The Mifflin Juniata Human Services Needs Assessment

2013

(Updated 2016)

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

PROJECT PARTNERS

Geisinger Lewistown Hospital

Geisinger Lewistown Hospital offers innovative healthcare with a personal touch. As a community hospital they are committed to providing both general and specialized healthcare services for Mifflin and Juniata Counties. They are proud to offer high-quality medical services individualized to each patient's needs.

For more information go to http://www.geisinger.org/
400 Highland Avenue
Lewistown, PA 17044
717.248.5411

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
20 North Wayne Street
Lewistown, PA 17044
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Penn State Extension

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- Build caring, safe, and healthy communities
- Ensure the long-term vitality of Pennsylvania's natural resources and enable people to better understand and deal with complex public issues

For more information go to www.extension.psu.edu
Mifflin County Extension
152 East Market St., Suite 100
Lewistown, PA 17044
717.248.9618

Juniata County Extension
30 N. Main Street, Courthouse Annex, PO Box 147
Mifflintown, PA
717.436.7744

United Way of Mifflin-Juniata
United Way brings together citizens, community leaders, business, the faith community, government, non-profit organizations and other institutions to determine the most critical human issues that require collective, not just individual, action. These issues range from basic human needs - like food, shelter and emergency assistance - to emerging and growing issues like the need for affordable housing, services and support for seniors, and positive youth development. United Way then raises money locally in an annual campaign, generates other revenue outside of the campaign, secures non-cash in-kind resources, and advocates for sound public policy.

For more information go to www.mjunitedway.org
13 East Third Street, Lewistown, PA 17044
717.248-9636

Note on 2016 Update:

From June – August 2016, at Mifflin Juniata County Human Services Department summer intern, Alana Felton, a student at Brown University, updated the Human Services Needs Assessment (2013) with more recent information. Sources of the updated information include, but were not limited to, the following: County Health Rankings, U.S Census Bureau/American FactFinder, Pennsylvania Center for Workforce Information and Analysis, PA Department of Health, PA Department of Education, and the Center for Rural PA.

(Visions, mission statements and histories can be found in the appendix)

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Preface

Geisinger 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 (with 2016 updates). 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 Geisinger Lewistown Hospital (then called 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

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

Inventory of Educational Resources

- Juniata County School District operates two high schools, one middle school, and eight elementary schools. The Juniata County School District provided public educational services to 2,930 students in 2014-2015.

- 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), two intermediate schools (Grades 4-5) and four elementary schools (Grades K-3).The schools provided public educational services to 5,180 students in 2014-2015.

- The Mifflin County Academy of Science and Technology is located in Lewistown in Mifflin County. The Mifflin County School District operates The Academy and students from Mifflin County High School, Juniata High School, and East Juniata High School may attend. The student body is comprised of students completing at least grade nine from one of three area schools as well as students that attend non-public schools in the two counties. According to The Academy's Administrative Director, Daniel T. Potutschnig, the 2015-2016 school year enrollments were 299 students. The Pennsylvania Department of Education approves the vocational-technical educational programs offered at The Academy, and upon successful completion of each planned course, students receive academic credit from their home based high school.

Table 1: Education

School District Enrollment	2009-2010	2014-2015	Percent Increase/Decrease
Juniata County	3,069	2,930	4.5% decrease
Mifflin County	5,540	5,180	6.5% decrease
Pennsylvania	1,780,413	1,739,559	2.3% decrease

Source: Pennsylvania State Department of Education, Enrollment Reports and Projections (http://www.education.pa.gov/Data-and-Statistics/Pages/Enrollment%20Reports%20and%20Projections.aspx)

- Private Schools – While private schools are subject to all applicable local, state, and federal laws and regulations relative to business operations, curriculum development and delivery is essentially in the school's hands. Private schools are regulated but independent.
    - Mifflin County has 34 private schools which account for a total enrollment of 1,226 students in 2014-2015. (Table 4: Education – see Appendix for detailed list.)
    - Juniata County has 14 private schools which account for a total enrollment of 478 students in 2014-2015. (Table 3: Education – see Appendix for detailed list.)

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 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 school-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 2: Education

Charter and Cyber Charter Schools	Juniata	Mifflin
21st Century	3	6
Agora	13	6
Commonwealth Connections Academy	17	16
PA Learners Online Regional Cyber	0	2
PA Cyber	9	13
PA Distance Learning	4	1
PA Leadership	0	4
PA Virtual	25	10
Tuscarora Blended Learning (non-cyber)	43	19
TOTAL	114	77
TOTAL SCHOOL 2011-12 year	3017	5416

Source: Pennsylvania Department of Education (www.pde.state.pa.us)

- Higher education needs within Mifflin and Juniata County are supported by a variety of degree granting colleges, universities, and technical schools located throughout central Pennsylvania. These include The Pennsylvania State University (PSU), Harrisburg Area Community College (HACC), Bucknell University, Juniata College, Susquehanna University, the Pennsylvania College of Technology and South Hills School of Business and Technology, Penn State Learning Center, and Tuscarora Intermediate Unit #11/Career Link.

Lifelong Learning Opportunities and Factors

The need for and benefit of education and learning is relevant for people of all ages. This 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.[1] "Lifelong learning begins at birth" is a statement supported by information found in the OCDEL Program Reach and Risk Assessment (www.ocdelreasearch.org) and the PA Promise for Children website (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 3: Education). The OCDEL 2010-2011 Annual Report showed that the number one indicator of whether or not a child ends up in poverty is whether they are born to mothers with less than a high school education.[2]

In Mifflin and Juniata Counties in 2010-2011, 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.[3]

Table 3: Education

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

Source: Pennsylvania Office of Child Development and Early Learning – Annual Report 2010-2011 (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.[4] Locally, food instability is a significant issue for many of our children as noted in (Table 4: Education).

Table 4: Education

Free/Reduced Lunch Enrollment	2009-2010	2014-2015	Percent Increase/Decrease
Juniata County	36.5%	43.7%	7.3% increase
Mifflin County	52.8%	49.4%	9.7% increase

Source: Pennsylvania Department of Education, National School Lunch Program Reports, (http://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/Pages/National-School-Lunch-Program-Reports.aspx#tab-1)

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 include reduced public expenses in special education. The need for increased educational opportunities was expressed throughout the data collection processes.

Data shows that Mifflin and Juniata Counties have on average 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 increases to about 50% in each county as reported to the PA Department of Public Welfare as part of the Maternal, Infant and Early Childhood Home Visiting Grant, April of 2011.[5] Another risk factor for local children is indicated in reading proficiency scores. The correlation between early reading experience and the high school dropout rate 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.[6] This 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.[7]

Table 5: Education

Indicator	Juniata	Mifflin	PA
Number of children birth to five	1,559	2,922	729,538
Percent of children under five served in early education programs ***(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)***	29.5%	31.4%	36%
Percent of 3rd graders scoring below proficient on 2010 PSSA reading test	20.4%	23.8	22.1%

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

Low Birth Weights

Babies born at low birth weights are at risk for serious health complications, which can often result in the need for remediation once they begin school. Visual and auditory impairments, learning disorders, behavioral problems, grade retention, and school failure have all been linked to low birth weight. Taking into account socio-demographic risk factors, low birth weight children still score significantly lower on intelligence tests than do children born at normal weights. They are also more likely to be diagnosed with attention-related disorders.[8]

Table 6: Education

Indicator	Juniata	Mifflin	PA
% Babies Born With Low Birth Weight (Under 2,500 Grams), 2011-13	6.5%	6.5%	8.1%
% Reported Pregnancies of Women Under 18 Years Old	1.2%	1.6%	2.8%
% Born to Unmarried Mothers	24.2%	33.3%	41.7%
% Born to Mothers Who Did Not Receive Prenatal Care in 1st Trimester, 2011-13	39.3%	38.6%	27.8%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, (http://www.rural.palegislature.us/county_profiles.cfm.)

Table 7: Education

Indicator	Juniata	Mifflin	PA
Children enrolled in special education, 2015-16	14.6%	14.5%	15.9%

Source: PA Department of Education, 2015-2016 Report, Special Education Data Reporting, (https://penndata.hbg.psu.edu/PublicReporting/DataataGlance/tabid/2523/Default.aspx.)

Improving/Expanding Job Readiness and Workforce Training Opportunities

The assessment for education identified that access to and changes in delivery of workforce training could be improved. This discussion included a range of services needed to prepare participants for job searching and employment. The needed services discussed include computer training, education, technical training, and resume preparation. Additional programs could help people prepare for work by providing workshops on workplace behavior and dress and interviewing skills. The population that would benefit the most includes adults and youth who are unemployed or underemployed and those 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.[9] High school dropouts are a liability to themselves as well. Of the 3.8 million students that start high school this year, one-quarter will not receive a diploma, and dropouts are not eligible for 90% of the jobs in our economy. [10] The National Center for Education Statistics in 2011 reports that the median income of persons ages 18 to 67 who had not completed high school was roughly $25,000 in 2009.[11]

Table 8: Education

Juniata County School District	Total Enrollment (7-12)	Dropouts MALE	Dropouts FEMALE	Dropouts TOTAL	Rate	PA Rate
2005-2006	1,426	8	8	16	1.12%	1.50%
2014-2015	1,414	7	7	14	.99%	1.45%

Source: Pennsylvania Department of Education, "Dropouts Public by School 2014-2015," Dropout Data and Statistics (http://www.education.pa.gov/Data-and-Statistics/Pages/Dropouts.aspx#tab-.1). Pennsylvania Department of Education, "Dropouts Public by School 2009-2010," Dropout Data and Statistics, (http://www.education.pa.gov/Data-and Statistics/Pages/Dropouts.aspx#tab-.1)

Table 9: Education

Mifflin County School District	Total Enrollment (7-12)	Dropouts MALE	Dropouts FEMALE	Dropouts TOTAL	Rate	PA Rate
2005-2006	2,617	23	23	46	1.76%	1.50%
2014-2015	2,493	25	11	36	1.44%	1.45%

Source: Pennsylvania Department of Education, "Dropouts Public by School 2014-2015," Dropout Data and Statistics, (http://www.education.pa.gov/Data-and-Statistics/Pages/Dropouts.aspx#tab-.1). Pennsylvania Department of Education, "Dropouts Public by School 2009-2010," Dropout Data and Statistics, (http://www.education.pa.gov/Data-and-Statistics/Pages/Dropouts.aspx#tab-.1)

Family/Household Education

The desire to increase family and household education received attention during this assessment. Residents might 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.

Of residents 25 and older in Juniata County, 17.9% do not have a high school diploma. In Mifflin County, the number is 18.0%. These numbers are much higher than the state average of 11.0%. Census data shows that in Juniata County 12.2% hold a college degree while in Mifflin County the number is 11.9%, both much lower than the state average of 28.1% (See Table 10: Education).

Table 10: Education

Indicator	Juniata	Mifflin	PA
Enrollment change 2014-15 from 2009-10	-4.5%	-6.5%	-0.8%
Graduation Rate (4-year Cohort), 2013-2014	91.5%	89.4%	87.7%
% Population with No High School Diploma	17.9%	18.0%	11.0%
% Population with Bachelor's Degree or Higher	12.2%	11.9%	28.1%

Source: Pennsylvania State Department of Education, Enrollment Reports and Projections,(http://www.education.pa.gov/Data-and-Statistics/Pages/Enrollment%20Reports%20and%20Projections.aspx#tab-1).; The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, (http://www.rural.palegislature.us/county_profiles.cfm).

Table 11: Education*

Year	Mifflin	Juniata
Statewide Rank 2014	436	370
Statewide Rank 2013	446	373

Source: Ethan Lott, "School guide offers vital insights," *Pittsburgh Business Times*, (http://www.bizjournals.com/pittsburgh/print-edition/2014/04/11/school-guide-offers-vital-insights.html).

*The above rankings are District Academic Achievement Rankings based upon PSSA scores from the last three years. 496 schools were ranked (score of 1 is best, 496 is worst).

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

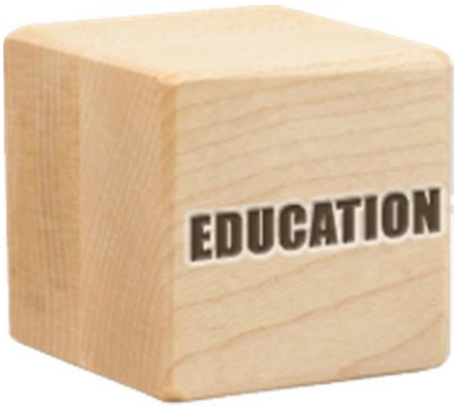
Among respondents to our *Human Service Providers Survey*, educational considerations were seen as an important component of all our major issue categories. High priorities included:

- 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 lifelong 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, improving adult education, employment training and long-term skill development were priorities
- Improving/expanding job readiness, 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 in the two-county area.

- Improving lifelong 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 3rd grade test scores
- Improving/expanding job readiness and workforce training opportunities
    - Decrease the dropout 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 50 out of 67 counties in Pennsylvania for positive health behaviors (with higher numbers indicating a worse rating).[12] Juniata County ranks higher at 28.[13]

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.[14]

There are two distinct areas within Mifflin and Juniata Counties that qualify as medically-underserved areas. 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
- The availability of primary care physicians

For Juniata County, underserved areas include the following townships: Lack and Tuscarora.[15]In Mifflin County, underserved areas include the following townships: Brown, Menno, and Union, Bratton, McVeytown, Kistler, Wayne, Oliver, and Newton Hamilton.[16]

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, Geisinger Lewistown Hospital serves both Mifflin and Juniata Counties. This 123-bed hospital provides inpatient, outpatient, wellness and community services. Geisinger 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 of Geisinger Lewistown Hospital 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. Recently, Penn State Hershey Medical Group opened an office in Lewistown for cardiology services.

Table 1: Health

Clinical Healthcare Factors	Juniata	Mifflin	PA
Uninsured	14%	14%	12%
Ratio of primary care physicians to population	2,752:1	2,027:1	1,220:1
Ratio of mental health providers to population	8,265:1	1,135:1	580:1
Ratio of dentists to population	8,265:1	3,325:1	1,550:1

Source: County Health Rankings & Roadmaps, Pennsylvania 2016, (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 about 13 million American adults (approximately one in 17) have a seriously debilitating mental illness.[17] Mental health disorders are the leading cause of disability in the United States, accounting for a quarter of all years of life lost to disability and premature mortality.[18] Suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.[19] The Mifflin County suicide rate, at 14.3%, is above the state average.

According to Healthy People 2020, mental health and physical health go hand in hand. Mental illnesses affect people's ability to participate in health-promoting behaviors. Additionally, physical health issues, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.[20]

The Federal Government has begun to implement health reform legislation, which has brought more attention to the need for providing mental health services to individuals struggling with mental illness, substance abuse and

related health issues. This has led to new opportunities for coverage and treatment. Locally, there is much that can be done to address some of the most prevalent issues surrounding mental health consumers.

Table 2: Health – Suicide Rate

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

Source: PA Department of Health, 2012. (www.health.pa.gov).

Table 3: Health – Suicide Rate per 100,000, Pennsylvania

	2020 Goal	PA 2013	PA 2012	PA 2011	PA 2010	PA 2009
All Persons	10.2	13.3	12.1	12.9	11.7	12.2
Males	10.2	21.5	20.1	21.4	19.0	20.1
Females	10.2	5.6	4.7	5.0	4.8	4.9
Whites	10.2	14.2	12.7	14.2	13.0	13.0
Blacks	10.2	5.6	6.4	5.6	5.5	6.3
Hispanics	10.2	6.9	6.5	5.5	4.7	5.3
Persons 10-14	NA	2.2	1.3	DSU	2.1	2.2
Persons 15-19	NA	7.9	6.7	7.7	7.8	6.5
Persons 20-24	NA	15.6	15.1	14.1	15.4	11.2

Healthy People 2020, "Healthy People 2020 Pennsylvania,"
http://www.statistics.health.pa.gov/HealthStatistics/HealthyPeople/Documents/Healthy_People_2020_PA.pdf.

The Juniata Valley Behavioral Health and Development Services (JVBDS) is not aware of any local primary care facilities that provide distinct mental health treatment on-site. However, many primary care physicians prescribe psychotropic medications to their patients, mostly for depression and anxiety disorders. JVBDS is attempting to bridge the gap between physical health and behavioral health through the implementation of a Health Home Navigator Team as part of a mobile psychiatric rehabilitation model. The team consists of a registered nurse along with trained psychiatric rehabilitation staff who can monitor common physical conditions that are often co-morbid with mental illness including heart disease, diabetes, GERD, and COPD. This model can liaison with the participant's primary care physician to help 'navigate' both systems and provide integrated care. Community Care Behavioral Health (CCBH) is involved in Mifflin in Juniata Counties in assisting low-income individuals get behavioral health insurance in order to receive treatment (see Table 3). In addition to those individuals, there are others with private insurance or no insurance receiving care from the JVBDS.

Table 4: Health –Inpatient paid claims (through 6/30/2013) with Major Depression Diagnosis

County	Age Group	Distinct Users
Juniata	Child/Adolescent	2
Juniata	Adult	9
Mifflin	Child/Adolescent	10
Mifflin	Adult	67

Source: Juniata Valley Behavioral Health and Development Services (JVBDS)

Table 5: Health – Community Care Behavioral Health (CCBH) members enrolled to receive mental health services (2012)

County	Age Group	Members Enrolled. 2012	Total Population*	Estimated % Total Population Receiving Mental Health Services through CCBH
Juniata	Child/Adolescent (0-20)	1,280	6,790	18.9%
Juniata	Adult (21+)	1,303	17,856	7.3%
Mifflin	Child/Adolescent (0-20)	3,511	12,302	28.5%
Mifflin	Adult (+21)	4,063	34,380	11.8%

Source: Juniata Valley Behavioral Health and Development Services (JVBDS); U.S. Census Bureau, "2010 Census: Single Years of Age and Sex," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Table 6: Health – County Funded/No Medical Assistance or Managed Cure (2012)

County	Age Group (includes early intervention)	Members Enrolled, 2012	Total Population*	Estimated % Total Population Receiving Mental Health Services through CCBH
Juniata	Child/Adolescent (0-20)	126	6,790	1.9%
Juniata	Adult (21+)	342	17,856	1.9%
Mifflin	Child/Adolescent (0-20)	60	12,302	0.5%
Mifflin	Adult (+21)	100	34,380	0.3%

Source: Juniata Valley Behavioral Health and Development Services (JVBDS); U.S. Census Bureau, "2010 Census: Single Years of Age and Sex," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

*The numbers for total population are from the 2010 Census and the numbers of members enrolled in mental health services through CCBH are from 2012, therefore the percent of the total population receiving mental health services through CCBH is estimated and may not be exact.

It is clear that there is much room for growth around services to this population.

Table 7: Health – Persons with co-occurring substance abuse and mental health disorders who are receiving treatment for both disorders

County	Age Group	MH/D&A	Distinct Users
Juniata	Child/Adolescent (0-20)	Mental Health	219
Juniata	Child/Adolescent (0-20)	Drug & Alcohol	6
Juniata	Adult (21+)	Mental Health	295
Juniata	Adult (21+)	Drug & Alcohol	68
Mifflin	Child/Adolescent (0-20)	Mental Health	667
Mifflin	Child/Adolescent (0-20)	Drug & Alcohol	25
Mifflin	Adult (21+)	Mental Health	1,183
Mifflin	Adult (21+)	Drug & Alcohol	305

Source: Juniata Valley Behavioral Health and Development Services (JVBDS)

According to Healthy People 2020, 18.1% of American adults suffer from a mental illness and 4.2% suffered from a "seriously debilitating mental illness."[21] Having a mental illness can shape nearly all aspects of a person's life, from personal interactions to employment. In fact, neuropsychiatric disorders are the main cause of disability in America, representing 18.7% of "all years lost to disability and premature mortality."[22] Mental health is not restricted to mental state, but can also affect physical health, making it an important indicator of overall health. Depression, anxiety, eating disorders, and other mental illness can keep a person from eating nutritious foods, exercising, and other necessary healthy activities that can prevent to the development of chronic diseases that are often difficult to recover from due to mental illnesses.[23] It is because of these difficulties surrounding mental illness that early intervention is important. According to research from the U.S. Preventive Task Force, screening adolescents (12-18 years of age) and children (7-11 years of age) for major depressive disorder (MDD) can reduce depressive symptoms and therefore, improve quality of life, decrease health care costs, and decrease suicide risk.[24] Screening for adults was also recommended, but research found that it was only useful with staff assisted depression care.[25]

Local statistics are not readily available for which primary care providers perform depression screening for their patients. However, there are two initiatives that increase the availability of depression screening for target populations. Early Intervention Services offer screening to all caregivers of children receiving EI services. Also, the mental health system is working with Area Agency on Aging to develop a process by which older adults can receive depression screenings. Mental health screenings are done with local jail inmates. The Healthy Families America Program also does a mental health screening as part of its program intake. More programs should be provided with the ability to screen for mental health issues.

Putting a number on the population of homeless adults with mental health problems who receive mental health services is difficult. Even combining Shelter Services data and Point-in-Time data does not accurately depict the number of individuals who are homeless and mentally ill. However, given that Point-in-Time data is limited in scope, Shelter Services data can be used to obtain a baseline. According to JVBDS, from May 2012 through May 2013, Shelter Services served 166 literally homeless individuals. Of this total, 42 individuals, representing 25.3% of the total homeless served by Shelter Services, identified themselves as having a mental illness.

The local mental health system uses the Clubhouse model of psychiatric rehabilitation to support vocational training and employment opportunities. The Clubhouse model tracks employment of members in three categories: Transitional Employment Placements (TEP), Supported Employment Placements (SEP) and Independent Employment Placements (IEP). Below are the statistics for fiscal year 2012-2013 (Table 8: Health).

Table 8: Health –Individuals with Mental Health Issues Finding Employment through TEP, SEP, and IEP

Category	Individuals (monthly average)	Amount Earned (monthly average)
Transitional Employment Placements (TEP)	3.72	$16,805.75
Supported Employment Placements (SEP)	2.92	$22,904
Independent Employment Placements (IEP)	14.0	$101,246.56

Source: Juniata Valley Behavioral Health and Development Services (JVBDS)

Adolescent mental health is also an emerging area of concern locally. Every two years in both Mifflin and Juniata Counties, the Pennsylvania Youth Survey is conducted. This survey captures data regarding perception and behavior among middle and high school age students. According to local trending data from 2010-2014, major depressive episodes among adolescents are on the rise (Table 9: Health). However, in the state of Pennsylvania, fewer people received mental health treatment than expressed need of it (Table 10: Health).

Recent PAYS data for both Juniata and Mifflin Counties indicate a variety of issues concerning our youth (Appendix Tables 70-79). In particular, Mifflin County youth report mental health concerns far above the state average on every single issue.

Table 9: Health – Past Year Major Depressive Episode (MDE) Among Adolescents Aged 12-17 in Pennsylvania and the United States (2010 – 2011 to 2013 – 2014)

	2010-2011	2011-2012	2012-2013	2013-2014
Pennsylvania	8.2%	8.7%	9.5%	10.7%
United States	8.1%	8.7%	9.9%	11.0%

Source: Substance Abuse and Mental Health Services Administration, "Behavioral Health Barometer: Pennsylvania, 2015," http://www.samhsa.gov/data/reports-by-geography?tid=660&map=1.

Table 10: Health – Past Year Treatment for Depression among Adolescents Aged 12-17 with Major Depressive Episode (MDE) in Pennsylvania (Annual Average, 2010-2014)

	Pennsylvania 2010-2014
Received Treatment for Depression	41.9%
Did Not Receive Treatment for Depression	58.1%

Source: Substance Abuse and Mental Health Services Administration, "Behavioral Health Barometer: Pennsylvania, 2015," http://www.samhsa.gov/data/reports-by-geography?tid=660&map=1.

Table 11: Health – Past Year Serious Thoughts of Suicide among Adults Aged 18 or Older in Pennsylvania and the United States (2010 – 2011 to 2013 – 2014)

	2010-2011	2011-2012	2012-2013	2013-2014
Pennsylvania	4.0%	3.9%	3.9%	4.0%
United States	3.8%	3.8%	3.9%	3.9%

Source: Substance Abuse and Mental Health Services Administration, "Behavioral Health Barometer: Pennsylvania, 2015," http://www.samhsa.gov/data/reports-by-geography?tid=660&map=1.

Table 12: Health – Past Year Serious Mental Illness (SMI) Among Adults Aged 18 or Older in Pennsylvania and the United States (2010 – 2011 to 2013 – 2014)

	2010-2011	2011-2012	2012-2013	2013-2014
Pennsylvania	4.1%	4.1%	4.0%	4.0%
United States	3.9%	4.0%	4.1%	4.0%

Source: Substance Abuse and Mental Health Services Administration, "Behavioral Health Barometer: Pennsylvania, 2015," http://www.samhsa.gov/data/reports-by-geography?tid=660&map=1.

Table 13: Health – Past Year Mental Health Treatment/Counseling among Adults Aged 18 or Older with Any Mental Illness (AMI) in Pennsylvania and the United States (2010 – 2011 to 2013 – 2014)

	Pennsylvania 2010-2014
Received Treatment for Depression	47.9%
Did Not Receive Treatment for Depression	52.1%

Source: Substance Abuse and Mental Health Services Administration, "Behavioral Health Barometer: Pennsylvania, 2015," http://www.samhsa.gov/data/reports-by-geography?tid=660&map=1

Table 14: Health – Pennsylvania Adults, 2014 (with 95% Confidence Intervals) Ever Told Have Some Form of Depressive Disorder

	% Population	Confidence Interval
All Adults	20%	19-21
Male	16%	15-18
Female	23%	22-25
Age 18-29	20%	17-24
Age 30-44	21%	19-23
Age 45-64	22%	20-24
Age 65+	15%	13-16
<High School Education	27%	22-31
High School Education	20%	19-22
Some College Education	22%	19-24
College Degree	13%	12-15
<$15,000 Household Income	40%	36-45
$15,000-$24,999 Household Income	30%	27-33
$50,000-$74,999 Household Income	15%	13-18
$75,000+ Household Income	12%	10-14
White, Non-Hispanic	20%	19-21
Black, Non-Hispanic	20%	17-24
Hispanic	21%	16-29

Source: PA Department of Health, "2014 Behavioral Risks of Pennsylvania Adults," http://www.statistics.health.pa.gov/HealthStatistics/BehavioralStatistics/BehavioralRiskPAAdults/Documents/Behavioral_Health_RIsks_of_Pennsylvania_Adults_COPDArthritisDepressionKidneyDisease_2014.pdf.

Table 15: Health – Adult Mental Health Consumers Served in the Public Mental Health System in Pennsylvania, by Age Group and Employment Status (2014)

	Total	18-20	21-64	65 or Older
Employed	17.7%	3.6%	20.4%	5.1%
Unemployed	0.7%	0.1%	20.4%	5.1%
Not in Labor Force	81.6%	96.3%	78.8%	94.7%

Source: Substance Abuse and Mental Health Services Administration, "Behavioral Health Barometer: Pennsylvania, 2015," http://www.samhsa.gov/data/reports-by-geography?tid=660&map=1

Table 16: Health – Mental Health Consumers in Pennsylvania and the United States Reporting Improved Functioning from Treatment Received in the Public Mental Health System (2014)

	Children and Adolescents (Aged 17 or Younger)	Adults (Aged 18 or Older)
Pennsylvania	63.5%	59.0%
United States	69.5%	70.9%

Source: Substance Abuse and Mental Health Services Administration, "Behavioral Health Barometer: Pennsylvania, 2015," http://www.samhsa.gov/data/reports-by-geography?tid=660&map=1

Mental health issues, and in particular depression and suicide, are prevalent in Juniata and Mifflin County School Districts according to the 2015 Pennsylvania Youth Survey. Programming should be developed that is specific to adolescent mental health issues.

Data demonstrates that mental health issues correlate with chronic health issues.

Table 17: Health – % U.S. Adults with Chronic Health Problems, by Poverty Status, 2011

% People with Chronic Health Problems	In Poverty	Not in Poverty	Difference (percentage points)
% Depression	30.9	15.8	15.1
% Asthma	17.1	11.0	6.1
% Obesity	31.8	26.0	5.8
% Diabetes	14.8	10.1	4.7
% High Blood Pressure	31.8	29.1	2.7
% Heart Attack	5.8	3.8	2.0
% Cancer	6.3	7.1	-0.8
% High Cholesterol	25.0	26.0	-1.0

Source: GALLUP, "Chronic Health Problems Among U.S. Adults, by Poverty Status – 2011," Well-Being, http://www.gallup.com/poll/158417/poverty-comes-depression-illness.aspx.

Table 18: Health – Percentage of Persons with Depression by Age and Poverty Status: United States, 2005-2006

	12-17 years old	18-39 years old	40-59 years old	60 years old and older	Total
Below Poverty Level	13.1%	6.4%	11.5%	22.4%	7.4%
At or Above Poverty Level	4.4%	4.0%	3.5%	5.9%	3.8%

Source: Centers for Disease Control and Prevention (CDC), "Depression in the United States Household Population, 2005 – 2006," Data Briefs, http://www.cdc.gov/nchs/products/databriefs/db07.htm

Poverty is another component in this area of concern. A variety of studies link depression, poverty, and parenting:

- A Child Trends' study of a group of low-income mothers in Maryland shows that more than half of the group experienced depression and feelings of hopelessness in the past year and around a third of them also lost interest and pleasure in doing things.[26]
- The Urban Institute discovered that 14.5% of mothers with young children of all income levels experienced depression , while" mothers with incomes below 200% of the federal poverty level were more likely to experience severe depression" whereas mothers with higher incomes experienced mild to moderate depression.[27]
- Parents with depression are less likely to practice good parenting skills and observe health and safety practices for themselves and their children. This leads to children of depressed low-income parents to be more likely to struggle in school, have behavioral problems, and delayed social and cognitive development.[28]
- "One in nine poor infants lives with a mother experiencing severe depression and more than half live with a mother experiencing some level of depressive symptoms."[29]
- More than one-third of low-income mothers with major depressive disorder go untreated.[30]

Because Mifflin County youth are above the state average in all of these issues, strategies should be adopted to address them. Schools are a natural setting to address mental health concerns in youth. 2005 data indicates that over one-third of school districts provide mental health services through school or district staff and that more than 25% used outside agencies to make mental health services available in schools.[31] Providing mental health access in schools is a focus of the federal government as well as school districts and nonprofit organizations. President Obama's Now Is the Time plan, as well as the President's New Freedom Commission on Mental Health, the Department of Health and Human Services, and the Institute of Medicine have increased efforts to implement early identification and treatment of mental illnesses in schools.[32] Students of high school age and younger spend most of their time in school, which means that creating a safe, supportive, and nonstigmatizing environment for students and their families to seek and access to mental health programs. According to a study by the U.S. Department of Health and Human Services Office of Adolescent Health, "adolescents are more comfortable accessing health care services through school based clinics and like the idea of accessing a range of health and social services in a single location."

Some ways that communities could implement mental health services for students are:

- Develop and extend evidence-based programs to create positive environments in schools while promoting student behavior that deters bullying, conflicts, substance abuse, and drinking while encouraging problem solving, healthy relationships, and beneficial activities.[33] Current programs that do strive toward those goals include: Big Brothers Big Sisters of Juniata Valley (BBBS), Strengthening Families Program, Communities that Care (CTC), Project YES, Safe Homes Pledge, The Abuse Networks, Inc., Clear Concepts Counseling, Juniata Valley Tri-County Drug and Alcohol Abuse Commission, Juniata Valley Tri-County Mental Health/Mental Retardation, Success by Six of the United Way of Mifflin-Juniata, Tuscarora Intermediate Unit 11 Community Education Services, United Way of Mifflin – Juniata, Lumina center, Reedsville Youth Center, Mifflin County Children and Youth, Penn State University Prevention Center for

the Promotion of Human Development, Snyder, Union Mifflin Child Development, National Guard Counterdrug Program, Families United Network.

- Develop and extend early intervention programs and services for students who need more support through skill groups that work with grief, anger, sadness, anxiety etc.[34] Services that fulfill some of these goals already include: guidance counselors at the elementary and high school level and the Student Assistance Program (SAP).
- Develop treatment programs and services that address a range of mental health needs common to students.[35]
- Develop resources to assist both students and families.[36]
- Develop a school culture that encourages and equips teachers and staff to recognize the early warning signs of mental health issues in children and youth.[37] This can be done through the implementation of Mental Health First Aid Training for teachers and others who work with students and Crisis Intervention Training (CIT) for police offers, emergency medical technicians and others who work with public emergencies.
- Develop a referral process that allows all students equal access to mental health services and support systems.[38]

According to youth.gov, studies have shown that developing wide-ranging mental health programs is valuable in helping students reach academic success and build social skills, leadership skills, confidence, and connections to family, adults, and community.[39] Collaborating with community organizations has also been shown to amplify efforts to assist students succeed academically as well as decrease school disciplinary rates, increase graduation rates, and build a positive school climate.[40]

Another sector of our population that is affected disproportionately with mental health issues appears to be veterans.

Table 19: Health – Civilian and Veteran Population 18 years and over (2014 estimate):

	Total Population	Veteran Population	Veteran % Total Population	Nonveteran Population	Nonveteran % Total Population
Juniata County	19,058	1,650	8.7%	17,408	91.3%
Mifflin County	36,407	4,092	11.2%	31,995	87.9%
Pennsylvania	10,013,055	906,384	9.1%	9,106,671	90.9%

Source: U.S. Census Bureau, "Veteran Status, 2014 estimates," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Table 20: Health – Veteran Period of Service

	Gulf War (9/2001 or later) veterans	Gulf War (8/1990 to 8/2001) veterans	Vietnam War Veterans	Korean War Veterans	World War II Veterans
Juniata County	9.0%	8.9%	34.4%	13.7%	10.8%
Mifflin County	5.5%	14.7%	33.2%	14.8%	7.6%
Pennsylvania	8.9%	12.6%	34.5%	12.5%	10.2%

Source: U.S. Census Bureau, "Veteran Status, 2014 estimates," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Table 21: Health – Sex of Veterans

	Male	Female
Juniata County	91.5%	8.5%
Mifflin County	94.2%	5.8%
Pennsylvania	94.2%	5.8%

Source: U.S. Census Bureau, "Veteran Status, 2014 estimates," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Table 22: Health – Age of Veterans

	18-34 years	35-54 years	55-64 years	65-74 years	75 years and over
Juniata County	7.9%	16.9%	23.0%	23.0%	29.3%
Mifflin County	5.8%	25.2%	19.7%	22.7%	26.7%
Pennsylvania	6.1%	21.5%	21.2%	23.8%	27.4%

Source: U.S. Census Bureau, "Veteran Status, 2014 estimates," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Table 23: Health – Median Income in the Past 12 Months (in 2010 Inflation-Adjusted Dollars)

	All Veterans (18 years and over)	Male Veterans (18 years and over)	Female Veterans (18 years and over)
Juniata County	$28,505	$29,728	$19,276
Mifflin County	$29,320	$29,773	$12,192
Pennsylvania	$34,006	$34,272	$29,475

Source: U.S. Census Bureau, "Veteran Status, 2014 estimates," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Table 24: Health – Veterans' Educational Attainment

	Veteran Population (25 years and over)	Less than high school graduate	High school graduate (includes equivalency)	Some college or associate's degree	Bachelor's degree or higher
Juniata County	1,610	14.8%	54.7%	21.6%	8.9%
Mifflin County	4,032	11.0%	50.5%	25.7%	12.8%
Pennsylvania	897,131	9.4%	41.3%	28.1%	21.2%

Source: U.S. Census Bureau, "Veteran Status, 2014 estimates," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Table 25: Health – Poverty Status in the Past 12 Months

	Nonveteran Population 18 years and over for whom poverty status is determined	Veteran Population 18 years and over for whom poverty status is determined	Nonveteran population below poverty in the past 12 months	Veteran population below poverty in the past 12 months
Juniata County	17,155	1,627	11.1%	3.9%
Mifflin County	31,425	4,085	13.9%	7.2%
Pennsylvania	8,758,003	885,848	12.5%	6.3%

Source: U.S. Census Bureau, "Veteran Status, 2014 estimates," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Table 26: Health – Disability Status

	Nonveteran Population 18 years and over for whom poverty status is determined	Veteran Population 18 years and over for whom poverty status is determined	Nonveteran population with any disability	Veteran population with any disability
Juniata County	17,155	1,627	16.3%	26.8%
Mifflin County	31,425	4,085	19.7%	29.1%
Pennsylvania	8,758,003	885,848	14.7%	26.8%

Source: U.S. Census Bureau, "Veteran Status, 2014 estimates," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Some items to keep in mind with regard to veterans and mental health:

- "Approximately 18.5% of service members returning from Iraq and Afghanistan have post-traumatic stress disorder (PTSD) or depression."[41]
- Approximately half of returning service members seek help for mental health, but only a little more than half receive adequate care.[42]
- 70% of veterans experience a substance abuse disorder.[43]

- Data from the U.S. Department of Veterans Affairs shows that the suicide rate for 18 to 29 year old male veterans who have left military service has increased 26% from 2005 to 2007 and increased again to record highs in 2009.[44]
- According to data from the Bureau of Labor Statistics in October 2011, veterans who left military service in the past 10 years have an unemployment rate of 11.7%, which is higher than the overall unemployment rate of 9.1%.[45]
- 20% of veterans who served in Iraq and Afghanistan suffer from post-traumatic stress disorder or major depression.[46]
- 7.1% of veterans have a substance abuse disorder.[47]
- Between 60% and 70% of veterans who screen positive for serious emotional problems do not seek help from mental health professionals.[48]

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. In July 2015, The Primary Health Network opened the Lewistown Dental Center on Dorcas Street. This Center provides dental cleaning and dentistry services to anyone, whether or not they have medical insurance and offers sliding fee billing to anyone who qualifies. 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 2000 to 2007, the number of licensed dentists in the commonwealth has decreased by 284.[49]

Oral diseases are more prevalent in low income families. 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.[50] In addition, more than half the population in Pennsylvania does not have fluoridated water, with Juniata County included in that count.[51]

Chronic Disease Quality of Care

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 and cancer account for more than 48% of all deaths each year.[52]
- Obesity has become a major health concern. More than one-third of adults are obese and almost one in five youth between the ages of 2 and 19 is obese.[53]

- About one-fourth of people with chronic conditions have one or more daily activity limitations.[54]
- Arthritis is the most common cause of disability. 32% of adults in Pennsylvania reported being diagnosed with arthritis.[55]
- Diabetes continues to be the leading cause of kidney failure, non-traumatic lower extremity amputations, and blindness among adults, aged 20-74.[56]
- Excessive alcohol consumption is the third leading preventable death in the United States behind diet and physical activity and tobacco.[57]

Table 27: Health – Cause of Death

*Cause of Death (2011-2013)	Juniata	Mifflin	PA
Heart disease	162.8	162.6	179.2
Cancer	156.2	167.7	173.4
Stroke	35.6	35.2	37.6
Chronic lower respiratory disease	52.5	48.8	39.1

Source: PA Department of Health, County Health Profiles 2015, (http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/CountyHealthProfiles/Pages/CountyHealthProfiles.aspx#.V453c53D-M8).
*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 28: Health – Health Behaviors

Health Behavior	Juniata	Mifflin	PA	National Benchmark
Adult Obesity	33%	32%	29%	25%
Physical Inactivity (do not engage in leisure time physical activity)	26%	27%	24%	21%
Limited Access to Healthy Foods	6%	3%	14%	1%
Adult Smoking	19%	21%	20%	27%

Source: County Health Rankings and Roadmaps, Pennsylvania 2016, (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.[58]

Beginning with the 2007-2008 school-year, Pennsylvania has required school districts to conduct Body Mass Index (BMI) screenings for grades K-12. 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 29: Health – Childhood Obesity

Childhood obesity (>=95th Percentile)	Juniata	Mifflin	PA
Grades K-6, 2012-13	21.56%	18.54%	16.41%
Grades 7-12, 2012-13	25.56%	30.22%	17.96%

Source: Pennsylvania Department of Health, "Growth Screens/BMI-For-Age Percentiles by Health District and County, January 15, 2015, (http://www.health.pa.gov/My%20Health/School%20Health/Documents/ Mandated%20School%20Health%20Program/Growth%20Screen/2012-13BMIByCounty.pdf).

Table 30: Health – Childhood Obesity and Overweight

Childhood obesity& overweight (>85th to >95th Percentile)	Juniata	Mifflin	PA
Grades K-6, 2012-13	38.06%	33.49%	38.37%
Grades 7-12, 2012-13	42.09%	49.5%	40.02%

Source: Pennsylvania Department of Health, "Growth Screens/BMI-For-Age Percentiles by Health District and County, January 15, 2015, (http://www.health.pa.gov/My%20Health/School%20Health/Documents/ Mandated%20School%20Health%20Program/ Growth%20Screen/2012-13BMIByCounty.pdf).

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.[59]

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.[60]

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.[61]

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, according to data gathered during the PA-WAGN grant period. By 2016, the market had merged into a local business and operates daily from a store front.

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.

Table 31: Health – Food Pantry Participation

State Food Purchase Program Food Pantry Participant	Number of individuals served - 2010	Number of persons served with boxes- 2010	Number of individuals served - 2015	Number of persons served with boxes- 2015
Calvary Bible	Not in program	Not in program	785	6,244
Bible Baptist/New Life	343	2,997	268	2,268
Hand of Grace	1,702	7,038	1,508	8,079
Mifflin Co. Salvation Army	953	1,723	738	1,650
Totals	1,171	3,545	4,548	21,726

Source: Mifflin Juniata Human Services Department

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. Geisinger Lewistown Hospital offers a wellness program that includes three modules: Wellness Profile & Employee Interest Survey, Biometric Health Screenings, and Wellness Interventions. All activities are tracked and employees can earn a discount on their health insurance for completing all module activities.

Teen Pregnancy

Prevention of teen and unplanned pregnancy is an important part of a healthy community. According to the U.S. Department of Human Services, 249,078 infants were born to 15 to 19 year olds in 2014 in the nation, for a live birth rate of 24.2 births per 1,000 women in this age group.[62] Nearly 89 percent of these births occurred outside of marriage. [63] In Pennsylvania in 2014, the rate is 19.3.[64]

Teen childbearing in Pennsylvania cost taxpayers $9.4 million in 2010, according to an updated analysis from The National Campaign to Prevent Teen and Unplanned Pregnancy.[65] 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.[66] 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.[67] Pennsylvania has seen a 55% decline in the teen birth rate between 1991 and 2013.[68]

Table 32: Health – Teen Birth Rate 2016

	Juniata	Mifflin	PA
Teen Births	116	354	n/a
Teen Birth Rate (number births per 1,000 female population, ages 15-19)	22	36	27

Source: County Health Rankings & Roadmaps, Pennsylvania 2016, (http://www.countyhealthrankings.org/)

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.[69]

Table 33: Health – Prenatal Care

% Women Not Receiving Prenatal Care in First Trimester (2013)	Juniata	Mifflin	PA	Healthy People 2020 Objective
All ages	35.9%	36.4%	27.5%	77.9%

Source: PA Department of Health, Health Profile 2015, (http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/County_Health_Profiles_2015.pdf)

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%.[70] Juniata County saw overall increases in smokeless tobacco and inhalant use from 2007 to 2009.[71]

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.[72]

According to the 2015 Pennsylvania Youth Survey for Juniata County and Mifflin County School Districts, the alcohol and tobacco usage amongst students in grades 6-12 is quite high, usually equal to or higher than the state average.

Table 34: Health – Percent students in grades 6-12 indicating alcohol use in the past 30 days.

	2011	2013	2015
Juniata	17.5%	17.5%	14.8%
Mifflin	27.4%	23.3%	26.3%
State	n/a	n/a	18.2%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 35: Health – Percent students in grades 6-12 indicating marijuana use in the past 30 days.

	2011	2013	2015
Juniata	3.3%	3.5%	4.4%
Mifflin	11.8%	10.9%	12.5%
State	n/a	n/a	9.4%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 36: Health – Percent students in grades 6-12 indicating inhalant use in the past 30 days.

	2011	2013	2015
Juniata	6.1%	2.9%	2.0%
Mifflin	10.2%	2.8%	1.4%
State	n/a	n/a	1.3%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 37: Health – Percent students in grades 6-12 indicating cigarette use in the past 30 days.

	2011	2013	2015
Juniata	7.5%	8.4%	7.6%
Mifflin	20.5%	16.0%	18.9%
State	n/a	n/a	6.4%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 38: Health – Percent students in grades 6-12 indicating smokeless tobacco use in the past 30 days.

	2011	2013	2015
Juniata	8.1%	7.9%	7.0%
Mifflin	17.5%	12.5%	12.7%
State	n/a	n/a	4.1%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 39: Health – Percent students in grades 6-12 indicating narcotic prescription drug use in the past 30 days.

	2011	2013	2015
Juniata	2.8%	1.9%	1.6%
Mifflin	10.6%	3.8%	3.3%
State	n/a	n/a	1.9%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 40: Health – Percent students in grades 6-12 indicating prescription stimulants use in the past 30 days.

	2011	2013	2015
Juniata	2.6%	0.6%	0.4%
Mifflin	1.9%	1.2%	2.4%
State	n/a	n/a	1.3%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 41: Health – Percent students in grades 6-12 indicating heroin use in the past 30 days.

	2011	2013	2015
Juniata	0.4%	0.3%	0.1%
Mifflin	0.3%	0.1%	0.2%
State	n/a	n/a	0.2%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Domestic Violence

The Abuse Network serves victims and their significant others who have been victimized by interpersonal crimes such as domestic violence, sexual violence, and other violent crimes such as domestic violence, sexual violence, and other violent crimes in Mifflin, Juniata, and Huntingdon Counties. In fiscal year 2015-2016, the agency assisted 885 new victims and significant others experiencing victimization. Of the 885 individuals served, 456 received services for domestic violence, 338 received services for sexual assault and 91 victims of other interpersonal crime were served.

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 2015-16 fiscal year, the agency provided shelter to 46 residents of Mifflin and Juniata Counties displaced by or fleeing domestic violence. Additionally, agency advocates provided over 3,000 hours of direct services to clientele including services such as a 24-hour hotline counseling, crisis intervention and supportive counseling, legal and medical advocacy and accompaniment, support groups, and resource management including referrals to other agencies that may be of assistance.

The agency also provides free educational programs about violence and the impact of violence to schools, professionals, and civic groups. In fiscal year 2015-16, training was provided to over 4,000 adults and children in the service delivery area. 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.[73]

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.[74]

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

With the final results being the "Emerging Priorities"

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 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)
    - Increase awareness of mental health resources, particularly to underserved peoples (adolescents and veterans)

- 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.

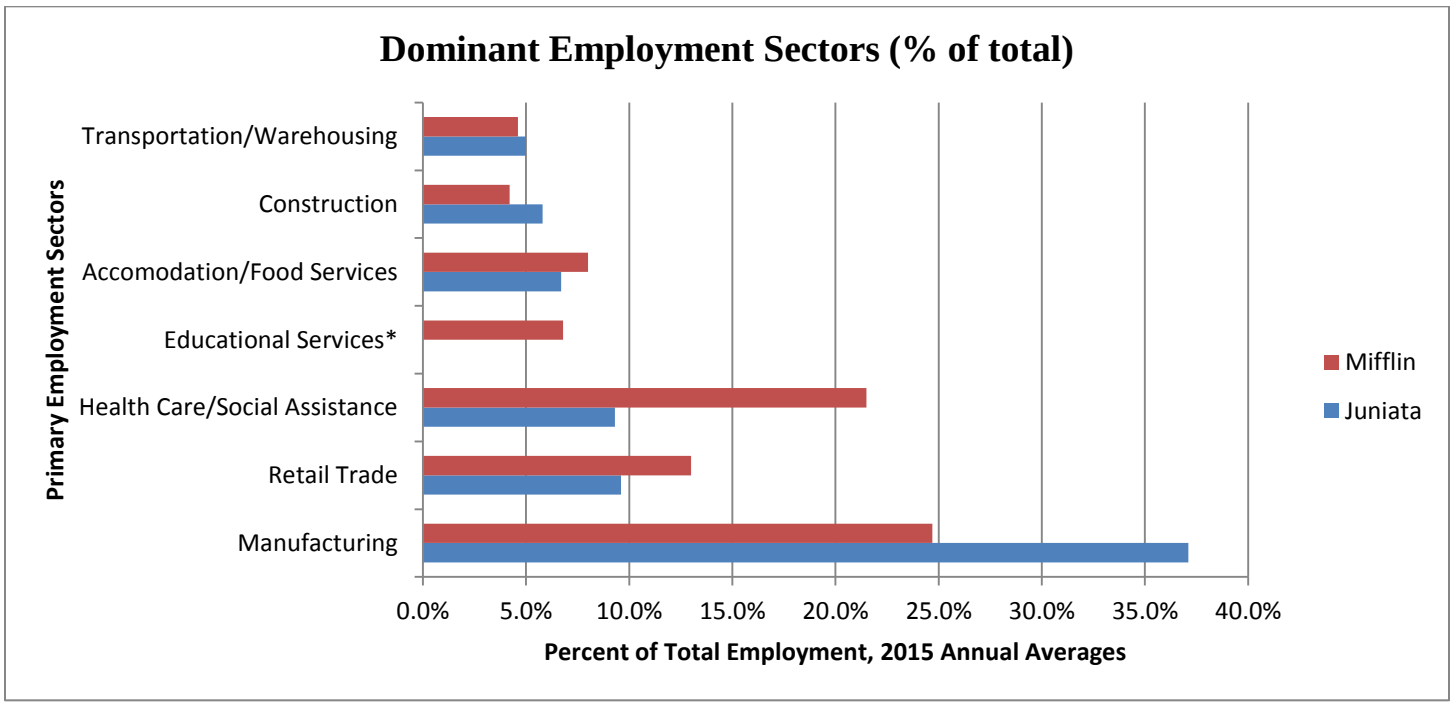
Income

In this section we highlight both sides of the income perspective: employment and income. While these two considerations are related, they are also in some ways 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 of concern when considering human service needs. Therefore, the focus is on 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, remains 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, retail trade, healthcare/social assistance, educational services, accommodation/food services, construction, and transportation/warehousing. 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 (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: Pennsylvania Center for Workforce Information & Analysis, "County Profiles," June 2016, http://www.workstats.dli.pa.gov/Products/CountyProfiles/Pages/default.aspx.

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). Unemployment increased 6.0% and 3.9% respectively for Mifflin and Juniata Counties between 2000 and 2010.[75] The employment picture, however, has begun to improve since 2010. The unemployment rate in 2015 was 5.6%, 4.8%, and 5.1% respectively for Mifflin County, Juniata County, and Pennsylvania.[76]

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. In Mifflin County, 72.4% of residents work in Mifflin County, but in Juniata County the number is lower as only 52.7% of work in Juniata County (Appendix Table 47). According to the U.S. Census Bureau, the average travel time to work in 2014 for Juniata County and Mifflin County was 29.6 minutes.[77] 67 percent of rural commuters work in their county of residence and have an average 15 minute commute time, whereas 33 percent of rural commuters work outside of their county of residence and had a 36 minute commute.[78] 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 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. Census data compiled by the Center for Rural PA for 2014, however, indicates that when we consider children (0-17 yrs.) the relative percentages fluctuate somewhat: PA 19.2%; Juniata 18.4% and Mifflin 25.0% (See Table 1 below).

Table 1: Income

Indicator	Juniata	Mifflin	PA
Median household income, 2012	$43,576	$39,409	$52,818
Median household income, 2013	$46,932	$43,258	$52,849
Median household income, 20154	$48,944	$40,957	$53,224
Total Poverty Rate, 2012	12.0%	16.3%	13.7%
Total Poverty Rate, 2013	11.8%	14.5%	13.7%
Total Poverty Rate, 2014	12.3%	16.3%	13.6%
Poverty Rate for Children (under 18 years old), 2012	17.2%	27.0%	19.6%
Poverty Rate for Children (under 18 years old), 2013	17.5%	24.4%	19.2%
Poverty Rate for Children (under 18 years old), 2014	18.4%	25.0%	19.2%
Per Capita Personal Income, 2012	$34,746	$32,562	$47,206
Per Capita Personal Income, 2013	$35,783	$32,910	$46,775
Per Capita Personal Income, 2014	$36,607	$33,621	$47,679

Source: Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, (http://www.rural.palegislature.us/county_profiles.cfm.)

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

Indicator	Juniata	Mifflin	PA
Percent Renters, 2010	23.9%	27.4%	30.4%
Percent Homeowners, 2010	76.1%	72.6%	69.6%
Percent of renters paying in excess of 30% of income on rent, 2010	23.6%	26.8%	31.9%

Source: U.S. Census Bureau, "2014 American Community Survey," American FactFinder, accessed July 28, 2016, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

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 both counties 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

Indicator	Juniata	Mifflin	PA
Percent Households receiving Social Security, 2010-14	36.4%	40.5%	33.2%
Percent Households receiving Supplemental Security Income, 2010-14	6.6%	7.2%	5.9%
Percent Households receiving public assistance, 2010-14	1.8%	3.2%	3.5%
Population Participating in Food Stamp Program (SNAP), June 2013	9.8%	16.3%	14.2%
Population Participating in Food Stamp Program (SNAP), June 2014	9.7%	16.1%	14.2%
Population Participating in Food Stamp Program (SNAP), June 2015	9.4%	16.1%	14.5%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, (http://www.rural.palegislature.us/county_profiles.cfm.)

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

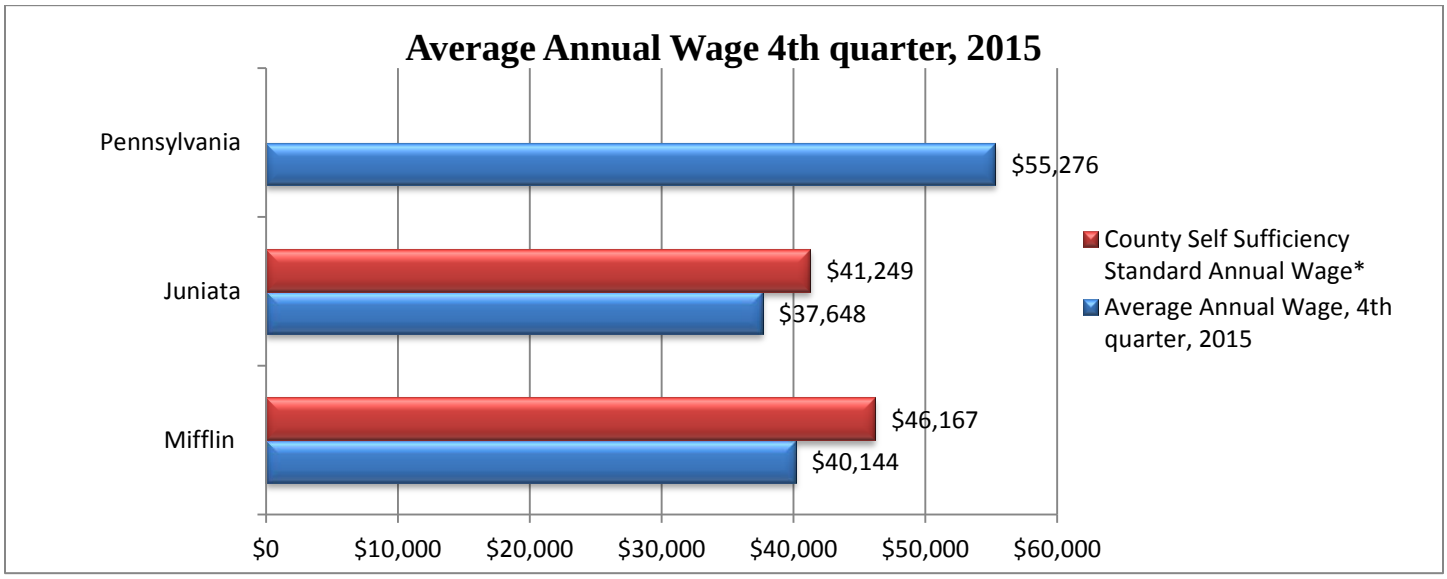
Indicator	Juniata	Mifflin	PA
Poverty Rate (%) Children (<18) - 2012	17.2%	27.0%	19.6%
Poverty Rate (%) Children (<18) – 2013	17.5%	24.4%	19.2%
Poverty Rate (%) Children (<18) - 2014	18.4%	25.0%	19.2%
Percent children (<18) uninsured - 2014	8.0%	19.1%	19.2%
Percent students enrolled for free/reduced lunches – 2014-15	43.7%	52.8%	48.1%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, (http://www.rural.palegislature.us/county_profiles.cfm.); Pennsylvania Department of Education, "Building Data Yearly Reports: % Students Eligible for Free and Reduced Lunch," National School Lunch Program Reports, http://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/Pages/National-School-Lunch-Program-Reports.aspx#tab-1.

Wage Levels and Self-Sufficiency Standards

According to the Department of Labor and Industry, the average wage levels in both counties remain below the state average. Chart 2 highlights the overall average annual wage for Mifflin and Juniata counties and the state for those sectors represented in each county.

Chart 2: Income



Source: Pennsylvania Center for Workforce Information and Analysis, "Quarterly Census of Employment and Wages (QCEW)," Research and Historical Data, http://www.workstats.dli.pa.gov/Research/Pages/default.aspx.

* The county self-sufficiency data used in the chart above is the data of wages per adult for a household with two adults and one preschooler child and one school-age child.

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 (see Self-Sufficiency Standard Data Tables in Appendix pages 56-57). 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.

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
    - Increase opportunities for new housing models, especially around affordable housing

Executive Summary

The Mifflin Juniata Human Services Needs Assessment 2013

A two-county community human services needs assessment was commissioned by the Mifflin Juniata County Human Services Department to include assessment of need in Mifflin and Juniata Counties in Pennsylvania. The two-county area is known as the Juniata Valley.

Along with the Mifflin Juniata County Human Services Department, partner agencies participating in the assessment process included United Way of Mifflin- Juniata, Penn State Extension, and Lewistown Hospital.

The community needs assessment focused on education, health, and income with questions related to the following areas:

- Health care access and quality
- Child and family well-being
- Transportation
- Housing
- Community and economic development

The first step in the community needs assessment was to assess the priorities of the human services sector. Fifty-one surveys were sent to service related organizations and public officials in the two-county area. The response rate was 80.4 percent.

Following the human service provider survey, a random-sample citizen survey was sent to 3,000 residents in Mifflin and Juniata Counties. The response rate was 17 percent. Based on this response, it can be estimated (with a 95 percent confidence level) that the responses received accurately reflect (with a margin of error of +/-5 percent) those that would have expected if all 70,000 residents in Mifflin and Juniata Counties were surveyed.

During the third phase of the assessment a community leaders' forum was held to assess an in-depth and solutions-oriented perspective of the findings in the citizen survey and the human service provider survey. Participants in the leaders' forum discussed potential strategies and approaches the two-county area could take to move forward in addressing human service needs.

In the fourth phase, five focus groups were conducted with community members and agency representatives to discuss need in the community. The purpose was to acquire broad participation and perspectives. A total of fifty-one leaders, public officials and interested residents attended one or more focus groups.

Secondary data that was also considered in the process included a comprehensive analysis of the health status, educational, and socio-economic environmental factors for both Mifflin and Juniata Counties.

The Human Services Needs Assessment identified significant need in our community around the following key themes.

Education:

- Improving lifelong learning opportunities
- Improving/expanding job readiness and workforce training opportunities

- Increasing family/household education

Health:

- Improving access to health care
- Improving the quality of health care
- Providing resources for healthy lifestyle choices

Income:

- Expanding job opportunities and economic diversity
- Increasing workforce development and training
- Ensuring adequate human service resources to meet community need
- The full report provides additional details related to the needs in the areas of education, health, and income.

APPENDIX

Appendix I

Needs Assessment Partners

Geisinger Lewistown Hospital

Geisinger Health System Foundation is the parent corporation that owns and operates the Geisinger Lewistown Hospital, Family Health Associates of Geisinger Lewistown Hospital, and Lewistown Ambulatory Care Corporation.

Vision

- To be the leading community healthcare organization in Central Pennsylvania. To provide direct access to specialty services through collaboration with advanced medical specialty centers.
- To improve the health status of our communities.

Mission
To provide personal, high-quality, economical healthcare for our communities.

Our Strategic Directions
To be an organization that:

- Assures access to essential healthcare services for its communities.
- Values safe and quality healthcare.
- Embraces an empowered, positive workforce.
- Is fully integrated and patient-centered.
- Is appealing, safe and customer-oriented.

Geisinger Lewistown Hospital serves approximately 80,000 residents throughout the Central Pennsylvania region. Geisinger Lewistown Hospital has been in operation since 1905, and currently is a 123-bed acute care community hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations and offers a comprehensive range of inpatient and outpatient services. Family Health Associates of Geisinger Lewistown Hospital is a multi-specialty group practice with 18 physicians and seven mid-level providers located at nine different office locations in Mifflin and Juniata Counties. Lewistown Ambulatory Care Corporation (LACC) is a not- for- profit entity operating primarily as a real estate holding company, which includes all properties owned by Geisinger Lewistown Hospital except for the main hospital facility.

Mifflin Juniata County Human Services Department

The MJCHSD 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. The Department is responsible for planning for the human services needs of county residents, developing needed programs, administering funding and monitoring and evaluating program performance.

Vision

The MJCHSD meets the needs of our community and empowers individuals and families through accessible and responsive services that meet their needs in the most effective and efficient manner.

Mission

The mission of the MJCHSD is to strengthen and secure maximum independence for individuals and families through comprehensive services.

In 2004, the Mifflin and Juniata County Commissioners entered into an agreement to combine the Human Services Departments for both counties. From this agreement, the Mifflin Juniata County Human Services Department was created. The Department serves as the administering agency for several human-service related grants received by the counties. The MJCHSD provides linkage between the County Commissioners and publicly and privately funded human service system providers in both counties.

A large part of administering funding for the county relates to the allocation and oversight of state and federal funds for the purpose of providing comprehensive human service delivery in Mifflin and Juniata Counties. These funds include the Homeless Assistance Program (HAP), Human Service Development Fund (HSDF), Community Service Block Grants (CSBG), Emergency Food and Shelter Program (EFSP), The Emergency Food Assistance Program (TEFAP), the Medical Assistance Transportation Program (MATP) and the State Food Purchase Program (SFPP).

The MJCHSD is also responsible for the coordination of the grant application process for county row offices including researching sources of funding for new grants and submitting applications for such funding. The Department also provides grant-related technical assistance to municipalities, local and regional police departments, emergency services, and nonprofit agencies serving county residents.

Appendix I

Penn State Extension

Penn State Extension is an educational network that gives people in Pennsylvania's 67 counties access to the University's resources and expertise.

Helps individuals, families, businesses, and communities throughout Pennsylvania with information and a broad range of educational programs designed to:

- Support productive, profitable, and competitive businesses and a strong agriculture and food system
- Strengthen families, children and youth, and the elderly
- Build caring, safe, and healthy communities
- Ensure the long-term vitality of Pennsylvania's natural resources
- Enable people to better understand and deal with complex public issues

What is Extension?

It is funded by the U.S. Department of Agriculture and state and county governments. Through this county-based partnership, Penn State Extension educators, faculty, and local volunteers work together to share unbiased, research-based information with local residents. Here are just a few of the many ways Penn State Extension can help:

Individuals

- Managing time and stress
- Enhancing employment opportunities
- Maintaining your home
- Improving nutrition, diet, and health
- Developing the potential of youth through 4-H
- Becoming a master gardener
- Improving the lives of the elderly

Families

- Managing family resources
- Making sound and economical nutrition and food choices
- Preparing and preserving food safely
- Improving your parenting skills
- Caring for children and seniors
- Balancing work and family
- Gardening and landscaping

Businesses

- Increasing agricultural profitability
- Evaluating community and regional resources
- Delivering quality child care
- Certifying food safety
- Troubleshooting production problems
- Starting home-based businesses
- Preparing tax forms properly
- Using technology appropriately
- Supporting the food and forest products industries

Communities

- Strengthening community leadership
- Revitalizing communities through economic development
- Expanding and retaining businesses
- Educating county and local officials
- Improving community relations
- Managing water, soil, and forest resources
- Promoting cooperation among agencies

United Way of Mifflin-Juniata

Mission

Improving People's Lives by Mobilizing the Caring Power of the Community.

History

The local United Way was started in 1934 when organizations met to discuss the feasibility of a community fund under the umbrella of the Mifflin County Chamber of Commerce. This was done to meet the needs of financially disadvantaged families in the area. Juniata County came on board as a partner in 1963 and the name was changed to the Mifflin-Juniata United Community Fund. In 1978, the name was changed again to the United Way of Mifflin-Juniata.

In the 1990's, the United Way, along with funding traditional partners, began initiatives like Youth Day of Caring, Day of Caring, Success by 6, Summer Food Program, Money In Your Pocket Income Tax Assistance, and 2-1-1. The United Way budget is primarily driven by the generosity of the local community. In 2012, $538,600 was raised to invest in the stability of our children, families, special needs populations, and the elderly. In addition to local funds, staff seeks out other funding opportunities such as grants and foundation dollars.

United Way is managed by a local volunteer board and while part of an international system, its decisions are autonomous to address local needs. Money raised is distributed through an annual Request for Proposal process. Any human service agency meeting minimum standards and providing a program that meets a community need is encouraged to apply. Teams of community volunteers review the proposals and make recommendations to the board of directors for final approval. Programs are funded that show impact on needs addressed in this assessment.

Appendix II

Surveys

TOPIC AREA: Education [1]

Priority Issues and Considerations[2]

Education

- Improving/providing better schools (K-12)
- Improving/expanding job training/workforce development opportunities
- Increasing affordability and access to higher education
- Decreasing the high school drop-out rate
- Increasing involvement of parents in their children's education
- Increasing family financial management skills
- Expanding parenting education for teens and adults
- Expanding education regarding available services and opportunities
- Educating about healthy life styles
- Improving access to and quality of pre-school services
- Improving match between employer skill needs and employee skills ability
- Improving school information
- Improving leadership training opportunities for all ages

Related Considerations

- Improving recreational/educationally enriching activities and programs for youth
- Increasing volunteerism and community engagement of youth
- Attract more young families to the area.
- Overcome negative perceptions of the many about the area

[1] Summarized findings from 1) random sample residential survey; 2) human service provider survey; 3) two county strategic planning session

[2] Most frequently cited, in approximate order of decreasing importance

Appendix II

TOPIC AREA: Health[3]

Priority Issues and Considerations[4]

Health Care

- Improving health care quality
- Improving primary care access and affordability
- Improving chronic health care services
- Expanding mental health services
- Improving emergency care services
- Expanding preventative care services
- Improving/expanding specialist care and services
- Expanding dental health services
- Providing low-cost alternatives to uninsured and under-insured
- Expanding wellness programs
- Expanding education regarding available services
- Improving health/behavioral health integration
- Improving/expanding family planning services

Related Considerations

- Increasing affordability and access to insurance
- Reduce lifestyle diseases (diabetes, obesity, smoking etc)
- Reducing drug and alcohol abuse among adults and teens
- Improving transportation to services
- Improving parental skills regarding basic care for children

[3] Summarized findings from 1) random sample residential survey; 2) human service provider survey; 3) two county strategic planning session

[4] Most frequently cited, in approximate order of decreasing importance

Appendix II

TOPIC AREA: Income[5]

Priority Issues and Considerations[6]

Jobs and Income

- Increasing job opportunities at all skill levels
- Expanding job opportunities for young people and families to earn a living wage
- Attract more and more diverse industries and businesses

Income Support and Services

- Providing adequate funding to ensure human services are available to all those that need them.
- Increasing incentives for unemployed or under-employed to move into the workforce
- Increasing assistance for and development of affordable housing (rentals and ownership)
- Increasing support services for elderly and child care
- Improving family financial management skills
- Decreasing poverty – multi-faceted approaches
- Increasing emergency assistance: food, housing etc

Related Considerations

- Increasing level of education of workforce for new and emerging businesses
- increasing/improving job and workforce development and training to better match employer needs and employee skills
- Improving coordination and provision of training and other employment related services/opportunities
- Increasing transportation services
- Improving K-12 education
- Increasing access to higher education
- Helping youth develop life skills

[5] Summarized findings from 1) random sample residential survey; 2) human service provider survey; and 3) two county strategic planning session

[6] Most frequently cited, in decreasing order of importance

Appendix III

Self Sufficiency Standard

Juniata County

The Self-Sufficiency Standard for Juniata County, PA 2012								
Monthly Costs	Adult	Adult + preschooler	Adult + infant + preschooler	Adult + preschooler + school-age	Adult + school-age + teenager	Adult + infant + preschooler + school-age	2 Adults + infant + preschooler	2 Adults + preschooler + school-age
Housing	$468	$563	$563	$563	$563	$765	$563	$563
Child Care	$0	$456	$964	$853	$398	$1,361	$964	$853
Food	$234	$354	$464	$532	$617	$626	$666	$731
Transportation	$250	$257	$257	$257	$257	$257	$490	$490
Health Care	$137	$323	$337	$345	$368	$359	$392	$401
Miscellaneous	$109	$195	$258	$255	$220	$337	$308	$304
Taxes	$201	$298	$410	$397	$220	$663	$484	$470
Earned Income Tax Credit (-)	$0	($149)	($141)	($153)	($284)	$0	($89)	($104)
Child Care Tax Credit (-)	$0	($73)	($121)	($113)	($47)	($100)	($105)	($105)
Child Tax Credit (-)	$0	($83)	($167)	($167)	($167)	($250)	($167)	($167)
Self-Sufficiency Wage								
Hourly	$7.95	$12.17	$16.05	$15.75	$12.19	$22.84	$9.96	$9.77
							per adult	*per adult*
Monthly	$1,399	$2,141	$2,824	$2,772	$2,145	$4,019	$3,506	$3,437
Annual	$16,784	$25,697	$33,892	$33,260	$25,743	$48,233	$42,068	$41,249

Source: Center for Women's Welfare, Self Sufficiency Standard for Pennsylvania 2012," Pennsylvania, accessed July 28, 2016, http://depts.washington.edu/selfsuff/docs/PA2012_All_Families.xls.

Appendix III

Mifflin County

The Self-Sufficiency Standard for Mifflin County, PA 2012								
Monthly Costs	Adult	Adult + preschooler	Adult + infant + preschooler	Adult + preschooler + school-age	Adult + school-age + teenager	Adult + infant + preschooler + school-age	2 Adults + infant + preschooler	2 Adults + preschooler + school-age
Housing	$459	$563	$563	$563	$563	$731	$563	$563
Child Care	$0	$591	$1,112	$1,034	$443	$1,555	$1,112	$1,034
Food	$234	$354	$464	$532	$617	$626	$666	$731
Transportation	$250	$257	$257	$257	$257	$257	$490	$490
Health Care	$137	$323	$337	$345	$368	$359	$392	$401
Miscellaneous	$108	$209	$273	$273	$225	$353	$322	$322
Taxes	$205	$357	$505	$505	$288	$742	$590	$590
Earned Income Tax Credit (-)	$0	($109)	($71)	($71)	($257)	$0	($16)	($17)
Child Care Tax Credit (-)	$0	($70)	($115)	($115)	($60)	($100)	($100)	($100)
Child Tax Credit (-)	$0	($83)	($167)	($167)	($167)	($250)	($167)	($167)
Self-Sufficiency Wage								
Hourly	$7.91	$13.59	$17.95	$17.94	$12.94	$24.28	$10.95	$10.93
							per adult	*per adult*
Monthly	$1,392	$2,392	$3,159	$3,157	$2,278	$4,273	$3,853	$3,847
Annual	$16,708	$28,700	$37,903	$37,881	$27,334	$51,280	$46,241	$46,167

Source: Source: Center for Women's Welfare, Self Sufficiency Standard for Pennsylvania 2012," Pennsylvania, accessed July 28, 2016, http://depts.washington.edu/selfsuff/docs/PA2012_All_Families.xls.

Appendix IV

Education Tables

Table 1: Juniata County Public Schools

Juniata County Public Schools	*Grades*	*Enrollment 2014-15*
East Juniata Junior-Senior High School	7-12	**553**
Juniata Senior High School	9-12	546
Tuscarora Middle School	6-8	**458**
Fermanaugh-Mifflintown Elementary School	K-5	**262**
Fayette Township Elementary School	K-6	**259**
Monroe Township Elementary School	K-6	**178**
Mountain View Elementary School	K-5	**178**
Tuscarora Valley Elementary School	K-5	**135**
Thompsontown-Delaware Elementary School	K-6	**129**
Walker Township Elementary School	K-5	**126**
Lack-Tuscarora Elementary School	K-5	106
TOTAL Public enrollment		**2,930**

Source: Pennsylvania Department of Education, "Public School Enrollments 2014-2015," Enrollment Reports and Projections, accessed July 14, 2016, http://www.education.pa.gov/Data-and-Statistics/Pages/Enrollment%20Reports%20and%20Projections.aspx#tab-1.

Table 2: Mifflin County Public Schools

Mifflin County Public Schools	*Grades*	*Enrollment 2014-15*
Mifflin County High School	10-12	**1,171**
Mifflin County Junior High School	8-9	**893**
Mifflin County Middle School	6-7	**825**
Lewistown Elementary School	K-3	**586**
Lewistown Intermediate School	4-5	**556**
Indian Valley Elementary School	K-3	**397**
East Derry Elementary School	K-3	**320**
Strodes Mills Elementary School	K-3	**219**
Indian Valley Intermediate School	4-5	**213**
TOTAL Public enrollment		**5,180**

Source: Pennsylvania Department of Education, "Public School Enrollments 2014-2015," Enrollment Reports and Projections, accessed July 14, 2016, http://www.education.pa.gov/Data-and-Statistics/Pages/Enrollment%20Reports%20and%20Projections.aspx#tab-1.

Appendix IV

Table 3: Juniata County Private Schools

Juniata County Private Schools	*Grades*	*Enrollment 2014-15*
Juniata Mennonite School	K – 12	**191**
Kurtz Valley Amish School	1-8	**30**
Breezy Hollow Amish School	1-8	**28**
Red Rock School	1-8	**27**
Ridgeside School	1-8	**26**
East Salem Amish Parochial School	1-8	**23**
Laurel Run Amish School	1-8	**22**
Black Rock Amish School	1-8	**21**
Delaware Creek School	1-8	**21**
Cedar View School	1-8	**20**
Cedar Springs Parochial School	1-8	**19**
Mountain View Amish School	1-8	**18**
Windy Acres School	1-8	**17**
Shade Mountain Christian School	2-8	**15**
TOTAL Private enrollment		**478**

Source: Pennsylvania Department of Education, 2014 – 2015 Private & Non-Public Schools Enrollment Reports, www.pde.state.pa.us

Appendix IV

Table 4: Mifflin County Private Schools

Mifflin County Private Schools	*Grades*	*Enrollment 2014-15*
Belleville Mennonite School	PK-12	**218**
Mifflin County Christian Academy	PK-12	**86**
Sacred Heart of Jesus School	PK – 5	**84**
Valley View Christian School	1-12	**58**
Gospel Light School	2-9	**46**
Hollow View School	1-7	**34**
Sunnyview Amish School	1-8	**34**
Allison Gap School	1-8	**32**
Green Gate Amish School	1-8	**32**
Meadow View Amish School	1-8	**31**
Poplar Grove School	1-12	**31**
Mountain View Amish School	1-8	**30**
Rock Haven Christian School	K-9	**30**
Sunnyside Amish School	1-8	**30**
Kish Creek School	1-8	**29**
Saddlers Run School	1-8	**29**
Shady Grove Amish School	1-8	**29**
Waynesburg Amish School	1-8	**29**
White Hall Amish School	1-8	**29**
Barefoot School	1-8	**28**
Coffee Run Private Parochial School	1-8	**28**
Woodland Amish School	1-8	**28**
Barrville Amish School	1-8	**27**
Beth El Christian Day School	1-12	**27**
Soft Run School	1-8	**27**
Clearview Amish School	1-8	**24**
Back Mountain Amish School	1-8	**23**
Shady Acre Amish School	1-8	**23**
Orchard Side School	1-8	**21**
Stony Hill Amish School	1-8	**19**
Church Lane School	1-8	**15**
County Line School	1-9	**9**
Hill Top Special Ed School	1-8	**4**
Green Lane School	1-8	**2**
TOTAL Private enrollment		**1,226**

Source: Pennsylvania Department of Education, 2014 – 2015 Private & Non-Public Schools Enrollment Reports (www.pde.state.pa.us)

Appendix IV

Table 5: Education

Alternative Education	*Grades*	*Enrollment 2016-17*
Alpha Program (Mifflin)	7-12	**185***
MC Online (Mifflin)	K-12	**9**
Mifflin County Academy of Science and Technology	10-12	**229**
The Academy (Juniata)	10-12	**70**
River Rock Academy & NHS Schools (Juniata)	6-12	**10**
JC Online Academy (Juniata)	3-12	**159**
TOTAL alternative enrollment		**662**

Source: mcsdk12.org; jcsdk12.org

*This number reflects the enrollment data for the Alpha Program in 2013-2014 school year.

Appendix V

Data Tables

Table 4: Population

	Pennsylvania (State Total)	Juniata County	Mifflin County
Population, 1900	6,302,115	16,054	23,160
Population, 1950	10,498,012	15,243	43,691
Population, 1990	11,881,643	20,625	46,197
Population, 2000	12,281,054	22,821	46,486
Population, 2010	12,702,379	24,636	46,682
% Change, 2000-10	3.4%	8.0%	0.4%
Population, 2014 (Est.)	12,787,209	24,796	46,552
%Change, 2010-14	0.7%	0.6%	-0.3%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 5: Population Projections

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total Population (Projections), 2020	13,230,170	24,681	48,102
Total Population (Projections), 2030	13,759,594	25,013	49,578
Total Population (Projections), 2040	14,132,588	25,094	50,709

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 6: Area and Population Density

	Pennsylvania (State Total)	Juniata County	Mifflin County
Land Area in Square Miles, 2010	44,743	391	411
Population Per Square Mile	284	63	114

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 7: Municipalities by Population Size

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Municipalities, 2014	2,562	17	16
With Population Less Than 2,500	58.9%	82.4%	50.0%
With Population of 2,500 to 4,999	18.6%	17.6%	31.3%
With Population 5,000 to 9,999	12.4%	0.0%	18.8%
With Population 10,000+	10.0%	0.0%	0.0%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

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Table 8: Rural & Urban Municipalities

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Rural Municipalities, 2010	1,592	17	15
# Urban Municipalities, 2010	970	0	1

Soruce: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 9: Age Cohorts

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Persons <18, 2010-14	2,740,220	5,720	10,657
% Population <18 Years Old	21.5%	23.1%	22.8%
# Persons 18 to 64, 2010-14	7,976,951	14,444	26,994
% Population 18 to 64 Years Old	62.5%	58.3%	57.8%
# Persons 65+, 2010-14	2,041,558	4,629	9,054
% Population 65+ Years Old	16.0%	18.7%	19.4%
Median Age, 1990	35.1	35.1	35.1
Median Age, 2000	38.0	38.0	38.0
Median Age, 2010	40.1	40.9	42.5
Median Age, 2010-14	40.4	42.4	43.3

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.
Pennsylvania Data Center, "Detailed Population and Housing Data, 2010," Local 2010 Census Data Released for Pennsylvania, https://pasdc.hbg.psu.edu/Data/Census2010/tabid/ 1489/Default.aspx

Table 10: Population Under 18 Years Old

	Persons <18, 2010 Census	Persons <18, 2000 Census	Change: 2000 to 2010
Pennsylvania State	2,792,155	2,922,221	-130,166
Juniata County	5,913	5,703	210
Mifflin County	10,784	11,451	-667

SOURCE: Pennsylvania Data Center, "PA Counties – Total Population, under 18: 2000 – 2010," Local 2010 Census Data Released for Pennsylvania, https://pasdc.hbg.psu.edu/Data/Census2010 /tabid/1489/Default.aspx

Table 11: Population Over 65 Years Old

	# Persons >65, 2010 Census	% Population >65 Years Old, 2010
Pennsylvania State	1,959,307	15.4%
Juniata County	4,134	16.8%
Mifflin County	8,643	18.5%

SOURCE: Pennsylvania Data Center, "Detailed Population and Housing Data, 2010," Local 2010 Census Data Released for Pennsylvania, https://pasdc.hbg.psu.edu/Data/Census2010/tabid/ 1489/Default.aspx.

Table 15: Households/Families

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Households, 2010-14	4,957,736	9,329	18,822
# Families, 2010-14	3,203,939	6,620	12,531

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 16: Types of Households

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total # Households, 2010-14	4,957,736	9,329	18,822
Married-couples With Own Children (<18)	17.8%	19.4%	17.2%
Married-couples With No Own Children	30.5%	40.0%	34.2%
Single Parents (Male/Female, No Spouse, Children <18)	8.4%	5.6%	8.3%
Single person Households	29.6%	24.2%	27.3%
Other types of Households	13.7%	10.8%	13.0%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 17: Persons per Household

	Pennsylvania (State Total)	Juniata County	Mifflin County
Avg. # Person in Households, 1990	2.57	2.66	2.58
Avg. # Person in Households, 2000	2.48	2.60	2.49
Avg. # Person in Households, 2010-14	2.49	2.62	2.45

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 18: Housing

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Housing Units, 2010-14	5,578,393	10,998	21,539
% Change 2000 to 2010-14	6.3%	9.6%	3.8%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 19: Vacant Housing Units

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Vacant Housing Units, 2010-14	620,657	1,669	2,717
Housing Units Vacant	11.1%	15.2%	12.6%
Vacant Units that are Seasonal, Recreational, Occasional Use	27.7%	63.3%	46.9%
Vacant Units for Rent/Sale or Vacant for Other Reasons	72.3%	36.7%	53.1%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 20: Housing Units by Type

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total # Housing Units, 2010-14	5,578,393	10,998	21,539
Single Family Home (Detached 1 Unit)	57.1%	76.5%	71.4%
Duplex/Townhouse/Row Home (Attached 1 Unit)	18.3%	3.9%	9.6%
Small Apartment Building (Less than 9 Units)	12.2%	4.4%	7.6%
Large Apartment Building (10 or More Units)	8.3%	2.7%	2.6%
Mobile Home & Other Types of Units	4.1%	12.3%	8.8%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 21: Homeownership

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Occupied Housing Units, 2010-14	4,957,736	9,329	18,822
Homeownership Rate (Owner-Occupied Units)	69.5%	77.5%	72.3%
Renters (Renter-Occupied Units)	30.5%	22.5%	27.7%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 22: Housing Values & Rent

	Pennsylvania (State Total)	Juniata County	Mifflin County
Median Housing Value, 2010-14	$164,900	$142,400	$96,700
Average Housing Value, 2010-14	$202,534	$172,456	$123,928
Median Gross Monthly Rent, 2010-14	$832	$587	$621
Average Gross Monthly Rent, 2010-14	$905	$616	$627

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 23: Income to Housing Costs

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Homeowners With Income and Mortgage, 2010-14	2,122,885	3,689	7,244
Homeowners Paying Less than 30% of Income for Housing	69.2%	67.5%	68.4%
Homeowners Paying 30% to 49% of Income for Housing	19.2%	20.1%	21.3%
Homeowners Paying 50%+ of Income for Housing	11.5%	12.4%	10.3%
# Renters With Income and Paying Cash Rent, 2010-14	1,385,209	1,682	4,543
Renters Paying Less than 30% of Income for Housing	49.3%	57.6%	56.8%
Renters Paying 30% to 49% of Income for Housing	23.8%	27.7%	26.1%
Renters Paying 50%+ of Income for Housing	26.9%	14.7%	17.1%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 24: New Construction (Building Permits)

	Pennsylvania (State Total)	Juniata County	Mifflin County
New Housing Units Construction Permits, 2012	18,796	31	38
New Housing Units Construction Permits, 2013	21,650	41	51
New Housing Units Construction Permits, 2014	25,059	34	56

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 25: Household Income

	Pennsylvania (State Total)	Juniata County	Mifflin County
Median Household Income, 2012	$52,818	$43,576	$39,409
Median Household Income, 2013	$52,849	$46,932	$43,258
Median Household Income, 2014	$53,224	$48,944	$40,957

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 26: Range of Household Incomes

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Households with Income, 2010-14	4,957,736	9,329	18,822
Low Income Households (<$20,000)	17.8%	16.5%	21.7%
Lower-Middle Income Households ($20,000 to $34,999)	15.7%	20.5%	21.1%
Middle-Income Households ($35,000 to $49,999)	13.6%	15.8%	17.2%
Upper-Middle Income Households ($50,000 to $99,999)	30.9%	35.3%	31.3%
Upper-Income Households ($100,000+)	21.9%	11.9%	8.7%
Average Household Income, 2010-14	$72,210	$56,657	$50,364

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

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Table 27: Selected Sources of Household Income (Totals do not all add up to 100% due to multiple income sources)

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Households with Income, 2010-14	4,957,736	9,329	18,822
Households with Income from Wages & Salaries	75.4%	72.0%	69.0%
Households with Income from Social Security	33.2%	36.4%	40.5%
Households with Income from Supplemental Security Income	5.9%	6.6%	7.2%
Households with Income from Public Assistance	3.5%	1.8%	3.2%
Household with Income from Retirement	20.2%	19.3%	22.3%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 28: Per Capita Income

	Pennsylvania (State Total)	Juniata County	Mifflin County
Per Capita Personal Income, 2012	$47,206	$34,746	$32,562
Per Capita Personal Income, 2013	$46,775	$35,783	$32,910
Per Capita Personal Income, 2014	$47,679	$36,607	$33,621

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 29: Sources of Income

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total Personal Income ($1,000), 2014	$609,679,210	$907,712	$1,565,139
% Income from Wages & Salaries	63.8%	63.3%	57.7%
% Income from Dividends, Interest, & Rent	17.0%	14.0%	13.0%
% Income from Transfer Payments	19.2%	22.7%	29.3%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 30: Poverty

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total Poverty Rate, 2012	13.7%	12.0%	16.3%
Total Poverty Rate, 2013	13.7%	11.8%	14.5%
Total Poverty Rate, 2014	13.6%	12.3%	16.3%
Poverty Rate for Children (< 18), 2012	19.6%	17.2%	27.0%
Poverty Rate for Children (< 18), 2013	19.2%	17.5%	24.4%
Poverty Rate for Children (< 18), 2014	19.2%	18.4%	25.0%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 31: Public Assistance

	Pennsylvania (State Total)	Juniata County	Mifflin County
Population Receiving Cash Assistance, June 2013	1.5%	0.6%	1.0%
Population Receiving Cash Assistance, June 2014	1.5%	0.5%	1.1%
Population Receiving Cash Assistance, June 2015	1.4%	0.4%	1.0%
Population Eligible for Medical Assistance, June 2013	17.1%	13.1%	19.6%
Population Eligible for Medical Assistance, June 2014	17.5%	13.8%	20.1%
Population Eligible for Medical Assistance, June 2015	20.1%	15.5%	22.4%
Population Participating in Food Stamp Program, June 2013	14.2%	9.8%	16.3%
Population Participating in Food Stamp Program, June 2014	14.2%	9.7%	16.1%
Population Participating in Food Stamp Program, June 2015	14.5%	9.4%	16.1%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 32: PACE (Pharmaceutical Assistance Contract for the Elderly)

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total Number Enrolled in PACE/PACENET, 2014	300,758	890	2,247
65+ Population Enrolled in PACE/PACENET, 2014	14.1%	18.1%	23.8%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 33: Educational Attainment

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Persons, 25 Years Old & Older, 2010-14	8,764,740	17,195	32,633
No High School Diploma	11.0%	17.9%	18.0%
High School Diploma or Equivalency	36.8%	52.0%	50.2%
Some College, No Degree	16.4%	11.1%	13.1%
Associate's Degree	7.7%	6.8%	6.8%
Bachelor's degree or higher	28.1%	12.2%	11.9%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 34: School Districts & Number of Students

	Pennsylvania (State Total)	Juniata County	Mifflin County
School Districts	500	1	1
Students (Average Daily Membership), 2013-14	1,739,630	3,052	5,404
% Change, 2010 to 2014	-2.1%	-4.2%	-3.8%
Projected Enrollment, 2017-18	1,606,110	2,837	5,160
Projected Enrollment, 2021-22	1,596,251	2,811	4,784

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm

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Table 35: Public and Private School Enrollment

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total # Students Enrolled in Grades K-12, 2010-14	2,014,442	4,054	7,384
% Enrolled in Public Schools	86.3%	78.7%	81.8%
% Enrolled in Private Schools	13.7%	21.3%	18.2%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 36: School Revenues

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total School Revenues ($1,000), 2013-14	$26,217,725	$32,930	$67,748
Revenues from Local Sources	58.6%	46.8%	45.5%
Revenues from State Sources	36.6%	50.0%	48.9%
Revenues from Federal & Other Sources	4.9%	3.2%	5.6%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 37: School Expenditures

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total Expenditures Per Student, 2013-14	$15,019	$11,421	$12,423
Change in Expenditures Per Student, 2010-14	1.1%	9.4%	3.9%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 38: Low Income Students

	Pennsylvania (State Total)	Juniata County	Mifflin County
Students Eligible for Free & Reduced School Lunches, 2012	41.5%	40.6%	48.9%
Students Eligible for Free & Reduced School Lunches, 2013	42.6%	41.3%	49.8%
Students Eligible for Free & Reduced School Lunches, 2014	46.9%	43.7%	52.8%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm

Table 39: Graduation Rate and Postsecondary Participation Rates

	Pennsylvania (State Total)	Juniata County	Mifflin County
Graduation Rate (4-year Cohort), 2011-12	86.1%	91.7%	87.5%
Graduation Rate (4-year Cohort), 2012-13	87.6%	88.6%	84.1%
Graduation Rate (4-year Cohort), 2013-14	87.7%	91.5%	89.4%
High School Grads who Plan on Post-secondary Education, 2011-12	76.2%	51.7%	57.1%
High School Grads who Plan on Post-secondary Education, 2012-13	76.6%	61.6%	66.5%
High School Grads who Plan on Post-secondary Education, 2013-14	73.9%	53.2%	55.7%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 40: Postsecondary Institutions (Excludes Branch Campuses)

	Pennsylvania (State Total)	Juniata County	Mifflin County
Degree Granting Institutions (colleges & universities), 2014	268	0	0
Non-Degree Granting Institutions (trade & technical Schools), 2014	131	0	2

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 41: Employment by Sector

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total # Employed Persons, 2010-14	5,946,480	11,075	19,487
Manufacturing Sector	12.2%	20.2%	21.5%
Wholesale & Retail Trade Sectors	14.6%	13.6%	13.2%
Mining, Construction, Utilities, & Transportation & Warehousing	11.3%	16.9%	13.7%
Information, Finance & Insurance, & Real Est. & Rental & Leasing	8.2%	6.0%	3.9%
Education Serv. & Professional, Scientific, & Technical Services	19.4%	12.1%	12.5%
Health Care and Social Assistance	16.3%	11.4%	17.1%
Accommodation and Food Services	6.5%	5.1%	7.1%
Other Sectors including Public Administration	11.5%	14.7%	10.9%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 42: Employment by Occupation

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Employed Persons, 2010-14	5,946,480	11,075	19,487
Management, professional, and related occupations	36.5%	25.7%	24.0%
Service occupations	17.5%	14.7%	18.9%
Sales and office occupations	24.3%	21.2%	20.1%
Farming, fishing, and forestry occupations	0.4%	2.0%	1.6%
Construction, extraction, maintenance, and repair occupations	7.8%	13.3%	12.1%
Production, transportation, and material moving occupations	13.4%	23.2%	23.4%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 43: Unemployment Rate 2000 – 2015

	Pennsylvania (State Total)	Juniata County	Mifflin County
Unemployment Rate 2015	5.1%	4.8%	5.6%
Unemployment Rate 2010	8.5%	8.0%	10.2%
Unemployment Rate 2005	5.0%	4.2%	5.8%
Unemployment Rate 2000	4.1%	4.1%	4.2%

Source: Pennsylvania Center for Workforce Information & Analysis, "Local Area Unemployment Statistics (LAUS)," Research & Historical Data, http://www.workstats.dli.pa.gov/Research/Pages/default.aspx.

Table 43: Unemployment

	Pennsylvania (State Total)	Juniata County	Mifflin County
Average Unemployment Rate, January to November, 2013	7.5%	7.0%	8.1%
Average Unemployment Rate, January to November, 2014	5.9%	5.7%	6.3%
Average Unemployment Rate, January to November, 2015	5.3%	5.0%	5.7%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 44: Business Size

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total # Establishments, 2013	297,692	460	948
Establishments w/ 1-4 Employees	50.9%	56.7%	47.5%
Establishments w/ 5-9 Employees	20.3%	20.7%	23.8%
Establishments w/ 10-19 Employees	13.5%	11.1%	15.2%
Establishments w/ 20+ Employees	15.3%	11.5%	13.5%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 45: Business Establishments

	Pennsylvania (State Total)	Juniata County	Mifflin County
Avg. Business Establishments, 2nd Quarter 2013	336,644	510	1,022
Avg. Business Establishments, 2nd Quarter 2014	345,307	516	1,059
Avg. Business Establishments, 2nd Quarter 2015	354,699	527	1,073

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 46: Employment

	Pennsylvania (State Total)	Juniata County	Mifflin County
Avg. Employment, 2nd Quarter, 2014	5,631,394	6,206	15,726
Average Employment, 2nd Quarter, 2014	5,680,000	6,196	15,554
Average Employment, 2nd Quarter, 2015	5,729,349	6,340	15,639

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 47: Place of Work

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Employed Persons 16 Years & Older, 2010-14	5,826,933	10,886	19,145
Worked in County of Residence	70.7%	52.7%	72.4%
Worked Outside County of Residence,	24.1%	46.1%	26.6%
Worked Outside PA	5.3%	1.2%	1.0%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 48: Commuting Time

	Pennsylvania (State Total)	Juniata County	Mifflin County
Avg. Time to Work (Min.), 1990	21.6	26.0	18.4
Avg. Time to Work (Min.), 2000	25.2	32.6	22.1
Avg. Time to Work (Min.), 2010-14	26.1	29.6	23.3

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 49: Banking

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Bank Branch Offices, June 2015	4,394	12	19
% Change in Branch Offices, 2011-15	-6.7%	0.0%	-5.0%
Bank Deposits (millions), June 2015	$356,316	$424	$719
Deposits Per Capita, 2015	$27,865	$17,100	$15,445
% Change in Bank Deposits, 2011-15	12.2%	-4.1%	-1.4%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 50: Disability by Age

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Non-Institutionalized Persons 18-64 with Disability, 2010-14	850,248	1,582	4,053
Population 18 to 64 with Disability	10.8%	11.0%	15.1%
# Non-Institutionalized Persons 65+ with Disability, 2010-14	684,196	1,656	3,332
Population 65+ with Disability	34.9%	37.5%	38.6%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 51: Birth and Death Rates

	Pennsylvania (State Total)	Juniata County	Mifflin County
Live Births Per 1,000 Residents, 1983	13.3	14.5	13.8
Live Births Per 1,000 Residents, 1993	13.2	13.4	13.1
Live Births Per 1,000 Residents, 2003	11.8	12.6	12.9
Live Births Per 1,000 Residents, 2013	11.0	10.7	11.9
Deaths Per 1,000 Residents, 1983	10.2	9.6	9.6
Deaths Per 1,000 Residents, 1993	10.4	9.6	10.5
Deaths Per 1,000 Residents, 2003	10.4	8.5	11.4
Deaths Per 1,000 Residents, 2013	10.1	9.9	11.0

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm

Table 52: Mortality

	Pennsylvania (State Total)	Juniata County	Mifflin County
Resident Deaths, 2010-12	376,027	722	1,518
Death Rate Per 1,000 Residents, All Causes	9.84	9.76	10.82
Heart Disease Death Rate Per 1,000 Residents	2.45	2.33	2.61
Cancer Death Rate Per 1,000 Residents	2.25	2.23	2.50
Suicide Death Rate Per 1,000 Residents	0.13	0.07	0.16
Drug Overdose Death Rate Per 1,000 Residents	0.14	0.07	0.06

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 53: Reported Pregnancies

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Reported Pregnancies 2009-13	887,328	1,452	2,988
Resulting in Live Births	80.1%	94.6%	94.3%
Ending in Fetal Deaths	0.8%	1.1%	1.2%
Ending in Induced Abortions	19.1%	4.3%	4.6%
Reported Pregnancies Women < 18 Years Old	2.8%	1.2%	1.6%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 55: Teen Birth Rates

	United States (Total)	Pennsylvania (State Total)
Birth Rates per 1,000 Females Ages 15-19, 2014	24.2	19.3
Birth Rates per 1,000 Females Ages 15-19, 2011	24.9	31.3

Source: U.S. Department of Health & Human Services, "Pennsylvania Adolescent Reproductive Health Facts," Office of Adolescent Health, http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/states/pa.html.

Table 54: Births Profile

	Pennsylvania (State Total)	Juniata County	Mifflin County
Born With Low Birth Weight (Under 2,500 Grams), 2011-13	8.1%	6.5%	6.5%
Born to Unmarried Mothers, 2011-13	41.7%	24.2%	33.3%
Born to Mothers Who Received Medicaid, 2011-13	33.0%	22.9%	34.1%
Born to Mothers Who Did Not Received Prenatal Care in 1st Trimester, 2011-13	27.8%	39.3%	38.6%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 55: Hospitals & Nursing Homes

	Pennsylvania (State Total)	Juniata County	Mifflin County
General Acute Care Hospitals, 2013-14	157	0	1
Hospital Beds Set Up & Staffed, 2013-14	32,525	0	123
Beds Set Up & Staffed Per 1,000 Residents	2.54	0.00	2.64
# Nursing Homes, 2014	701	3	4
# Total Licensed/Approved Nursing Home Beds, 2014	88,063	229	417
Total Licensed/Approved Nursing Home Beds Per 1,000 Residents, 2014	6.89	9.24	8.96

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 56: Health Data

	Juniata County (2016)	Mifflin County (2016)
% Person with Poor or Fair Health	15%	16%
Average Number of Poor Physical Health Days	3.7	3.9
Average Number of Poor Mental Health Days	4.0	4.1
% Low Birthweight Births	6.0%	7.0%
% Persons with Frequent Physical Distress	11.0%	12%
% Persons with Frequent Mental Distress	12.0%	13%
Adult Obesity	33%	32%
Physical Inactivity	26%	27%

Source: County Health Rankings & Roadmaps, "Juniata County 2016," Health Rankings, accessed July 12, 2016, http://www.countyhealthrankings.org/app/pennsylvania/2016/rankings/juniata/county/outcomes/ overall/snapshot.

Table 57: Offices of Physicians and Dentists

	Pennsylvania (State Total)	Juniata County	Mifflin County
Physicians Offices (NACIS 6211), 2013	8,887	3	30
Physicians Offices Per 100,000 Residents, 2013	69.5	12.1	64.2
Dentists Offices (NACIS 6212), 2013	5,169	2	16
Dentists Offices Per 100,000 Residents, 2013	40.4	8.1	34.3

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 58: Uninsured Persons

	Pennsylvania (State Total)	Juniata County	Mifflin County
Without Health Insurance Under 65 Years Old, 2011	12.0%	14.4%	14.9%
Without Health Insurance Under 65 Years Old, 2012	11.7%	14.1%	14.3%
Without Health Insurance Under 65 Years Old, 2013	11.6%	14.1%	13.5%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 59: Crime Rate

	Pennsylvania (State Total)	Juniata County	Mifflin County
Serious Crimes Per 100,000 Residents, 2012	5,066	955	2,287
Serious Crimes Per 100,000 Residents, 2013	4,803	1,057	1,991
Serious Crimes Per 100,000 Residents, 2014	4,517	1,089	1,643

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 60: Child Abuse

	Pennsylvania (State Total)	Juniata County	Mifflin County
Substantiated Cases of Abuse Per 1,000 Children, 2012	1.29	2.44	3.11
Substantiated Cases of Abuse Per 1,000 Children, 2013	1.25	1.06	1.99
Substantiated Cases of Abuse Per 1,000 Children, 2014	1.23	1.43	2.19

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 61: Voter Participation

	Pennsylvania (State Total)	Juniata County	Mifflin County
Voter Turnout, Nov. 2000	52.5%	50.6%	41.7%
Voter Turnout, Nov. 2004	60.5%	57.3%	48.0%
Voter Turnout, Nov. 2008	61.4%	54.9%	46.7%
Voter Turnout, Nov. 2012	57.5%	51.2%	45.2%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 62: Planning & Zoning

	Pennsylvania (State Total)	Juniata County	Mifflin County
Municipalities, 2015	2,561	17	16
With Municipal Comprehensive Plans	67.0%	29.4%	81.3%
With Municipal Planning Commissions	64.9%	64.7%	50.0%
With Municipal and/or County Zoning Ordinances	78.1%	52.9%	68.8%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 63: Highways by Type

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total Miles of Highway, 2014	120,039	732	626
Penn DOT and Other State & Federal Highways	34.9%	48.8%	39.2%
Local (Municipal) Highways	65.1%	51.2%	60.8%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 64: Licensed Drivers

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Licensed Drivers, January, 2015	8,906,947	16,645	30,237
Change in Licensed Drivers, 2013-15	0.7%	0.4%	0.3%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 65: Vehicles

	Pennsylvania (State Total)	Juniata County	Mifflin County
In-State Registered Vehicles, 2014	11,193,193	28,877	47,356
In-State Registered Vehicles Per 1,000 Residents	875	1,165	1,017
Change in In-State Registered Vehicles, 2010-14	1.4%	3.6%	2.8%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 66: Farms and Farmland

	Pennsylvania (State Total)	Juniata County	Mifflin County
# Farms, 2007	63,163	788	1,024
# Farms, 2012	59,309	737	808
Acres in Farmland, 2007	7,809,244	97,681	94,133
Acres in Farmland, 2012	7,704,444	91,032	90,554
Land In Farms, 2007	27.2%	39.0%	35.8%
Land In Farms, 2012	26.9%	36.3%	34.5%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 67: Size of Farms

	Pennsylvania (State Total)	Juniata County	Mifflin County
Average Size of Farm (acres), 2007	124	124	92
Average Size of Farm (acres), 2012	130	124	112
Very Small Farms (Under 50 Acres), 2012	39.3%	42.3%	35.4%
Small Farms (50 to 179 Acres), 2012	41.9%	36.2%	47.2%
Medium Size Farms (180 to 499 Acres), 2012	14.8%	18.5%	15.3%
Large Size Farms (500+ Acres), 2012	4.1%	3.0%	2.1%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm

Table 68: Farm Sales

	Pennsylvania (State Total)	Juniata County	Mifflin County
Total Market Value of Ag. Products Sold ($1,000), 2012	$7,400,781	$101,440	$94,023
Average Market Value of Products Sold Per Farm, 2012	$124,783	$137,639	$116,365
Average Market Value of Products Sold Per Acre, 2012	$961	$1,114	$1,038
Small Sale Farms (Sales Under $10,000), 2012	51.9%	48.6%	44.4%
Medium Sale Farms (Sales $10,000-$49,999), 2012	21.4%	17.6%	19.1%
Large Sale Farms (Sales $50,000+), 2012	26.7%	33.8%	36.5%

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm.

Table 69: Farmland Preservation

	Pennsylvania (State Total)	Juniata County	Mifflin County
Preserved Farms, April 2014	4,586	18	20
Acres Preserved Farmland, April 2014	489,409	2,346	2,295

Source: The Center for Rural Pennsylvania, "2016 County Profiles," Demographics, http://www.rural.palegislature.us/county_profiles.cfm

Table 70: Health – Percent students in grades 6-12 responding "yes" or "YES!" to harming themselves (cutting, scraping, burning) in the past 12 months.

	2015
Juniata	12.0%
Mifflin	20.4%
PA State	15.1%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 71: Health – Percent students in grades 6-12 responding "yes" or "YES!" to feeling depressed or sad MOST days in the past 12 months.

	2011	2013	2015
Juniata	32.1%	29.4%	35.2%
Mifflin	36.1%	36.8%	43.4%
PA State	n/a	n/a	38.3%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 72: Health – Percent students in grades 6-12 responding "yes" or "YES!" to sometimes thinking that life is not worth it.

	2011	2013	2015
Juniata	21.6%	20.5%	21.9%
Mifflin	27.2%	28.4%	28.2%
PA State	n/a	n/a	23.9%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 73: Health – Percent students in grades 6-12 responding "yes" or "YES!" to "At times I think I am no good at all."

	2011	2013	2015
Juniata	32.8%	31.6%	31.6%
Mifflin	34.9%	38.4%	38.8%
PA State	n/a	n/a	34.7%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 74: Health – Percent students in grades 6-12 responding "yes" or "YES!" to "All in all, I am inclined to think that I am a failure."

	2011	2013	2015
Juniata	17.5%	16.5%	17.3%
Mifflin	17.3%	20.3%	24.6%
PA State	n/a	n/a	19.9%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 75: Health – Percent students in grades 6-12 who in the past 12 months were so sad they stopped doing usual activities.

	2013	2015
Juniata	22.6%	20.1%
Mifflin	29.5%	23.7%
PA State	n/a	21.5%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 76: Health – Percent students in grades 6-12 who in the past 12 months considered suicide.

	2013	2015
Juniata	12.2%	12.7%
Mifflin	21.2%	19.9%
PA State	n/a	16.0%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 77: Health – Percent students in grades 6-12 who in the past 12 months planned suicide.

	2013	2015
Juniata	9.5%	11.4%
Mifflin	16.0%	19.1%
PA State	n/a	12.7%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 78: Health – Percent students in grades 6-12 who in the past 12 months attempted suicide.

	2013	2015
Juniata	5.5%	8.7%
Mifflin	9.7%	11.8%
PA State	n/a	9.5%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 79: Health – Percent students in grades 6-12 who in the past 12 months needed medical treatment for suicide attempt

	2013	2015
Juniata	1.5%	2.1%
Mifflin	1.7%	3.3%
PA State	n/a	2.3%

Source: 2015 Pennsylvania Youth Survey, Mifflin County School District, Mental Health Concerns; 2015 Pennsylvania Youth Survey, Juniata County School District, Mental Health Concerns

Table 80: Health – Employment Status

	Nonveteran labor force part. rate	Veteran Labor force part. rate	Nonveteran labor force 18-64 years	Veteran labor force 18-64 years	Nonveteran Unemployment Rate	Veteran Unemployment Rate
Juniata County	77.8%	73.9%	10,606	582	7.3%	4.6%
Mifflin County	72.9%	72.7%	18,165	1,507	7.6%	4.2%
PA State	76.2%	74.5%	5,736,691	329,957	8.4%	8.1%

Source: U.S. Census Bureau, "Veteran Status, 2014 estimates," American FactFinder, http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

Appendix VI

Articles about Mental Illness

Article 1: Depression, Poverty, and Parenting [79]

A TROUBLING COMBINATION: DEPRESSION, POVERTY, AND PARENTING

Author: Child Trends | July 31, 2013 | 04:48 pm

There is a troubling trend that researchers have identified again and again – low-income parents, especially single mothers, have higher rates of depression and depressive symptoms than their higher-income counterparts. A new Child Trends' study found that more than half of a group of low-income mothers in Maryland felt down, depressed, or hopeless in the past year and almost a third had those feelings combined with a lack of interest or pleasure in doing things.

That's a stark contrast to some national estimates showing that less than 7 percent of all adults have experienced a major depressive episode and that only 5 percent of single parents with incomes at or above the federal poverty level report symptoms of depression. While a recent report from the Urban Institute found that, regardless of income, 14.5 percent of all mothers with young children experienced depression, it also reported that mothers with incomes below 200 percent of the federal poverty level were more likely to experience severe depression, while higher income mothers reported mild or moderate symptoms.

In another Child Trends study, 36 percent of a group of low-income parents in Minnesota who reported depressive symptoms described them as persistent or concerning to others.

Depression and poverty is not only a troubling combination for parents, but research has shown that children can get caught in the web of parental depression as well. Parents who suffer from depressive symptoms are less likely to have feelings of self-efficacy and engage in positive parenting behaviors. Data from the Fragile Families and Child Well Being Study shows that mothers with persistent depression invest less time with their children on positive activities such as reading, outings, trips to the park, and indoor play. Additionally, depressed mothers are less likely to breastfeed, adhere to safety procedures (such as securing children in proper car seats), and control their children's chronic illnesses. This evidence suggests that children of depressed parents are often denied adult attention and interactions that are crucial for safe and healthy development.

Multiple studies have shown that children with depressed mothers are more likely to have behavior problems, poor academic performance, and delays in cognitive and social development. Not only have studies shown links between parents struggling with depression and increased child injuries and visits to the emergency room, but a

recent study conducted in the Bronx suggests that mothers with depressive symptoms are two and a half times more likely to have an overweight or obese child.

Getting help can be a difficult challenge for low-income parents. To start with, some parents may not recognize that they are experiencing depression because they assume their symptoms are just part of everyday life in a stressful environment. Then there are basic barriers like not having a car to get to a treatment location or not having someone to watch the kids while the parent is in treatment. The cost and availability of mental health services can be a more complex challenge, especially when a parent lacks health insurance. Finally, there is some evidence that a distrust of health care providers or skepticism about their ability to understand low income parents' daily reality keeps parents from seeking treatment.

States are trying a variety of approaches to get care to the people who need it most. For example, some states try to screen parents for depression at the time when they come in for their child's health care appointments. Many are promoting awareness among low income parents of depressive symptoms and their effect on children, so that treatment is framed as a way to help their children, not just themselves. Others offer mental health services at locations that low-income parents trust – such as during home visiting or in Head Start centers.

While understanding the links between poverty, depression and parenting represents an important first step, the severity of this issue requires a focused and collaborative effort among policymakers, providers and others working to improve the lives of low-income families.

Vanessa Harbin, Research Analyst

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Article 2: Maternal Depression[80]

Maternal Depression:
Why It Matters to an Anti-Poverty Agenda for Parents and Children

March 2014

By Stephanie Schmit, Olivia Golden, and William Beardslee

Maternal depression is a major public health problem that interferes with a parent's capacity to help a child develop and stymies their efforts to escape poverty. This brief summarizes the reasons early childhood and anti-poverty advocates should seize this moment to address the problem and create pathways out of poverty for both generations.

Depression is widespread among poor and lowincome mothers, including mothers with young children. One in nine poor infants lives with a mother experiencing severe depression and more than half live with a mother experiencing some level of depressive symptoms.[1] While depression is highly treatable,[2] many low-income mothers do not receive treatment—even for very severe levels of depression. Indeed, more than one-third of lowincome mothers with major depressive disorder get no treatment at all.[3] Unfortunately, untreated maternal depression is damaging to children, particularly young children, placing at risk their safety and cognitive and behavioral development.

Many policy and system barriers have contributed to these past failures. However, recent changes offer the opportunity to design and implement reforms that would increase the number of mothers who receive effective treatment. Moreover, there is strong evidence that in addition to benefiting mothers' wellbeing, these reforms would bolster children's emotional and social development and learning—helping families across the country rise out of poverty.

Treating Maternal Depression Helps Children Escape Poverty

Strong and consistent evidence indicates that a mother's untreated depression undercuts young children's development, including risks to learning, success in school, and adult success. The effects can be lifelong, including "lasting effects on [children's] brain architecture and persistent disruptions of their stress response systems."[4] A thorough review of this research by the National Research Council and Institute of Medicine finds that maternal depression endangers young children's cognitive, socio-emotional, and behavioral development, as well as their learning and physical and mental health over the long term.[5]

Treating maternal depression is crucial to improving parenting and getting children's development back on track for school and adult success, including escaping poverty. There is strong evidence that a variety of safe and effective tools exist for treating adults with depression, including pharmacotherapies, psychotherapies, behavioral therapies, and alternative medicines.[6] Both medication and cognitive behavioral therapies, with modifications such as support for child care, have proven particularly effective for poor, minority women.[7]

For some mothers, treating depression to remission may be sufficient to strengthen parenting capacity and improve children's outcomes.[8] Others may need additional supports, such as direct parenting intervention.[9] Orienting the treatment to help

mothers and fathers be effective parents is essential. Children can show significant improvement on a range of outcomes, including measures of development and functioning, behavior problems, and mental health problems, after successful treatment of mothers.[10] Effectively treating parents is prevention for children.

Combining depression treatment with parenting supports like home visiting and Early Head Start is one way to promote a child development trajectory leading to success in school and beyond. Without additional treatment for depression, parenting support programs often report difficulty helping depressed mothers, whom staff find hard to engage.[11] In a study that added treatment to regular home visiting for mothers with major depressive disorders, 70 percent of those who received treatment recovered, compared to 30 percent of those who received only home visiting.[12] Early Head Start on its own showed positive results for young children of depressed mothers, but adding depression treatment boosts results by improving parenting.[13]

Treating Depression Can Help Mothers Escape Poverty

Depression affects mothers' ability to escape poverty because it gets in the way of both steady employment and participation in potentially helpful services. For the general population, depression predicts: difficulty getting and keeping a job and greater work disability in the short term; lower income and more unemployment over time; and increased absenteeism and reduced productivity among those who have jobs.[14]

At the same time, depression can undercut poor mothers' ability to take advantage of services and interventions meant to help them go to school, get training, and secure employment. For example, non-depressed mothers who were enrolled in Early Head Start (provided alone, without additional mental health treatment) increased their participation in education, job training, and employment—while depressed mothers did not.[15] Leaders in a Chicago program targeted to very poor families from public housing highlighted a corresponding lesson from their experience: untreated mental health problems were so detrimental to service success that their program added an on-site psychiatrist, which was not part of their initial plan.[16]

Treatment of depression can improve work productivity and decrease absenteeism.[17] For poor mothers specifically, treatment combined with employment services can help them earn higher wages, according to several rigorous experiments.[18]

Depression's Impact on Deeply Poor Mothers and Their Young Children

Mothers of young children living in poverty and deep poverty are particularly affected by depression. Rates of depression for mothers of young children go up as income goes down.[19] About one in nine poor infants has a mother who is severely depressed and more than half have a mother experiencing some level of depression.[20] Homeless mothers also experience disproportionately high rates of depression often compounded by their circumstances and the likelihood that they are also poor.[21] Among mothers with a major depressive disorder, effects on daily functioning are greater for low-income than higher-income mothers (70 percent compared to 54 percent severe or very severe).[22]

For deeply poor families, additional evidence of the high incidence of depression comes from studies of "disconnected" mothers—those who are neither working nor on welfare—as well as mothers in the Fragile Families study, which concentrates on high-

poverty areas, and mothers participating in programs for high-risk families. Disconnected mothers are deeply poor, averaging just over $9000 in household income for all family members in 2002; they show elevated levels of maternal depression even compared to other impoverished groups such as former TANF recipients.[23] Among mothers participating in the Fragile Families survey, which sampled new and largely unmarried parents from hospitals in 20 U.S. cities, about 1 in 5 mothers were depressed at each survey point (child ages 3, 5, 7, and 9) and almost 4 in 10 at least once over that period. These rates were far higher than those of the general population.[24] Reviewing reports from many different home visiting programs aimed at poor and high-risk mothers with young children, Ammerman[25] finds that "each of the studies reported high levels of maternal depressive symptoms (from 28.5 percent to 61 percent), exceeding clinical cutoffs at enrollment."

Reforming Policy and Service Systems to Help Mothers and Children in Deep Poverty

This is an extraordinary moment of opportunity. By reforming federal and state policies and service systems, the major barriers that have held back widespread depression treatment can be torn down and innovative, effective interventions can flourish and expand.

An important and relevant vehicle to promote treatment is the Affordable Care Act, which has given many poor mothers access to health insurance for the first time, requires a benefit package that includes mental health, supports attention to depression in other ways (such as through quality indicators and free preventive coverage of screening), and encourages integrated care in ways that could support poor families.[26] These changes to health care target some of the historical barriers that have hindered depression treatment for poor mothers. This includes the high cost of treatment, complex and counter-productive reimbursement rules, low quality of treatment, and fragmentation between primary care and mental health providers.[27]

Given increasing evidence that poor children's early environments have long-term consequences, leaders in early childhood and poverty programs are beginning to explore using these health system redesigns to create change. Last spring, a roundtable convened by two authors of this brief brought together community leaders and federal and state officials in programs from home visiting to Early Head Start to the WIC nutrition program to identify next steps. One participant captured the mood: "I believe the stars are aligning….We have not had an opportunity like this to fit together the pieces that are necessary."[28]

A composite example illustrates how policy and system changes could help real people on the ground, giving poor children stronger opportunities to succeed in school and emerge from poverty while promoting economic security for poor mothers:

- **BEFORE POLICY AND SYSTEM CHANGES:** A deeply poor and isolated mother with a one-year-old infant has been assigned a home visitor. Her home visitor has persisted sufficiently to build a relationship with her and believes that she is seriously depressed. But try as she may, the home visitor cannot get the parent to see a mental health clinician. The mother is afraid to go to someone she doesn't know and is worried about child care and transportation. When she finally makes a phone call after being coached by the home visitor, she is completely discouraged when the receptionist asks for her health insurance and she has to say she has none. She eventually makes one visit to

a free clinic but has no insurance to pay for medication and gives up, even more sure than she was before that no one will help her feel better.

- **AFTER POLICY AND SYSTEM CHANGES:** The mother's state has accepted Medicaid expansion as part of the ACA, giving her and thousands of others maternal depression coverage under Medicaid and subsidized insurance plans. The mother is now eligible for treatment and has far more options thanks to a steady and reliable funding stream.

  Recognizing (with help from national experts and peer assistance from other states) the large unmet need and rapid growth in treatment, the state has concentrated on removing policy barriers, setting quality standards, and improving geographic accessibility to effective programs.
  - As a result, the home visitor now can connect the mother to an evidencebased mental health intervention, either in her home or in an office setting (for examples, see Ammerman et al., 2013 and Miranda et al., 2003).
  - The mother now has insurance, enabling her to choose the treatment with which she is most comfortable.
  - Because the state has concentrated on policies to support effective treatment for maternal depression, the unintended barriers that formerly blocked some effective treatments from Medicaid coverage (such as refusal to reimburse master's level clinicians for in-home services) have been solved, and treatment is available throughout the state without a waiting list.
  - As part of its redesign, the state has set out quality standards for depression treatment, responding to federal guidance and to findings about inconsistent quality—particularly for low-income and minority communities.
  - As the mother begins to feel better, the home visitor builds on her progress, working with both mother and baby to support improved parenting and child development. This includes helping the mother capitalize on her increased energy and sense of hope to enroll herself in a training program and her baby in Early Head Start. These important steps significantly increase the child's chances of escaping poverty.

Too often, the life chances of young children growing up in deep poverty are sharply curtailed long before they reach school age. It can often feel as though they have no options. Many of the reasons for the "toxic stress" that endangers children's development and drastically constrains their future opportunities are difficult to address, particularly in a time of political polarization that stymies new large-scale investments.

But addressing maternal depression offers a crucial, large-scale, and time-sensitive opportunity to help children escape poverty. Depression is a treatable problem at the level of the individual mother and child, and there is strong momentum toward policy intervention. The resources and legislation exist already. Now we must ensure that effective federal, state, and local policy is put in place to improve life opportunities for tens of thousands of deeply poor mothers and their children.

CLASP develops and advocates for policies at the federal, state, and local levels that improve the lives of low-income people with a focus on strengthening families and creating pathways to education and work. For more information, visit www.clasp.org or follow @CLASP_DC.

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Appendix VI

Article 3: Veterans and Mental Health Needs[81]

The Critical Need for Mental Health Professionals Trained to Treat Post-Traumatic Stress Disorder and Traumatic Brain Injury

- **Suicide rate increasing among the active duty Army National Guard and Reserve.** Even though suicides among soldiers serving on active duty decreased modestly in 2010, the number of soldiers in the Army National Guard and Reserve saw a major increase (Department of Defense, 2011).
- **Suicide rates increasing for returning service members.** Preliminary data from the VA shows that the suicide rate for 18- to 29-year-old male veterans who have left the military rose 26 percent from 2005 to 2007, and the rate climbed to record highs by 2009 (2010).
- **Unemployment rate for veterans outpaces the civilian rate.** Recent veterans are more likely to be unemployed than their civilian counterparts. According to data released by the Bureau of Labor Statistics in October 2011, veterans who left military service in the past decade have an unemployment rate of 11.7 percent, well above the overall jobless rate of 9.1 percent (M. Fletcher, *Washington Post*, Oct. 16, 2011).
- **Joblessness and downturn in economy may be adding to increase in suicides.** Senior Army officials speculate that the increase in Guard and Reserve suicides may also be part of a broader national trend driven by elevated levels of joblessness and a bad economy (G. Jaffe, *Washington Post*, Jan. 19, 2011).
- **Veterans are returning with serious mental health issues.** Of the 1.7 million veterans who served in Iraq and Afghanistan, 300,000 (20 percent) suffer from post-traumatic stress disorder or major depression (RAND Center for Military Health Policy Research, *Invisible Wounds of War*, 2008). The Department of Veterans Affairs also estimates that nearly 13,000 of Iraq and Afghanistan veterans have alcohol dependence syndrome (2009). In a survey of all veterans, 7.1 percent (1.8 million people) meet criteria for a substance abuse disorder (Substance Abuse and Mental Health Services Administration, *2004-2006 National Survey on Drug Use and Health*, 2007).
- **Female veterans are particularly likely to suffer from mental health issues.** According to the VA, about one-in-five female veterans have post-traumatic stress related to "military sexual trauma," a catch-all category that includes everything from sexual harassment to rape. Also, women are the fastest growing subset of the homeless-veteran population in America (J. Kitfield, *National Journal,* 2011).
- **Brain injuries linked to PTSD.** According to the New England Journal of Medicine, 15 percent of Iraq soldiers had concussions or other mild traumatic brain injuries while on active duty. Notably, these soldiers were significantly more likely to have PTSD three months after their return home than soldiers without brain injuries. Of soldiers who reported an injury that caused loss of consciousness, 44 percent had PTSD three months after returning home (Hoge et al., 2008).
- **Many in need don't seek help.**According to the Army, only 40 percent of veterans who screen positive for serious emotional problems seek help from a mental health professional (*Mental Health Advisory Team IV: Operation Iraqi Freedom,* 2007). Statistics from the RAND Corporation are even worse, finding that only 30 percent of veterans with PTSD or depression seek help from the VA health system (*Invisible Wounds of War*, 2008).
- **Stigma associated with mental illness in military communities**. The Army recognizes that stigma is a major barrier for veterans in need of mental health care (*Mental Health Advisory Team IV,* 2007). According to SAMHSA, service members frequently cite fear of personal embarrassment, disappointing comrades, losing the opportunity for career advancement, and dishonorable discharge as motivations to hide symptoms of mental illness from family, friends and colleagues (2007).
- **Veterans seek help outside the system.**VA data indicates that 22 percent of veterans receive their mental health care outside the VA system. (2005) The percentage varies from state to state, with the rural states having the greatest percentage of veterans who get care outside the system (McClatchy Newspapers, Feb. 9, 2007).
- **Inaccessible mental health providers.** A Department of Defense task force found that a significant number of veterans face constrained access to care when they return to their communities. In fact, one-third of both the National Guard and reservists reported choosing civilian care because they lived too far from a military treatment facility (*An Achievable Vision,*2007).
- **Inadequately trained mental health providers.** VA policy has no provision for ensuring that community mental health professionals have appropriate expertise to effectively treat veterans (*Testimony by the Wounded Warrior Project in front of the Veterans Affairs Committee,* 2009). Surveys also found that many veterans seeking help are not properly identified as having PTSD (*Mental Health Advisory Team IV,* 2007).
- **Long-term consequences of unaddressed mental health needs.**Veterans with untreated mental health problems may face severe consequences to their overall health and ability to fully reintegrate into their communities, exacerbating the potential for chronic mental health conditions. Therefore, failure to intervene early and effectively could have profound long-term costs for the health of this generation of veterans, as well as for society (*Testimony by the Wounded Warrior,*2009).

Article 4: Overview of Veterans Needs[82]

Veterans and Military Families

SAMHSA leads efforts to ensure that American service men and women and their families can access behavioral health treatment and services.

Overview

There are an estimated 23.4 million veterans in the United States, and about 2.2 million military service members and 3.1 million immediate family members.

- The demanding environments of military life and experiences of combat, during which many veterans experience psychological distress, can be further complicated by substance use and related disorders. Many service members face such critical issues as trauma, suicide, homelessness, and/or involvement with the criminal justice system. Approximately 18.5% of service members returning from Iraq or Afghanistan have post-traumatic stress disorder (PTSD) or depression, and 19.5% report experiencing a traumatic brain injury (TBI) during deployment.
- Approximately 50% of returning service members who need treatment for mental health conditions seek it, but only slightly more than half who receive treatment receive adequate care.
- Between 2004 and 2006, 7.1% of U.S. veterans met the criteria for a substance use disorder.
- The Army suicide rate reached an all-time high in 2012.
- In the 5 years from 2005 to 2009, more than 1,100 members of the Armed Forces took their own lives, an average of 1 suicide every 36 hours.
- According to an assessment by the Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA), nearly 76,000 veterans experienced homeless on a given night in 2009. Some 136,000 veterans spent at least one night in a shelter during that year.
- Mental and substance use disorders caused more hospitalizations among U.S. troops in 2009 than any other cause.
- A recent Treatment Episode Data Set (TEDS) report,Twenty-one Percent of Veterans in Substance Abuse Treatment Were Homeless (PDF | 488 KB) states that about 70% of homeless veterans also experience a substance use disorder.

Research also shows the negative impacts that deployment and trauma-related stress can have on military families, particularly wives and children:

- Cumulative lengths of deployments are associated with more emotional difficulties among military children and more mental health diagnoses among U.S. Army wives.
- Children of deployed military personnel have more school-, family-, and peer-related emotional difficulties, compared with national samples.

Although active duty troops and their families are eligible for care from the U.S. Department of Defense (DoD), a significant number choose not to access those services due to fear of discrimination or the harm receiving treatment for behavioral health issues may have on their military career or that of their spouse. National Guard and Reserve troops who have served in Iraq and Afghanistan (approximately 40% of the total) are eligible for behavioral health care services from the VA, but many are unable or unwilling to access those services. Many National Guard, Reserve, veterans, and active duty service members as well as their families seek care in communities across this country, particularly from state, territorial, tribal, local, and private behavioral health care systems, often with employer-sponsored coverage.
Military families have a culture and unique behavioral health needs that may not be understood within the greater community. SAMHSA supports the behavioral health needs of America's service men and women—active duty, National Guard, Reserve, and veterans—along with their families, by leading efforts to ensure that community-based services are accessible, culturally competent, and trauma-informed. Reintegration is the primary goal.

Appendix VII

Juniata County

Juniata County is located slightly southeast of the center of the Commonwealth of Pennsylvania and covers 394 square miles of farmland and forest. Beautiful scenery near the Juniata River shows the county to be sparsely populated. The Juniata River, located within the region, is a source of recreation and natural beauty. Juniata County was erected from Mifflin County in 1831.[83]

Age

According to the 2010 Census information, Juniata County has a total population of 24,636.[84] This is an increase from the 2000 Census when the population was 22,821.[85] The 2010 Census data shows that 24.0% of the total population for the region is under the age of eighteen years.[86] For the same period of time, the Commonwealth has 22.0% of its population under the age of 18.[87] Between 2010 and 2014, the population under the age of 18 in Juniata County decreased slightly to represent 23.1% of the population.[88] For the same time period, in the Commonwealth the number of persons eighteen years old and younger dropped slightly to represent 21.5% of the population.[89]

In 2010, the population over the age of sixty-five totaled 16.8% of the total population in the county.[90] In the Commonwealth this age group at this time period represented 15.4%.[91] From 2010 to 2014, this age group represented18.7% of the Juniata County population and 16.0% of the state population.[92] The median age of the population in Juniata County remains steady. In 2010, it increased to 40.9 from 38.0 in 2000 and 35.1 in 1990.[93,94] Between 2010 and 2014, the median age in Juniata County was 42.4.[95] Currently, Juniata County mirrors Pennsylvania's median age at 40.4.[96]

Employment

Prior to the Civil War, lumbering was one of the first industries in Juniata County. This industry gave way to a number of iron producing furnaces being created in the region.[97]

Much of the land in Juniata County remains open farmland. The number of chickens and dairy cows far outweigh the number of people farming them - chicken hatcheries and grow out facilities are some of the main employers in Juniata County.[98] The greatest employment by industry in Juniata County is the manufacturing Industry. From 2010 to 2014, 2,237 people were employed in this sector.[99] This is a much higher percentage of persons employed in this sector at 20.2% during this time when compared to the Commonwealth at 12.2%.[100]

The next highest employment sector in Juniata County is the Mining, Construction, Utilities, and Transportation and Warehousing industry representing 16.9% of employed persons from 2010 to 2014.[101] This is higher than the Commonwealth where it represents 11.3% of employed persons.[102] The lowest employment sector in the county is Accommodation and Food Services. Only 565 persons were employed in this capacity between 2010 and 2014 which comprised 5.1% of the population.[103]

As an area of limited industrial development, average unemployment in Juniata has traditionally run lower than the state average. In 2013, the unemployment rate for the county was 7.0%.[104] In 2014, the unemployment rate for the county decreased to 5.7% and in 2015 it decreased again to 5.0%.[105] The Commonwealth's unemployment rate was consistently higher than Juniata Counties through the same years. In 2013 Pennsylvania's unemployment rate was 7.5%.[106] In 2014, it decreased to 5.9% and in in 2015, it decreased to 5.3%.[107]

Gender and Race

In 2015, male/female ratio in Juniata County was almost the same as it was in 2010.[108] In 2010, the population of Juniata County was 50.1% females and 49.9% males compared to 50.0% females and 50.0% males in 2010.[109]

In 2010, 95.7% of the population claimed white ethnicity.[110] In 2015, this number decreased slightly to 94.8%.[111] This decrease can also be seen across the state. The 2010 census indicated that Pennsylvania's population was predominately white with 79.5% of persons identifying as such.[112] In 2015, this number decreased to 77.4%.[113] Between 2010 and 2015 in Juniata County, the white population decreased by 0.9%, the African American population increased by 0.2%, and Asian population increased by 0.2%.[114]

Education

Juniata County is home to the Juniata County School District. The estimated percent of children enrolled in Kindergarten through 12th grade who attended a public school from 2010-2014 was 78.7% for Juniata County.[115] The percentage of children enrolled in public schools in the same time period in the Commonwealth was 86.3%.[116] The county's graduation rate for the 2011-2012 school year was 91.7%.[117] This number has declined in the 2012-2013 school year to 88.6%.[118] In the 2014 – 2015 school year, this number increased to 91.5% graduation rate in Juniata County. [119]

From 2010-2014, 52.0% of the residents within the county had a high school diploma.[120] This is significantly higher than the state average of 36.8%.[121] The percentage of residents with an associate's degree or higher was 19.0% while the percentage for the state was 35.8%.[122]

Health

The percentage of Juniata County residents without health insurance who are under the age of 65 was 14.1% in 2013.[123] This is significantly higher than the state at 11.6%.[124]

In 2016, 15% of the population in Juniata County is considered to be in poor or fair health, and 33% of adults are obese.[125] In 2016, 12% of the Juniata County population experiences frequent mental distress.[126]

Income and Poverty

The per capita income for Juniata County residents has increased in recent years. In 2012, it was $34,746 and in 2013 it increased to $35,783.[127] In 2014, it increased again to $36,607.[128] The per capita income for the Commonwealth in 2012 was more than $10,000 higher than in Juniata County at $47,206.[129] In 2013, it decreased to $46,775 and in 2014 it increased again to $47,679.[130]

The median household income for Juniata County was $448,944 in 2014, which was an increase from 2012 and 2013 when it was $43,576 and $46,932, respectively.[131] However, it was still lower than the state median of $53,224 in 2014, which also increased from the 2012 and 2013 median incomes of $52,818 and $52,849, respectively.[132]

The poverty rate in Juniata County was 12.3% in 2014, which is lower than the rate of Pennsylvania at 13.6% but is an increase from 12.0% and 11.8% in 2012 and 2013, respectively.[133] The number of families living in poverty in 2010 was 8.5% for the Commonwealth and 6.2% for Juniata County.[134,135] The poverty rate for residents of the county over the age of 65 years in 2010 was 9.4% which is higher than the Commonwealth at 8.6%.[136,137]

Other characteristics

From 2010-2014, Juniata County had 6,620 families who reside in the region.[138] Families are defined as the householder and all (one or more) other people living in the same household who are related to the householder by blood, marriage, or adoption.[139] From 2010-2014, there were 9,329 households in Juniata County.[140] A household includes all the people who occupy a housing unit.[141] Across the area in 2010-2014, estimated 77.5% or 7,230 households owned their homes.[142] The average size of a household in Juniata County was 2.62 persons between 2010-2014, as compared to the average household size for the state at 2.49 persons.[143] The most common form of housing in the county between 2010-2014 is single family detached homes at 76.5% followed by mobile homes/manufactured homes at 12.3%.[144]

Appendix VII

Mifflin County

Mifflin County is located in South Central Pennsylvania. Named after Thomas Mifflin, the first Governor of Pennsylvania and Revolutionary War hero, Mifflin County was established on September 19, 1789 from Northumberland and Cumberland Counties.[145] The county encompasses 431 square miles and much of this land is mountainous. The county is bisected by the Juniata River and has several mountain ranges including sections of the Appalachian Mountains. Agriculture and in particular dairy farming is widespread.[146] The county seat for the region is Lewistown.

According to the 2010 Census information, Mifflin County has a total population of 46,682.[147] This is a slight increase from the 2000 Census when the population was 46,486.[148] In spite of the growth in total population, the number of youth under the age of 18 is stable. In 2010, 23.3% of the population was under 18 years old, and between 2010-2014, that number decreased slightly to 22.8%.[149,150]

Of the population older than 65 years, in 2010 it made up 18.5% of the population, and between 2010-2014 it made up 19.4% of the population.[151,152] For the state this rate has remained pretty stable at 15.4% in 2010.[153] The median age of the population between 2010-2014 in Mifflin County is 43.3 while the median age for the Commonwealth is 40.4.[154]

Employment

For over 60 years, the largest textile company in Mifflin County was the American Viscose Corporation. The role of manufacturing changed dramatically after the flood of 1972 caused by Hurricane Agnes, which resulted in the closure of the plant as well as many other plant layoffs in the area, including Standard Steel. [155]

Manufacturing continues to be a high employment sector for the region despite recent reductions. From 2010 – 2014, 21.5% of jobs in the county were in manufacturing.[156] This is higher than the state at 12.2%.[157] Jobs in the Health Care and Social Assistance Industry are the second highest areas of employment in Mifflin County from 2010-2014 at 17.1% which is greater than the state average of 16.3%.[158]

Mifflin County's highest subpopulation is of the working age between the ages of 18 – 64 years of age. Between 2010 and 2014, this group represented 26,994 persons which equated to 57.8% of the total population.[159] This group made up 62.5% of the total population for the state from 2010 - 2014.[160]

The unemployment rate for the county was 8.1% in 2013, decreasing to 6.3% in 2014 and to 5.7% in 2015.[161] The state unemployment rate followed a similar trend. In 2013 the unemployment rate was 7.5%, decreasing to 5.9% in 2014 and 5.3% in 2015.[162]

Gender and Race

In 2010, females in Mifflin County out-numbered males by 51.1% to 49.9%.[163] In 2015, females represented 50.9% of Mifflin County's population while male's represented 49.1%.[164] This trend is comparable to Pennsylvania's figures. In 2010, females accounted for 51.3% of Pennsylvania's population while male's accounted for 49.7%.[165] In 2015, females represented 51.1% of the population and males 49.9%.[166]

In 2010, the white ethnicity in the region was 96.8% compared to 79.5% for the state.[167,168] In 2015, 96.1% persons identified as white in Mifflin County, and 77.4% of persons identified as white in the state.[169,170] In 2015, 0.8% of the Mifflin County population identified as Black or African American.[171] In the state in 2015, the percentage of people identifying as Black or African American was much higher at 11.7% of the population.[172] In 2015 in Mifflin County, 1.4% of the population identified as Latino or Hispanic whereas in the Commonwealth at that time, 6.8% identified as Latino or Hispanic.[173,174] Between 2010 and 2015, the Asian population in Mifflin County increased from 0.4% to 0.6% and the Native American Indian population remained stable at 0.1% of the population.[175]

Education

Mifflin County is home to the Mifflin County and Mount Union School Districts. The estimated percentage of children enrolled in Kindergarten through 12th grade who attended a public school between 2010-2014 was 81.8% which was lower than the percentage enrolled in Pennsylvania at 86.3%.[176]

Census data for Mifflin County from 2010-2014 indicates that 50.2% of all residents over the age of 25 have at least a high school diploma, which is higher than the state at 36.8%.[177]

The county's public school graduation rate for the 2011-12 school year was 87.5%, which decreased to 84.1% in the 2012-13 school year and increased to 89.4% in the 2013-14 school year.[178] These numbers are similar to the states in the same years. In the 2011-12 school year in Pennsylvania the graduation rate was 86.1% and in the 2012-13 school year it increased to 87.6% and in the 2013-14 school year it increased again to 87.7%.[179] From 2010-2014, 11.9 % of people in Mifflin County 25 years and over had a bachelor's degree or higher, which is lower than the state at 28.1%. [180]

Health

In 2016, 32% of adults in Mifflin County are obese and 27% are physically inactive.[181] In Mifflin County in 2016, 16% of the population is considered to be in poor or fair health and 13% suffer from frequent mental distress.[182]

The percentage of the population that is under the age of 65 without health insurance was 14.9% in Mifflin County in 2011.[183] This number decreased in 2012 to 14.3% and it decreased again in 2014 to 13.5%. In 2014,

the percent of the Pennsylvania population under 65 who were uninsured was lower than Mifflin County at 11.6%.[184]

Income and Poverty

The 2012 per capita personal incomes for Pennsylvania and Mifflin were $47,206 and $32,562, respectively.[185] In 2013, this number rose to $32,910 in Mifflin County and $46,775 in Pennsylvania, and in 2014, it rose again to $33,621 and $47,679, respectively.[186]

In 2012, the median household income for the region was $39,409 while Pennsylvania's was $52,818.[187] In 2013 the median household income increased to $43,258 and then decreased to $40,957 in 2014.[188] The Pennsylvania median income in 2014 was $53,224.[189]

Historically, Mifflin County has a higher poverty rate than surrounding counties except for Centre County which includes a high student population. The 2012 poverty rates for Pennsylvania and Mifflin County were 13.7% and 16.3%, respectively.[190] This decreased to 14.5% for Mifflin County in 2013 and increased again to 16.3% in 2014. In Pennsylvania, the poverty rate in 2013 was 13.7% and 13.6% in 2014.[191]

Other Characteristics

From 2010-2014, Mifflin County had 12,531 families who resided in the region.[192] Families are defined as is the householder and all (one or more) other people living in the same household who are related to the householder by blood, marriage, or adoption.[193] From 2010-2014, there were 18,822 households in Mifflin County.[194] A household includes all the people who occupy a housing unit.[195] Across the area from 2010-2014, an estimated 72.3% owned their own home.[196] The average size of a household in this area was 2.45 persons which mirrors the state average household size of 2.49 from 2010-2014.[197] The most common form of housing in Mifflin County is single family detached homes at 71.4% followed by Duplex/Townhouse/Row Homes at 9.6%.[198] The Census showed 12.6 % of housing units to be vacant, compared to 11.1% in the state from 2010-2014.[199]

Appendix VIII

Additional Sources of Information

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Appendix IX

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