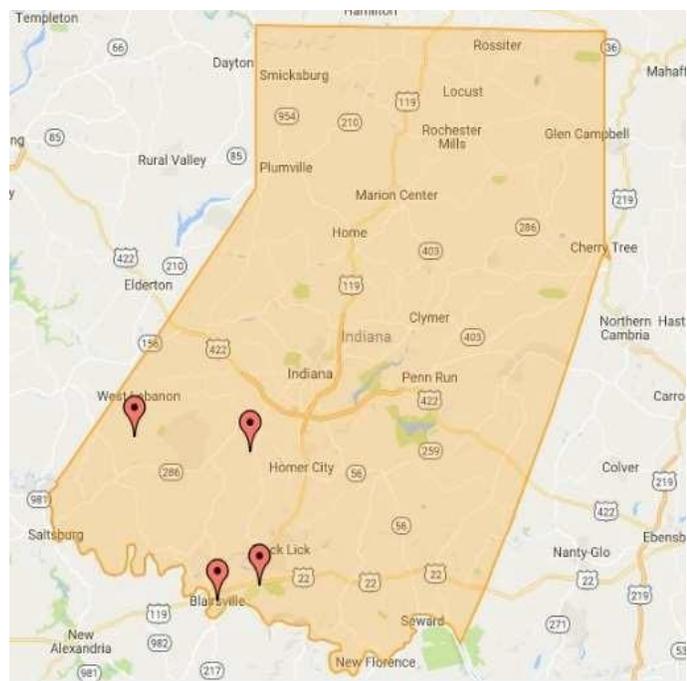
Those townships were as follows:

Burrell (121; 15%),

Center (113; 12%),

Young (45; 12%),

and *Blairsville* (74; 10%)



What are the needs in Indiana County?

Most of the identified needs for Indiana County were related to health and self-sufficiency. A review of publicly available health indicators and behavior revealed shortages in access to care and exercise opportunities. Furthermore there were poor health outcomes identified. The rate of drug overdoses has increased. Mothers were not receiving prenatal care or were receiving care late in their pregnancy. Concurrently, the infant mortality rate is rising. There were also concerns for children and young adults. Many children do not have health insurance and the rates of sexually transmitted infections, specifically Chlamydia, is rising, with young people representing most of the cases.

Both the social indicator data and the community stakeholders identified self-sufficiency as a need in the community. In terms of self-sufficiency, the unemployment rate is declining but remains higher than the state. There have been increases in the number of people receiving financial assistance through supplemental security income (SSI) and food stamps. Moreover rental costs were high, at a level that creates a financial burden for residents. In addition almost half of those experiencing burdensome housing costs were young adults.

Where can United Way have an impact?

Based on community strengths and stakeholder perceptions United Way is likely to have the greatest impact in areas that focus on children and youth as well as supporting families. Student performance on state exams in general has been higher than the state each year for several years. School age children have greater access to high quality afterschool care than those in the state and similar rural counties. The high school graduation rates were high (over 90%) and rising each year. The teen pregnancy rate is much lower than the state and comparison counties. The percentage of substantiated child abuse claims is low and there were no child fatalities as a result of abuse last year. Most children live with their parents. Most children live in a two parent home and most of those parents were married. The percentage of single parent family households is lower than the state and lower than all but one of the comparison counties. Moreover Indiana Bureau was recognized nationally for being a play friendly town for children. Indiana County has demonstrated several strengths with regards to child and family outcomes.

Furthermore, community stakeholders felt that United Way could have a moderate impact on all priorities but when asked to compare priorities, significant differences emerged. Community stakeholders believed that United Way could have a larger impact on Helping

Children & Youth Grow and Succeed as well as Building Family Success. These two priorities also align with the community strengths identified in this needs assessment. For this reason, dedicating greater resources to these priority areas seems appropriate.

Funding Recommendations

Because most of the gaps in service or needs were health related it is recommended that 45% of funding address Encouraging Healthy Lifestyle Choices. After health, self-sufficiency presented as the next most pressing need. It is recommended that 30% of funding address Developing Self-Sufficiency, and the remaining 25% address Helping Children & Youth Grow and Succeed along with Building Family Success. Additionally, it is recommended that proposals are assessed based on the following: (1) does the proposal target a vulnerable group or area?, and (2) does the proposal target a high impact area (i.e., child, youth or family focus)?

Merging Impact and Needs In

an effort to address community needs and have a greater impact, the recommendation is to focus on improving identified health and self-sufficiency needs that overlap with community strengths as well as the priority areas that stakeholders identified as having the greatest potential for impact (i.e., "Building Family Success" and "Helping Children & Youth Grow and Succeed"). Examples are provided below that connect high need areas with high impact areas.

Health Needs

Maternal and Infant Health

Focus: Prenatal care and infant mortality

Youth Health

Focus: Sexually transmitted infections

Focus: Substance use disorders

Focus: Health insurance enrollment

Family Health

Focus: Access to exercise opportunities through parks and recreational facilities

Focus: Substance use disorders

Focus: Child health insurance enrollment

Self-Sufficiency Needs

Job Training and Preparation

Focus: Unemployed youth and parents

Building on Strengths

While the indicators for children, youth, and families were mostly identifying strengths, United Way can continue to build on these strengths. For example, Indiana outperformed the state in the availability of high quality early care but the overall percentage was low (less than 10% of care verified as a high quality). Funding proposals that promote high quality care would support children's development. Below are areas that were identified as strengths that may benefit from additional resources.

Children & Youth

High Quality Preschool Settings

Focus: Star 3-4 or Accreditation

K-12 Students

Focus: Academic and Non-Academic Support for students and families in the Purchase Line School District

Focus: Out of School Time Development and Learning Opportunities

Families

Child Abuse Prevention

Focus: Parenting Education and Support

