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I. Acknowledgements

- ❖ Throughout this report, the words “we” and “our” are used frequently in reference to the staff, board of directors, and the community experts working with the organization of the United Way of Westmoreland County, as “we” are people, your neighbors, sharing “our” community.
- ❖ The United Way of Westmoreland County would like to acknowledge and thank the following members of our Needs Assessment Committee, community partners whose time and talents were critical to the completion and value of this project:
 - ◆ Dr. Lou Byham, Director of Pupil Services – Greater Latrobe School District
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 - ◆ Dorothy Hufford, Manager of Community Relations/Marketing – Latrobe Area Hospital
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 - ◆ Ruth Walters, Board of Directors – United Way of Westmoreland County

II. Introduction

What if by 2010 all children entered school ready to learn? What if the vast needs of our children were addressed as they occurred? What if the necessary supports were available to ensure our children were learning and succeeding in school, graduating with the knowledge and skills necessary to support themselves or move onto advanced education? What if our community offered our grown children employment opportunities that would support self-sufficiency?

Whatever the problem, an appropriate expert needs to identify the root of the problem. Ask any mechanic, plumber, or doctor; if you want to fix something, you first have to identify the primary cause of the problem, as well as all the things that are affected by it. An accurate diagnosis is influenced by access to necessary knowledge, tools and skills. If the problem is not clearly identified, fixing the problem becomes much more difficult. A misdiagnosis of the root cause often creates a larger, more costly problem.

The United Way of Westmoreland County was formed and continues to grow with a commitment to leverage support for community and human services to improve the community in which we live. As a funding source, we have come to realize the importance of prioritizing our investments based on community needs. However, we also realized that we needed to first identify the priority community needs through some sort of community-wide assessment. If we do not know what the real issues are, how can we resolve the problems that we face as individuals, families and a community?

The 2003 Community Needs Assessment was completed to identify these key issues, utilizing the knowledge and skills of many partners and accessing the tools necessary to assess the needs in our community. The findings represent the Westmoreland County area in its entirety, as well as the Alle-Kiski area of Armstrong County and the Connellsville area of Fayette County. We believe the information that we have collected in identifying our community's priority needs will be helpful to many others, such as community and human service providers, planners and funding sources.

Through the years, our community and human service networks have undergone significant changes, as has the community in which we live. Built by neighbors working together, our community is one that both values and struggles with our Appalachian roots. Pleased with our beautiful natural environment, we struggle with development, which maintains a balance between city, suburban and rural resources, recreation, and accessibility. Our community is populated by individuals and families holding strong commitments to our "home towns" and hoping to reside in a community that sustains and attracts our families, friends and neighbors.

Our government leaders are typically lifelong residents with strong, intimate commitments to the community they lead. Our human services and community providers, along with their funding sources, often have long histories in our community. With long historical relationships, it is almost second nature to do things as we have always done them and to think that the needs of our community are the same as they always were. Yet each of us is aware of changes that have occurred over the years, changes that have affected individuals, families, our community, and our nation.

At some point we must acknowledge, “If we always do what we always did, then we will always get what we always got.” What we always got wasn’t always good enough. Some critical needs continue to go unmet, resources continue to be inaccessible to many of our residents and our experiences of the last few years have taught us that we are not as prepared as we need to be to support people in large-scale disasters.

Our community and human service providers have seen increases in the number of people accessing services. Our population is aging. The number of people in need of various supports has grown, as well as the number of people experiencing financial strains related both to long-term poverty and short-term economic downturns. There are more people seeking information and support for serious physical and/or behavioral (mental health and drug and alcohol) health problems, more people seeking support in the aftermath of physical or sexual violence, more parents in need of parenting support and education, more children in need of early care and education and more youth in need of before- and after-school programs.

Many of us are lucky enough to know our neighbors, who join our family and friends in supporting us, assisting us in times of need. However, for many of us, our support system is limited in its resources and overall ability to help or be accessible to us. There are more single parents, more two-parent working families, more grandparents raising grandchildren, and more persons struggling to meet the economic needs of their families – all situations that can necessitate an increased need for supportive services.

Our community and human service support systems are also at risk. While more people access these systems, service providers struggle with maintaining the availability of cost-effective services. In response, these supportive programs are attempting to increase their services to meet the service demands while struggling with increased funding needs. However, no longer can organizations just say that they provide valuable services. Today’s competitive funding environment demands that they demonstrate their impact and establish measurable goals.

This report highlights the critical needs in our area, but there is also good news. In comparing Westmoreland County demographic information, there are several areas where our community is clearly doing better. Many of the issues identified as priority needs fluctuate more by areas of our county. We have many strong and vibrant communities; however, we also have many communities whose demographic data differs greatly from the county average, with heightened need and long-term concerns. The following is a listing of some of our strengths where the overall county picture is stronger than the statewide average:

- Lower poverty rates for children, adults and families
- Higher home ownership rate, greater percentage of occupied housing units as compared to vacant housing units and renter-occupied units
- Greater population with selected monthly owner costs and/or gross rent less than 15% of household income and decreased populations whose costs exceed 35% of income

- Greater likelihood of long-term connections to community, increased stays in same home, county and state
- Lower percentage of single-parent families
- Lower percentage of mothers receiving no prenatal care in first trimester
- Lower percentage of births to mothers aged 18 and under
- Higher voter turnout
- Larger manufacturing sector**
- Higher percentage of population over age 25 with an educational attainment of high-school graduate or higher
- Larger decrease in serious crime and all crime from 1996-2000*/**

**Also true for Fayette*

***Also true for Armstrong*

A. Goal

For years, researchers and professionals have been touting the value of identifying the goals of any project. If services do not establish goals and visions of what they hope a project or program will accomplish and if they do not know what impact they hope to achieve, then there is little use in supporting or providing that program or service. Community and human service programs should exist to meet priority community needs. The United Way of Westmoreland County is committed to funding supportive community and human services that address the most critical needs in our community.

Our mission, “To improve people’s lives by mobilizing the caring power of communities,” is a lofty one. Funding programs and services that meet the critical needs of our community is vital to achieving our mission. Therefore, it is a related goal of the United Way of Westmoreland County.

The 2003 Community Needs Assessment was completed to provide human and community service experts, private and governmental funding agents, and service providers a clearer understanding of our community: our strengths, most pressing needs, and barriers to individuals in need of the supportive resources provided by community or human service providers.

The goal of this assessment was to collect, analyze and qualify factual data representing our community and its most critical needs in a helpful format to assist organizations. We wanted to gather information that would assist us in making our funding decisions. We also hoped that the information we gathered would be helpful to other community or human service funding and planning agents, whether it be our local municipal governments, our educators, our regional planners or private and governmental nonprofit organizations. We believe each of these entities, like us, can benefit from learning more about the needs in our community.

B. Uses

The United Way of Westmoreland County is using the information gathered through the 2003 Community Needs Assessment to prioritize our future funding through the guidance of our Impact Cabinet and Councils. We strive to make investments that are more significant and leverage more resources into community and human services that are addressing our top community needs.

We completed this project with the guidance and support of a variety of community experts, service providers and funding agents. Involving many partners in this effort assisted in ensuring that the information obtained would be useful to more than one organization and would provide a comprehensive representation of our community and its members. The completed Needs Assessment Report and demographic compilation are thought to have many uses for planning and evaluating the growth and development of our community.

The 2003 Community Needs Assessment Report is a compilation of the demographic and personal response data that was collected. However, it does not represent the information in its entirety. Demographic compilations and survey responses may be secured by contacting the United Way of Westmoreland County. The demographic compilations present each county as a whole, while providing the ability to further compare information from cities, townships and boroughs that represent a particular county.

COMMUNITY NEEDS ASSESSMENT United Way of Westmoreland County

III. The United Way's Stake

The United Way of Westmoreland County has supported human services in our community for over 30 years. The allocation of our community dollars has always been a decision led by volunteers who listened to the requests of member organizations and made funding recommendations based on the information provided. Through the years, there has been a marked increase in requests from human service organizations seeking the financial support through the United Way. With increased requests, our volunteers have asked for more information as a basis for their funding recommendations.

In 2000, led by a Fund Distribution Committee, we moved from providing member agencies funding towards their general administrative and operating costs to asking them to identify specific programs for which they were seeking funding. This was the beginning of our attempts to make our funding decisions based on need and impact as opposed to historical relationships. Our volunteers have found the program focus to be helpful in making funding decisions; however, they have continued to note an interest in having more information relating to the true need and impact of programs to assist in guiding funding decisions.

In response to this request and the awareness that the needs in our community appear to be ever growing, we recruited the knowledge and expertise of many community partners to help us better understand our community's needs and strategically plan for funding those needs. It is through these partnerships that the Community Needs Assessment has been completed.

The Community Needs Assessment was based on a strong motivation for improvement in our service area. It will give the United Way and our partners an opportunity to better understand the primary issues in our region, build collaboration and leverage resources to address these emerging priority needs.

IV. METHODOLOGY

Prior to embarking on this project, we sought the advice of other communities in Pennsylvania who had completed large community needs assessments and asked them what they would suggest as a framework to complete the most effective and efficient community assessment. They advised us to secure numerous partners, analyze demographic data, focus the survey on information provided by community leaders and experts, gather the community at large to garnish their input and then qualify that information with more specific feedback from specialists in the community. We took their advice and believe that the collective data presents an accurate picture of the needs within our community.

We completed our 2003 Community Needs Assessment with the guidance and support of a committee comprised of community leaders from local government and private funders, the public education system, human service organizations and area businesses. This assessment was planned to identify the priority needs of Westmoreland County, the Alle-Kiski area of Armstrong County and the Connellsville area of Fayette County.

This project was multifaceted; completed with the participation of over 400 community members and based on the analysis of information gathered through:

A. Demographic Profiles – A compilation and analysis of demographic information was gathered comparing each county within our service area to the state and sorted in categories of:

Overview	Education	Health Profile
Labor Force	Special Population	Crime and Police
Income/Poverty	Housing	Planning and Zoning

* Data was gathered and analyzed from:

- Center for Rural Pennsylvania
- PA Department of Education
- PA Department of Health
- PA Department of Insurance
- Inventory of Assisted Rental Housing, PA Housing Finance Agency
- PA Department of Community and Economic Development
- Center for Workforce Information and Analysis, PA Department of Labor and Industry
- Office of Income Maintenance, PA Department of Public Welfare
- PA Department of Labor and Industry
- U.S. Census Bureau
- PA Department of Aging
- PA State Police
- PA Department of Transportation
- Office of Rural Health, Penn State University
- Office of Social Programs, PA Department of Public Welfare
- Bureau of Commissions, Elections and Legislation, PA Department of State
- PA Department of State, Bureau of Professional and Occupational Affairs
- Appalachian Regional Commission

** The majority of data is a compilation of statistics available through the 2000 U.S. Census and the Center for Rural Pennsylvania. In some cases, the most recent data is from 1999 while other data represents 2003 statistics. For clarification of sources and dates, please consult the demographic compilations available at www.unitedway4u.org.*

B. Key Informant Survey – The Community Needs Assessment Committee worked collectively to create a written survey tool of 59 questions to provide a comprehensive assessment of community strengths and needs. This committee identified over 600 community experts and leaders including government and human service providers. Over 300 persons responded to this survey, demonstrating a near 50% response rate. The survey was designed to assess community strengths and priority needs.

C. Community and Business Forums – With a desire to understand the concerns of the community at large, our Needs Assessment Committee planned to complete community and business forums at which the same five questions were asked:

- 1) What do you believe are the major strengths in this community?
- 2) What do you believe are the major challenges and issues in this community?
- 3) Are there any population groups that experience especially serious challenges or issues in this community? If so, who are they?
- 4) What associations, community, or human service do you view as critical in this community?
- 5) What barriers exist in accessing services? What keeps people from getting the services/support that they need?

We invited community members to participate through communications with area businesses, notices to all of our human service partners, invitations mailed to 50 United Way donors in each community and articles and announcements in local newspapers.

Understanding that transportation is a barrier for large community participation, we traveled into 16 communities throughout our service area hoping to hear from community residents. We conducted community forums in the communities of:

Murrysville	Derry	Jeannette	Vandergrift
Penn Township	Ligonier	New Stanton	New Kensington
Central Westmoreland	New Florence	Donegal	Lower Burrell
Latrobe	Mt. Pleasant	Connellsville	Monessen

Nearly 100 people participated in these forums, less than we had anticipated. Although we had hoped to gather more people at these forums, the information that we received was valuable, accurate and did represent the community at large. There were some unique differences identified in many of these communities; however, there were far more similarities.

D. Presentations from Community Experts - We sought out human service funders, providers and other community experts to talk with us about the pressing needs in their area of expertise. These experts presented to the committee their responses regarding:

- Priorities
- Emerging needs
- Adequacies and inadequacies they recognize in various systems

These community experts were:

Dr. Lou Byham, Greater Latrobe Area School District
Cheri Cavanaugh, Westmoreland Human Opportunities
Glenn Cavanaugh, Westmoreland County Food Bank
Kathy Clingan, Westmoreland County MH/MR
Bill Connolly, Westmoreland County Housing Coalition
Lt. Paul DeStefano, PA State Police
Ann Emmerling, Blackburn Center Against Domestic and Sexual Violence
Lou Falbo, Veteran Cab Company
Robert Fuhrman, PA Department of Health
Donna Hagen, Catholic Charities and Greensburg Ministerium
Beverly Howard, Westmoreland County Area Agency on Aging
Dorothy Hufford, Latrobe Area Hospital
Tim Merlin, SPHS Behavioral Health
Larry Morris, Westmoreland County Transit Authority
Jennifer Pusateri, Child Care and Information Services of Westmoreland County
Jerry Sopko, Westmoreland County Children's Bureau
Mike Washowitz, Westmoreland County Housing Authority

Through these various processes, we identified priority community needs, recognizing the differences and similarities among the neighborhoods comprising our service area community.

We believe that our sampling technique is adequate to represent our entire service area in the aggregate.

V. PARAMETERS AND LIMITATIONS

Although we feel that the information that we gathered is a good representation of Westmoreland County and adequate to represent our service area in its entirety, we did not collect sufficient survey responses or input from community experts for Armstrong or Fayette Counties to stand alone.

VI. FRAMEWORK: TRAITS OF HEALTHY AND VIBRANT COMMUNITIES:

To help focus our identification of priority needs, we believe it is helpful to put them in a context of commonly accepted traits of healthy and vibrant communities. Below are the traits that we have identified through our research and the assistance of our partners:

- **Public Safety** – Community members feel safe and the crime rate is low.
- **Health** – Accessible and affordable health care exists. Individuals have increased understanding of good health and assume personal responsibility to maintain.
- **Civic Engagement** - Residents, organizations and corporations accept and value diversity, actively engage in public affairs and take on leadership roles in the community and local government.
- **Economic Health** - The economy is diversified and produces sustainable jobs at living-wage levels. Economic development is organized and robust. Poverty rates are low and people move out of poverty. Resources are accessible to achieve a reasonable standard of living.
- **Natural Environment** - Preservation is balanced with growth; our community appreciates a high air and water quality with minimal noise and other pollutants.
- **Housing** - A diversified housing stock exists integrating all income levels, with available, affordable and safe housing for low-income individuals and families.
- **Education** - Education is valued in the community with opportunities for ongoing advancement of quality education and lifelong learning.
- **Leisure** - Accessible and affordable opportunities exist for recreation, arts and cultural activities that promote physical and mental well-being.
- **Children and Families** - All persons, families and children have opportunities to develop to their full potential, enjoy secure, healthy and supportive relationships in households and communities in which they are active, valued contributing members.
- **Connecting Resources** - Effective activities exist that help people access the resources they need: transportation, information and education.

VII. GENERAL CHARACTERISTICS OF OUR SERVICE AREA AND ITS PEOPLE

The neighborhoods and smaller communities that comprise our service area are rich in culture and strong family ties. Some may define our community as a “rust belt” with our roots in manufacturing and production; many of our ancestors were coal miners and steel makers. Many in our community share a fourth and fifth generation community ancestry. We live in the northern Appalachian region (as defined in the legislation from which the Appalachian Regional Commission derives its authority), part of a 200,000-square-mile

region that follows the spine of the Appalachian Mountains from southern New York to northern Mississippi.

For many people, this community is the one in which they were born, will raise their families and will remain throughout their lives. As a state, Pennsylvania has a high nativity rate (persons who are lifelong residents); this trait is extenuated for people living in the three counties comprising our service area. Each of the three counties also have a higher than state percentage of owner-occupied housing units, a significantly higher percentage of single-family homes, and a related lower percentage of renter-occupied housing units. These factors reinforce our understanding of this community as one with a smaller transient population.

Unfortunately, these figures may also represent a barrier to promoting our area as one that maintains our young or attracts new residents. An additional challenge to attracting new businesses and new knowledge is our significantly lower percentage (compared to the state) of small and large apartment buildings, townhouses or duplexes.

The people living in these communities have a strong sense of faith and value our faith-based community. 59% of the respondents to the Key Informant Survey reported the “community is one where all religious groups come together to address pressing social concerns.”

A. Population Overview

For planning purposes and the needs of our partners, the Community Needs Assessment was completed to represent Westmoreland County in its entirety, as well as the population of our service area in Armstrong and Fayette counties.

Below is a chart representing the larger population for the three counties within our service area, as well as the smaller estimated population of our service area:

	Westmoreland	Fayette	Armstrong	Total Population
Total Population	369,993	148,644	72,392	591,029
UWWC Estimated Service Area Population	344,500	38,303	15,243	398,046

Westmoreland Areas **Not** Included in Our Service Area:

Monessen City, North Belle Vernon Borough, Rostraver Township, and West Newton Borough

Fayette County Areas Included in our Service Area:

Bullskin Township, Connellsville City, Dawson Borough, Dunbar Borough, Dunbar Township, Saltlick Township, South Connellsville Borough, Springfield Township, and Vanderbilt Borough

Armstrong County Areas Included in our Service Area:

Apollo Borough, Freeport Borough, Kiskiminetas Township, Leechburg Borough, North Apollo Borough, and Parks Township

The following are some key demographic profiles within the three counties of our service area:

Vulnerable Age Categories by Percentage of Population				
	Under 5	under 18	age 65+	age 85+
State	5.9	23.8	15.6	1.9
Westmoreland	5.2	22.0	18.3	2.1
Fayette	5.7	22.7	18.1	2.2
Armstrong	5.4	22.9	18.0	2.1

Income by Percentage of Population (Individuals/Families)							
	<14,999	\$15,000- \$24,999	\$25,000- \$34,999	\$35,000- \$49,999	\$50,000- \$74,999	\$75,000- \$99,999	\$100,000+
State	16.7/9.1	13.8/10.9	13.3/12.7	16.9/18.2	16.9/18.2	9.6/12.3	10.3/13.3
Westmoreland	17.0/8.1	15.9/12.6	14.3/14.5	17.2/19.4	19.3/24.0	8.5/11.2	7.8/13.3
Fayette	27.2/16.5	18.4/17.3	15.0/16.4	14.9/17.7	15.0/19.2	5.5/7.5	4.1/5.5
Armstrong	20.9/11.5	18.8/16.3	15.2/16.5	19.3/22.6	16.3/20.7	5.5/7.0	4.0/5.1

Poverty by Percentage of Population (1999)		
	Persons	Children
State	11.0	14.3
Westmoreland County	8.6	11.4
Fayette County	18	25.8
Armstrong County	11.7	15.5

Demographic data depicting nativity speaks to the makeup of a community, how much of the population are long-term (native) residents of the county, state and country. Below is a chart representing nativity for our area and the state, as well as movement from homes in the years of 1995 – 2000.

As noted earlier, persons residing in our community are typically “long-term” residents. This supports the feedback we received through our community and business forums noting a general idea that our community members feel an increased interest in connecting to their neighborhood, with generational ties to the community in which they live.

Nativity and Birth Place	Pennsylvania	Westmoreland	Fayette	Armstrong
Native	11,772,763 = 95.9%	364,716 = 98.6%	147,807 = 99.4%	71,900 = 99.3%
Born in United States	11,620,495 = 94.6%	363,310 = 98.2%	147,429 = 99.2%	71,647 = 99.0%
State of Residence	9,544,251 = 77.7%	329,522 = 89.1%	130,086 = 87.5%	66,607 = 92.0%
Different State	2,076,244 = 16.9%	33,788 = 9.1%	17,343 = 11.7%	5,040 = 7.0%
Foreign Born	508,291 = 4.1%	5,277 = 1.4%	837 = 0.6%	492 = 0.7%
Same House in 1995	7,333,591 = 63.5%	245,652 = 70.0%	99,422 = 70.9%	48,579 = 70.9%
Different House and Same County in 1995	2,513,167 = 21.7%	65,611 = 18.7%	29,013 = 20.7%	11,975 = 17.5%
Different House and Different County in 1995	1,543,549 = 13.4%	38,152 = 10.9%	11,439 = 8.2%	7,754 = 11.3%
Different County and Same State in 1995	874,796 = 7.6%	26,986 = 7.7%	6,979 = 5.0%	6,208 = 9.1%

B. Geography

The towns and neighborhoods we live in vary from rolling countryside to suburbia to mid-size cities. Many of our cities and towns are struggling with stark economic and development conflicts. We value the close proximity of the rural environments, which help to make us unique, yet we struggle with the limited resources easily accessible for the residents of these communities. For each of these areas, small businesses are at risk, towns that used to be self-sufficient with busy streets now have many abandoned storefronts.

Each of the three counties, when compared to the state, has a higher number of licensed drivers per capita and a higher number of in-state registered vehicles per capita. People without personal transportation are recognized as experiencing greater struggles securing and maintaining employment and accessing needed resources.

	State	Westmoreland	Fayette	Armstrong
# Licensed Drivers (Driver Count) Per Capita	0.68	0.71	0.72	0.81
# In State Registered Vehicles Per Capita	0.83	0.87	0.94	1.1

C. Government

The counties in each of our service areas have many municipalities; however, when considering the state, we have a smaller percentage of municipalities with planning commissions or municipal comprehensive plans. We also have a greater percentage of smaller municipalities representing the categories of: 1) Less than 500; 2) 500-999; and 3) 1,000-2,499. Our community is challenged by maintaining a balance between the rural environmental assets and the need for growth and development.

Compared to the state, our service area shows a lower amount of total local taxes collected per capita. Additionally, there is a lower percentage of local taxes collected by municipal governments and a higher percentage of local taxes collected by county government.

D. Health Care

The following charts demonstrate that our three counties share a lower number of primary care physicians, pediatric physicians, and dentists per 100,000 residents when compared to the state. The largest gap is seen in the number of pediatric physicians per 100,000, as compared with the state.

1999 Data	State	Westmoreland	Fayette	Armstrong
# Active Primary Care Physicians	16,838	341	65	35
# Primary Care Physicians per 100,000 Residents	137.1	92.2	43.7	48.3
# Active Pediatric Physicians	2,375	30	6	9
# Pediatric Physicians per 100,000 Children	81.3	36.9	17.8	54.3
# Active Dentists	8,353	238	73	29
# Dentists per 100,000 Residents	68	64.3	49.1	40.1

In searching for more recent data, it appears that there are no organizations that presently gather the counts of primary care or pediatric physicians. However, we did

gather 2003 data for the number of licensed physicians (including specialists) and dentists. Again, when compared to the state, each of the three counties in our service area realize a significant decrease of licensed physicians and dentists per 100,000 residents.

2003 Data	State	Westmoreland	Fayette	Armstrong
# Licensed Physicians	41,316	498	145	45
# Licensed Physicians per 100,000 Residents	336.4	135	98	62.5
# Active Dentists	9,519	191	66	23
# Dentists per 100,000 Residents	77.5	51.8	44.6	31.9

Below is a chart that demonstrates that a lower percentage of our adult population ages 21 to 64 with a disability are employed when compared to the state. This is an issue that likely decreases the quality of life for the disabled adult.

	State	Westmoreland	Fayette	Armstrong
Population 21 to 64 with a disability	1,196,717 = 17.5%	32,740 = 15.8%	19,861 = 24.0%	7,689 = 19.1%
Percent employed	54.8%	51.2%	42.9%	43.4%
Population 21 to 64 - no disability	5,640,551 = 82.5%	174,481 = 84.2%	62,725 = 76.0%	32,576 = 80.9%
Percent employed	78.3%	77.7%	71.7%	73.9%
Population 65 and over with a disability	712,795 = 39.4%	25,333 = 39.0%	12,017 = 45.9%	4,984 = 39.4%

VIII. PRIMARY CONCERNS

After completing the data analysis of the information secured through our Community Needs Assessment and considering the defined traits of Healthy and Vibrant Communities, the needs in our community are best identified by the following categories:

- ❖ Leadership
- ❖ Economic Concerns and Poverty
- ❖ Health
- ❖ Early Care and Education (birth-8)
- ❖ Youth 10-17: Bridges to Adulthood
- ❖ Seniors and Persons with Disabilities

Children and youth, seniors, low-income and working poor were those populations most often identified as facing especially serious challenges.

Following is detailed information with specific needs that have been identified through our Community Needs Assessment in these six categories:

A. LEADERSHIP

I. Overview

When looking at the responses from our Community Forums, Community Expert Presentations and open-ended responses from our surveys, leadership came out as the third

most prevalent challenge for our community. Half of the survey respondents reported leadership as a prevalent community challenge. Problems noted included a lack of cooperation and planning between neighboring municipalities.

Retaining the young, the need for regional planning, and relying on the same core of volunteers were challenges that were in the top related issues identified through the Community Needs Assessment. Additionally, the lack of community awareness regarding the available community and human resources was identified as a problem influenced by the leadership in our community.

The specific needs related to leadership were:

- Scarcity of common goals and a common vision for the community among leaders from all sectors
- Restricted regional planning; leaders are not consistently coming together from all geographic regions to address mutual concerns.
- Limited cooperation between boroughs and townships
- Lack of active promotion of positive relations among people from all races, genders, and cultures
- Limited promotion from all races, genders, ages and cultures to participate in the political process
- Partial sharing strategies and working together among associations from various parts of the community
- Limited activities actively supporting and strengthening connections between families, neighborhoods and the whole community
- Inadequate general community knowledge of where to turn for assistance - human services struggle with promoting community awareness; a need exists for a centralized and comprehensive 24-7 information and referral system

2. Related Survey Responses

Your community is one where leaders from business, labor, government, education, religion, neighborhood, nonprofit and all other sectors come together and work productively to address critical community issues.

Although nearly 70% of the survey respondents agreed with this statement, our discussions in the community forums and with our community experts indicated that we do not do a good job of communicating the resources available to the community at large. Additionally, there was a reported shrinking “sense of community” with increased community apathy noted by the same core of volunteers, limited “new blood,” and feelings of not being able to affect change in one’s community.

Your community is one that actively promotes positive relations among people from all races, genders, ages, and cultures.

Although 65% of the experts agree with this statement, 79% of the survey respondents noted racial and/or ethnic discrimination as an issue, with 50% noting it as a major or moderate problem in the community. Additionally, the feedback that we received in our

community forums and expert presentations is that minority populations, cultural and gender groups are not well accepted in our community.

As a whole, there appears to be minimum representation of minorities on boards of non-profit organizations. Minority populations were also identified in the community forums as a population that faces especially serious challenges.

Your community is one where people and organizations from all geographic regions get together to address mutual concerns.

Less than 50% agree, moreover 4% more “strongly disagree” than “strongly agree.” This absence of coming together from all geographic regions was again noted as a major challenge throughout the community forums and community expert presentations.

Your community is one where associations in neighborhoods from various parts of the community share strategies and work together.

Although 2% more individuals agree than disagree with this statement; nearly twice as many respondents “strongly disagree” than those who “strongly agree.” Nine percent of the respondents did not answer this question.

Your community is one that actively promotes participation in the political process from all races, genders, ages and cultures.

Slightly more than 50% of the respondents agree with this statement. We suspect that this is not the case; while the census data does not help us with this concern, data that we might look at in the future could include the number of uncontested races being run and voter registration.

Your community is one where leaders from all sectors of the community share common goals and uphold a common vision for the community.

Nearly 50% of the respondents disagree with this statement with more “strongly disagreeing” than “strongly agreeing.”

Furthermore, presentations from our community experts and responses at our community forums indicated that they attribute this as a major challenge in their communities, with the core of the problems beginning with a lack of communication and collaboration between the townships and boroughs.

Collaboration needs to begin at these levels and expand regionally. Leaders are not consistently and regularly coming together from all geographic regions to address mutual concerns.

Illiteracy

Illiteracy was identified as a major or moderate issue by 44% of the survey respondents. Illiteracy is recognized as a barrier to accessing services, as well as a barrier to maintaining self-sufficiency.

3. Related Demographics

- Over 18% of our community members are over 65, representing a 17% increase in the 65+ population group and nearly 11% increase in the 85+ population group when compared to the state.

- Our region has a low percentage of racial diversity – for Westmoreland County 96.9% of the population is white.
- As noted in the Population Overview section, our community has a large nativity rate and lower immigration rate. This increases our challenges in the recruitment of “new” talent and knowledge. Many vibrant communities find that they have lower nativity and higher immigration rates.
- Westmoreland County has 65 municipal governments. We also have a fewer percentage of municipalities with planning commissions or comprehensive plans.
 - 29.2% cover populations less than 1,000
 - 23.1% cover populations 1,000 – 2,499
- 6.6% of population has a graduate or professional degree in comparison to the State’s 8.4%. This figure decreases in Fayette and Armstrong counties.

4. Related Feedback from Experts

- Public awareness and community education of available services is limited.
- Need comprehensive, centralized and regional Information and Referral System.
- Need collaborative planning and sharing of strategies among leaders from all sectors and geographic regions especially regarding education, health care and development .
- Increased knowledge and professionalism of nonprofit, volunteer and government leaders is required for success.
- Diversity must be viewed as a resource.
- Young people must be included.
- Government and nonprofits must seek out “new blood” for board membership.
- Leaders must welcome new people; parochial attitudes are not compatible.
- Means must be found to encourage civic engagement and discourage isolation.
- Value local leaders, but encourage those with regional sense.

B. ECONOMIC CONCERNS and POVERTY

I. Overview

Poverty and economic concerns were clearly major concerns that presented themselves in this Needs Assessment. These concerns were identified as “major issues” more than any other needs or problems. Community and human service providers are directly influenced by the economic conditions of our communities. When there are more financial strains on families, there is not only an increased community need for supportive services but also a decreased amount of resources to support these critical services.

- The specific needs related to poverty and economic concerns that were identified included:
- Barriers are heightened -
 - Lack of community awareness was identified as the foremost major barrier to persons in need of support.
 - Distance, transportation and community access was the second barrier most often identified for persons seeking supports.
- Poor staying poor; poor communities stay poor
- Concerns about the “right kind” of development and “overdevelopment” in sales and retails
- Loss of manufacturing and sustainable jobs
- Skills of workforce are not changing with jobs.
- Child care services are often unavailable or inaccessible
- Water and sewage systems unavailable for some
- Unemployment, underemployment and poverty
- Our community forums, presentations by community experts and survey responses to open-ended questions identified access to resources and lack of community awareness as the foremost major barrier. Distance and transportation was the second barrier identified for persons in need of services.
- Smart Development – Respondents in our community forums noted concerns for the “right kind” of development, with concerns of “overdevelopment” in retail/sales and related employment opportunities. The need to grow employment opportunities that offered self-sufficient wage/living wage (see chart below) was identified as a key issue.

When reviewing the 2001 Self-Sufficiency Standard (United Way of Pennsylvania and Women’s Association for Women’s Alternatives), it is apparent that many of our community members fall short of the income required maintaining self-sufficiency. Below is a chart that was created to demonstrate how much of an income is necessary for families of different sizes to be self-sufficient, considering the following:

Monthly Costs: Housing, Child Care, Food, Transportation, Health Care, Miscellaneous, Taxes

Includes Refunds: Earned Income Tax Credit, Child Care Tax Credit, Child Tax Credit

Self-Sufficiency Standard

Family	Adult	Adult + Infant	Adult + Preschooler	Adult + Infant Preschooler	Adult + School-age Teenager	Adult + Infant Preschooler School age	2 Adults+ Infant Preschooler	2 Adults+ Preschooler School age
Hourly Wage	\$7.33	\$13.48	\$12.79	\$17.48	\$11.75	\$21.68	\$10.39 per adult	\$9.49 per adult
Yearly Wage	\$15,474	\$28,466	\$27,016	\$36,910	\$24,817	\$45,789	\$43,908	\$40,082

Although many may not typically consider our community as one within the Appalachian Region, Westmoreland, Fayette and Armstrong counties all share this identification. Likewise, our region shares traits of the larger Appalachian region, both economic and societal.

The Appalachian Regional Commission (ARC) developed a county economic classification system to target counties in need of special economic assistance. Three-year average unemployment, per-capita market income, and poverty were the county economic indicators chosen and compared to their respective national averages in creating the following economic categories:

- Distressed - The most economically depressed, having a three-year average unemployment rate that is at least 1.5 times the national average; a per capita market income that is two-thirds or less of the national average; and a poverty rate that is at least 1.5 times the national average; OR they have 2 times the national poverty rate and qualify on the unemployment or income indicator.
- Transitional - Below the national average for one or more of the three economic indicators.
- Competitive - A three-year average unemployment rate and a poverty rate equal to or better than the national average and a per capita market income that is equal to or greater than 80%, but less than 100%, of the national average.
- Attainment - Economic indicators that are equal to or better than the national average.

Both Westmoreland and Armstrong counties were both classified as “Transitional,” and Fayette was classified as “Distressed.”

ARC also notes challenges to reducing economic distress in Appalachia as:

- Competition from imports in key industries (i.e.: textiles and apparel manufacturing)
- In counties where manufacturing remains a dominant industry, declining real wages have eroded the income base. Moreover, high-wage, high-tech jobs have not developed in these manufacturing-dependent counties. The result is a widening income gap between these counties and the faster growing metropolitan counties where information services are concentrated.

2. Related Survey Responses

Unemployment/Underemployment

97% of the respondents believed this was an issue, with 49% identifying this as a “major issue.” Additionally, the low income/working poor were the third population identified as “facing especially serious challenges or issues in their community.” The unemployed and unemployable (those lacking necessary work skills/history) were the fifth population identified.

Poverty

Again, 97% of the respondents identified poverty as a community challenge, with nearly one third of the respondents noting it as a major issue. Families, especially low income, were the sixth population identified as facing especially serious challenges.

Lack of Jobs

97% of the respondents identified this as an issue with 51% defining it as a “major issue.” Additionally, when we looked at the feedback received in our Community Forums and from our Community Expert presentations and open-ended survey responses, this was the top challenge identified. Bringing in new business was the fifth challenge identified.

Poor Road and/or Traffic Condition

92% of the respondents identified this as an issue, with 59% identifying it as a major or moderate issue and over one fourth of the respondents believed this was a major issue.

Inadequate Transportation

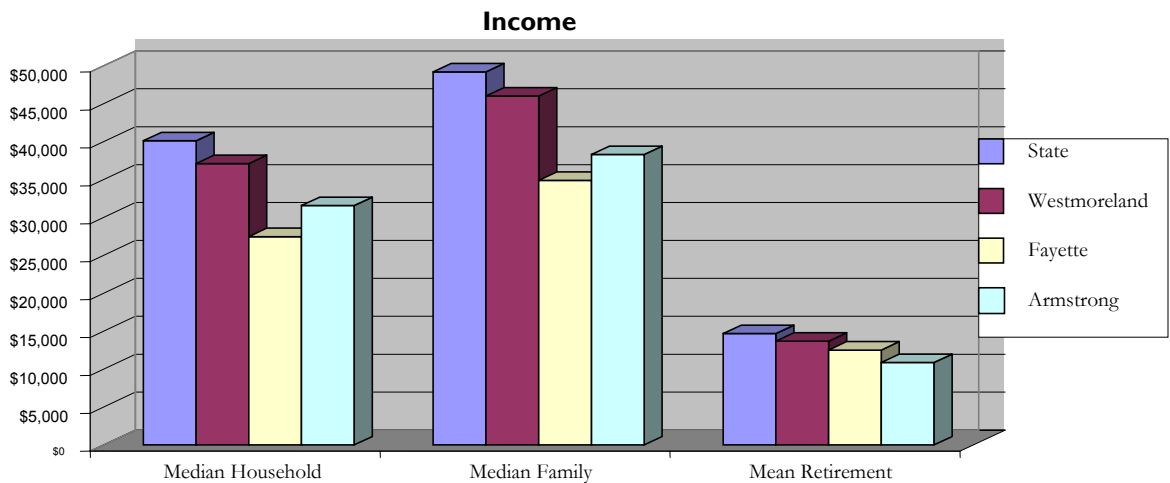
87% of the respondents identified this as an issue, with nearly half noting it as a major issue. The barrier of limited public transportation was identified in our Community Forums and by our Community Experts. Although transportation is a clear barrier for individuals throughout our community, it is unlikely that this is an issue that will be resolved in the near future.

3. Related Demographics

- Our communities, when compared to the state, have a higher percentage of:
 - Persons earning less than \$49,999
 - Households earning \$10,000 - \$14,999
 - Households and families earning
 - ✦ \$15,000 - \$24,999
 - ✦ \$25,000 - \$34,999
 - Families earning
 - ✦ \$35,000 – 49,999
- 3.8 more number of clients per 1,000 receiving homeless assistance and allocation \$73.00 less than state
- Lower percentage of population 16 years and over in labor force
- Lower percentage of all parents in labor force

- Increased unemployment rates in Fayette and Armstrong counties, as well as the following areas of Westmoreland County:
 - Derry Borough, Donegal Borough, Greensburg City, Jeannette City, Unity Township, Ligonier Borough, New Florence Borough, New Kensington City, Penn Borough, Belle Vernon Borough, Monessen City, Fayette and Armstrong counties
- Increased families in poverty in New Kensington City, New Florence, Monessen City, Fayette and Armstrong counties
- Increased poverty rate for children under 18 in Fayette and Armstrong
- Of families in poverty:
 - Increased families with female householder, no husband present with related children under 18 and related children under 5 in Westmoreland, Fayette and Armstrong counties
- Lower median household and family incomes and mean retirements as indicated in the chart and graphs below.

	Median Household	Median Family	Mean Retirement
Pennsylvania	\$40,106	\$49,184	\$14,663
Westmoreland	\$37,106	\$45,996	\$13,655
Fayette	\$27,451	\$34,881	\$12,487
Armstrong	\$31,557	\$38,271	\$10,854



4. Related Feedback from Experts

- Increase in loss of jobs
- Increase requests for financial guidance, more people experiencing higher debt
- Increased need for assistance with food
- Rising fuel costs

- Welfare Reform – With welfare to work requirements, there is an increased population of people ineligible for welfare related to conflicts with child care and transportation barriers preventing employment.
- Waiting time for disability is lengthy.
- Standards of living – need for “living wage”
- Need for revitalization in many communities and need to assure that we have the necessary leadership and knowledge to bring this to fruition

C. HEALTH

I. Overview

Health experts discover more each year regarding prevention, early diagnosis and recommended treatments. We are a society with great knowledge, yet, for many of us, our ability to access this knowledge and the necessary resources is limited. Often, an individual experiencing serious physical or behavioral health problems finds that they are in need of a stronger and more diverse support system.

The Needs Assessment identified several priority needs related to health and our community. Despite the growing knowledge of preventative measures and behaviors that can improve our health, we are a community with a growing crude death rate. Issues pertaining to health access were identified as a growing barrier for many in our community. Prescribed medications are unaffordable to many in need, health insurance costs are rising and transportation barriers continue to be a struggle heightened by centralized and limited health care providers.

The specific needs related to health concerns that were identified included:

- Difficulty accessing medical care
- Insurance unavailable/too expensive for some children and many adults
- Medications and related copayments are too costly for many to afford; clearly, those with serious and/or long-term health problems are most vulnerable.
- Treatment is not accessible to many people relative to cost of treatment and transportation to treatment
- Health literacy – Having a clear understanding of the terminology and explanations of the symptoms, preventable measures, medications and treatment
- Alcohol, tobacco and drugs
- Mental illness
- Suicide
- Communicable diseases
- Prevention
- Regular exams, screenings and tests
- Diet and exercise
- Early diagnosis and treatment
- Inadequate support services and treatment options for persons with physical disabilities
- Aging population can not take care of family members with disabilities.

2. Related Survey Responses

Lack of affordable medical care

87% noted this as an issue, with 71% identifying it as either a major or moderate issue.

Alcohol abuse

91% identified this as an issue, with over three-fourths noting it as a major or moderate issue in the community.

Tobacco use

89% noted this as an issue, with 72% identifying it as a major or moderate issue.

Inadequate support and treatment for persons with mental illness or emotional issues

56% of the respondents reported this as either a major or a moderate issue.

Inadequate services and programs for persons with physical disabilities

47% of the respondents noted this as either a major or a moderate issue.

3. Related Demographics

a. Behavioral Health

Are our young and middle aged in need of increased behavioral health supports? Are our children and young adults learning positive coping skills? Are necessary supports available and accessible? We know that supportive mental health and substance abuse treatment options and support services are available in our community; however, for some, the barriers to accessing these services keep them inaccessible. Many services are provided on a sliding fee scale; however, for some people other barriers exist.

Feedback from our community health experts and demographic analysis show that behavioral health (mental health and drug and alcohol) treatment is an increasing need in our community. National research indicates that coping skills and problem solving strategies are critical to a healthy lifestyle.

Latrobe Area Hospital completed a survey of their service area (Latrobe, Ligonier, Derry and Unity Township) in 2001 that noted concerns for feelings of loneliness among the surveyed population. In 1996, survey results reported 37% of the respondents identified feelings of loneliness/isolation; by 2001, the percentage of respondents noting feelings of loneliness/isolation rose to 45%. Following is a chart representing the percentage of the survey respondents that reported feelings of loneliness by their various age groups:

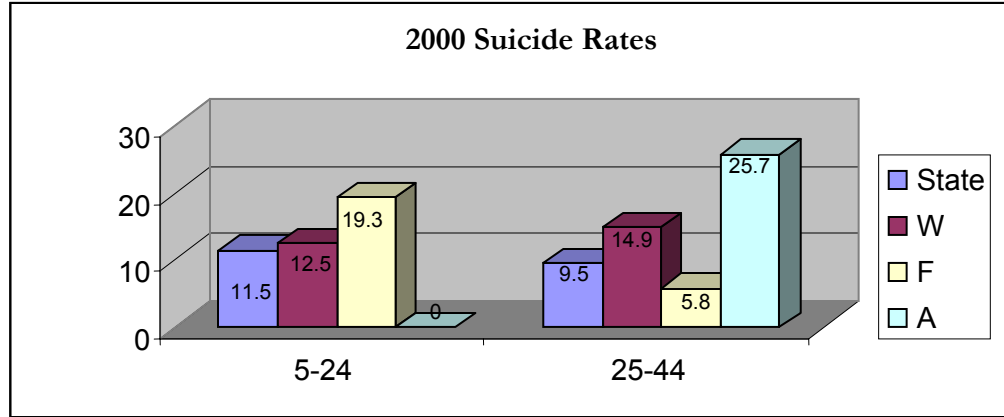
Latrobe Area Hospital Survey Results

Age	Report "often feeling lonely"	Report "always" feeling lonely
20's	10%	9.1%
30's	30%	9.1%
40's	15%	36.4%
50's	10%	18.2%
60's	5%	0%
70's	20%	18.2%
80's	10%	9.1%

Suicide is the second leading cause of death for persons 5-24 and 25-44. The suicide rate for our area is significantly increased when compared to the state. Although there

has been a 12-year decrease in the rate for those aged 5-24, the increase in our community rate for those 25-44 in the same time period is alarming.

Following are charts and graphs representing the rates and differences when compared to the state. Suicide rates for both age groups are accelerated in our community.

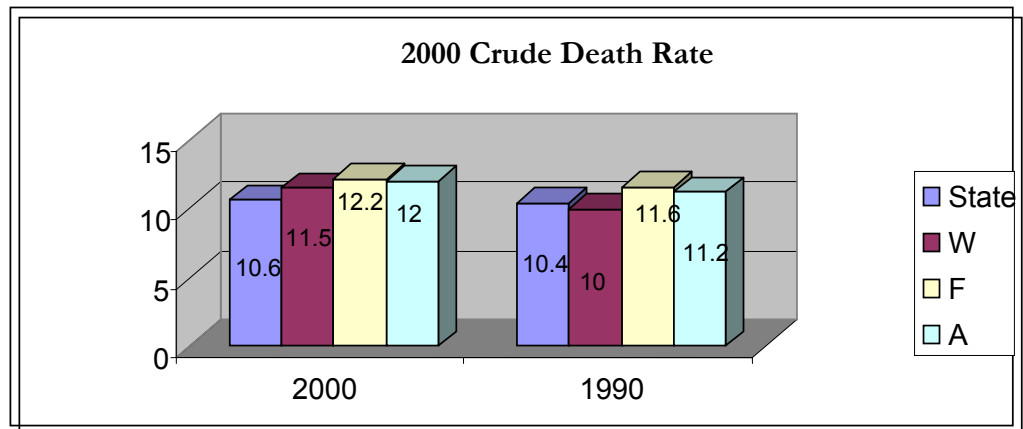


2000 Percentage Difference Compared to State			12-Year Percentage Difference	
Area	Age 5-24	Age 25-44	Age 5-24	Age 25-44
Pennsylvania	N/A		- 10.85%	- 8.65%
Westmoreland	+ 8.7%	+ 56.8%	- 25.15%	+ 71.26%
Fayette	+ 68%	- 100%	+ 19.14%	+ 40.21%
Armstrong	+ 38.95%	+ 171%	- 100%	+ 222%

b. Physical Health

Crude Death Rate

Following are charts indicating the Crude Death Rate for 1990 and 2002 and the ten-year difference in these rates. Each of the counties in our service area shows an increased crude death rate compared to the state. It is especially concerning that this rate has increased at seven times that of the state since 1990 in Westmoreland County.



Area	Ten-year Difference
State	2% increase
Westmoreland County	15% increase
Fayette County	5.2% increase
Armstrong County	7.2% increase

Several behaviors increase an individual’s risk for both acute and chronic health problems. Experts have recommended preventative measures as a cost effective way to manage our health system. Research and experts have indicated that preventative measures are based on healthy lifestyles that include a balanced diet with appropriate nutritional intake and exercise.

Following is a summary of other priority physical health concerns in our community:

- Cancer is the leading cause of death in Westmoreland County for those aged 25-64, while being the second cause of death for those 65 and over.
- Accidents are the leading cause of death for persons aged 5-24 – representing a higher percentage in our community than of the state.
- Diseases of the heart are the primary cause of deaths of persons age 65 in our community as well as in the state.
- Obesity is a problem that contributes to serious health problems for children and adults in our community. Nearly two-thirds of U.S. adults are overweight, nearly one-third of U.S. adults are obese. Obesity is recognized as a leading preventable risk factor. It is identified as a contributing factor to many of the major causes of death to include heart disease, heart attack, cancer and diabetes. A healthy diet and exercise plan are critical to maintaining good health and preventing obesity.
- Health literacy – Having the ability to read and have a clear understanding of the terminology and explanations of the symptoms, preventable measures, medications and treatments.
- Health Access
 - Insurance – Lack of insurance is a major barrier for many persons with physical or behavioral health needs.

Percentage of Population (2001)	State	Westmoreland	Fayette	Armstrong
Eligible for Medical Assistance	12%	10%	21.7%	14.4%
Over 65 and enrolled in PACE/PACENET	14%	14%	16%	12%
In Medicaid HMO	17.3%	14.2%	39%	20.1%
In Medicare HMO	9.1%	11.7%	8.6%	10%
In Private HMO	73.6%	74.1%	52.4%	69.9%

- Transportation – Westmoreland County has one of the largest land bases in the state, covering 1,023 square miles. Although Fayette (790) and Armstrong (654) counties have significantly smaller land bases, each share rural structures that act as barriers to accessibility for many people. The elderly, disabled and those without personal transportation are often charged high fees by neighborhood jitneys to provide the necessary transportation. Public transportation does not include evening hours and provides only limited transportation routes to our most rural neighborhoods. Scheduling necessary health care appointments and activities of daily living are especially challenging for persons without personal transportation.

4. Related Feedback from Experts

- Our rural Appalachian culture is recognized as having a general acceptance of excessive alcohol use and tobacco use.
- Our community hospitals and service providers are facing increased financial struggles.
- The current public mental health system is overloaded with customers and has a limited number of available practicing psychiatrists. Appointments for individual therapy are also limited.
- Providing services in non-traditional settings, such as the schools and primary health care centers, were noted by our experts as service delivery sites that have been found to have an increased accessibility to community members.
- Health literacy, community knowledge and awareness were all identified as primary barriers to accessibility for persons in need of health-related supports.
- Early diagnosis and treatment were reported as critical to positive outcomes; yet barriers to early diagnosis and treatment are heightened for our vulnerable populations (children, elderly, disabled and poor).
- Isolation (and feelings of) was identified as a symptom, major barrier and increased risk factor for both middle age and older adults in a survey completed by Latrobe Area Hospital.

D. EARLY CARE and EDUCATION (BIRTH – 8)

I. Overview

Research has clearly demonstrated the benefits of early child care and education. The United Way of Westmoreland County has developed the School Readiness Initiative to enhance early care and education in our community.

The 2000 census data recognizes nearly 60% of Westmoreland County families as having “all parents in family in labor force.” Although this percentage decreases for Fayette (55.4%) and Armstrong County (57%), in all cases, it demonstrates a critical need for licensed, quality and flexible child care providers. Clearly, many families living in our community rely on two-parent incomes as a means of maintaining self-sufficiency.

What are the consequences and related needs that arise when all parents in a family are in the labor force? Parents struggle to balance family time and activities with the demands of their employers while necessary appointments become more challenging to schedule. These challenges are heightened for persons who have family members with special needs, for families with limited support systems and for low-income families. Public assistance through the Department of Welfare is time limited and mandates that persons retain employment to continue partial benefits, increasing the need for quality care and education. Parents of small children who are receiving welfare assistance are mandated to work, yet many of the jobs that these persons find themselves qualified to fill require flexible hours. Working parents in all economic classes struggle to find quality child care for evening and weekend hours.

Parenting is a time-consuming task - children require nurturing, guidance, structure and safety. Our experts identified trauma and violence, both short and long-term, as barriers to a child’s healthy development. Interventions, treatment, supportive services, along with community awareness of essential parenting skills and children’s developmental needs were noted as imperative to a child’s healthy development. A child’s development is influenced by their environment. A safe and nurturing environment promotes healthy development as does the amount of attention that a child receives.

Children who are read to more have a larger vocabulary just as children who have increased opportunities for socialization develop socialization skills earlier. A national study reported that when children enter kindergarten low-income children have been read to an average of 35 hours while middle-income children have been read to between 1,000 – 1,700 hours. Middle-income first graders know 3,000 words, where the low income know 2,000. In 11th grade, there is a 20,000-word difference in the vocabulary of the two groups.

The specific needs related to early care and education that were identified included:

- Quality and affordable child care – there are a limited number of accredited day-cares
- Shortage of programs and services to address special needs: flexibility of hours, sick care and care for children with special needs
- Recruitment, retention and training of child care staff
- Accessibility – Availability of facilities outside of central county
- Difference between what parents can afford to pay and ability of centers to pay living wages to staff

2. Related Survey Responses

Literacy

This was identified as a major or moderate issue by 44% of our survey respondents.

Shortage of programs and services to address special needs

46% of the respondents identified this as a major or moderate issue.

Lack of quality and affordable care for children

This was noted as a major or moderate issue for 57% of the respondents.

3. Related Demographics

- 80% of child care is assessed as minimal or adequate at best (barely meeting licensing standards).
- Head Start – 46% of the programs statewide are considered high quality. Local experts estimate local numbers correlate to the state.
- State reimbursement significantly under costs of quality care
- State reimbursement is \$4,200 per year, yet quality care is noted to cost \$8,500 per year.
- Staff turnover rate is 38 – 50% per year.
- Only three of the 17 school districts in Westmoreland County offer full-day kindergarten.
- Higher percentage of population under age 5 in Donegal Borough, Penn Township and Penn Borough.
- One in seven working moms report losing time each month because of child care.
- Child care related work disruption costs \$3 billion each year in lost productivity.
- Only 1.6 % of licensed/registered day-care sites are accredited (three sites that offer child care and preschool are nationally accredited; two sites that offer only preschool).
- Yale study identified 75% of child care as “poor” - defined as sufficiently poor enough to interfere with children’s emotional and intellectual development.

4. Related Feedback from Experts

- Early Care
 - If quality child care is to be accessible for more people in our community, there needs to be standards for income earned versus money spent for child care.
 - Educating parents

- Day-care providers
 - ✦ Number available – some areas very limited
 - ✦ Accredited facilities
 - ✦ Overnight and non-traditional hours available
 - ✦ Sick care
 - ✦ Special needs care
- School
 - Children ready for kindergarten
 - ✦ Need for increased focus on K-3 literacy
 - ✦ Schools ready for children
 - ✦ Provider/parent collaboration for children with special needs
- Welfare reform requires nearly all families to work, making child care a necessity
- Families with both parents working full time at minimum wage earns \$22,000 per year and child care consumes over 25% of their income.
- The majority of moms on welfare seek unregulated care.
- Recruitment and retention are difficult, related to low child care wages and no benefits.
- Quality hinges on the abilities of child care staff.
- Quality is lacking – there are few accredited facilities.
- Quality child care should focus on care and school readiness.
- There must be an increased focus on K-3 literacy.
- Schools need to be ready for children.
- Provider/parent collaboration is imperative for children with special needs.

E. YOUTH 10 – 17 (BRIDGES TO ADULTHOOD)

I. Overview

The youth, our future, is a clear concern for nearly everyone in our community. For some, the teenage years are times of personal growth that seems to come naturally; but for many, the added responsibilities and freedom influenced by increased peer pressures lead to risk taking and dangerous behaviors. Struggles in the educational system often become heightened in a child's teen years, leading to increased conflicts with parents and teachers.

In each facet of the Needs Assessment, our youth was identified as a priority population and one that faces especially serious challenges. Top concerns were our youth's connections to their community and challenges with drugs and alcohol. Our experts report that often the children who become involved with drugs are not the children that we may first suspect. Addictions do not attack one class, rather addicts permeate all social classes. Addiction occurs in children with varying degrees of educational performance, parental involvement and activity level.

For years, experts have indicated that involved parents are a key indicator to a child's success. Indeed, parents are vital role models for their children, yet there are parents who appear to be lacking the knowledge or abilities to nurture and educate their children. Additionally, with the increase in two-parent working families and single-parent families, parental involvement in children's activities becomes more challenging. Our community experts indicate that the parents of those children at highest risk for school problems and failure are typically the most reluctant to be involved. What other indicators are there to a child's success? How do we assure that those children whose parents do not get involved are not destined to failure?

Unfortunately, many ten-, eleven-, twelve-, and thirteen-year-olds face a society that views them as "bad-news." Instead of reaching out to these children most at risk, our instincts seem to be to write them off. The problem is, without interventions and without someone caring, their problems continue to grow and often become a problem for other children, as in the case of the school bully or the young drug dealer.

Opportunities to participate in supervised group activities, which build positive relationships with any adult, can support the growth and development of children. In our community, recreational activities are available to many children whose parents are involved and able to transport them to these gatherings. However, many of the children who are in critical need of these opportunities are excluded due to cost constraints and the inability to secure transportation. Additionally, for those children whose interests differ from recreational sports, the availability of accessible activities is even more limited. Access to before- and after-school programs will benefit any child, especially those who need additional educational support, such as tutoring or remediation. These programs will also benefit all those who face the possibility of being left alone to fend for themselves, to "hang-out" with friends unsupervised or whose parents are not available for necessary nurture and guidance.

If our youth are to grow to remain in and be an asset to our community, then our community needs to put the needs of our children at the top of our priority list. We need to identify programs that address the needs of our youth, which build self-esteem, problem

solving strategies and self-care skills, strengthen their educational experience, promote civic involvement and connect them to the community in which they live.

The specific needs related to youth aged 10-17 included:

- Youth not staying in area.
- Youth involvement with drugs and alcohol
- Youth disconnected from the community
- Teen pregnancy
- Family violence and abuse
- Bullying occurring more frequently
- Youth too old for child care and too young to be left alone
- Schools less safe
- Illiteracy
- Not all youth participate in sports, other alternatives needed, such as cultural activities
- Recreational programs and facilities not accessible to all

2. Related Survey Responses

a. SOCIAL ISSUES

Youth involvement with drugs and alcohol

86% of the survey respondents noted this as a major or moderate issue. Additionally, this was identified as a top need in every community and business forum.

Family violence - abuse of children or adults

58% of the survey respondents identified this as a major or moderate issue. Abuse is recognized as having generational effects and consequences, making interventions and treatments critical to decreasing the occurrence of abusive relationships.

Furthermore, our experts identified family violence as barriers to a child's healthy development. Interventions, treatment, supportive services, along with community awareness of essential parenting skills and children's developmental needs were noted as imperative to a child's healthy development. A child's development is influenced by their environment. A safe and nurturing environment promotes healthy development, as does the amount of attention that a child receives.

Lack of quality before- and after-school programs and activities

55% of the survey respondents reported this as a major or moderate issue.

Teen pregnancy

54% of the survey respondents reported this as a major or moderate issue. Although a significant concern, this problem appears to be improving in the state, as well as with each of the counties comprising our service area. Below is a chart noting the 1990 and 2002 percentage of births to mothers under 18 for the counties in our service area, as well as the state.

	State	Westmoreland	Fayette	Armstrong
2002	3.50%	1.90%	5.10%	2.80%
1990	10.90%	9.20%	16.50%	11.50%
12-year Difference	68% decrease	86% decrease	69.2% decrease	75.2% decrease

Shortages of recreational programs

41% of the respondents identified this as a major or moderate issue. However, 27% of the survey respondents identified this need as a nonissue, rating as a nonissue more than any other question on the survey.

Shortages of recreational facilities (swimming pools, etc.)

44% of the survey respondents reported this as a major or moderate issue. However, 26% of the survey participants reported this need as “not an issue.” This issue follows “shortages of recreational programs” as the second need most often identified as “not an issue.”

Lack of cultural activities (concerts, museums, etc.)

Although this is not a need solely of the youth in our community, 48% of the respondents identified this as a major or moderate need. This was a need identified for this population group in our community and business forums, with participants recognizing that activities for children not interested or skilled in sports had especially limited opportunities for activities and socialization.

b. EDUCATIONAL ISSUES

Shortage of programs and services to address special needs

60% of the survey respondents reported this as a major or moderate issue. Experts indicated that adequate programs and services to address special needs improve retention and success in school.

Unsafe school environment

32% of the expert survey respondents reported this as a major or moderate issue.

Illiteracy

44% of the respondents reported this as a major or moderate issue.

Limited access to enrichment programs

38% of the respondents reported this as a major or moderate issue.

3. Related Demographics

- Education is a major concern for our youth. Without a strong education, our youth are limited in their options as young adults and their ability to maintain self-sufficient lives. Following are charts that represent the percentage of our population with less than a 9th grade level of attainment and those with a 9th-12th grade with no diploma.

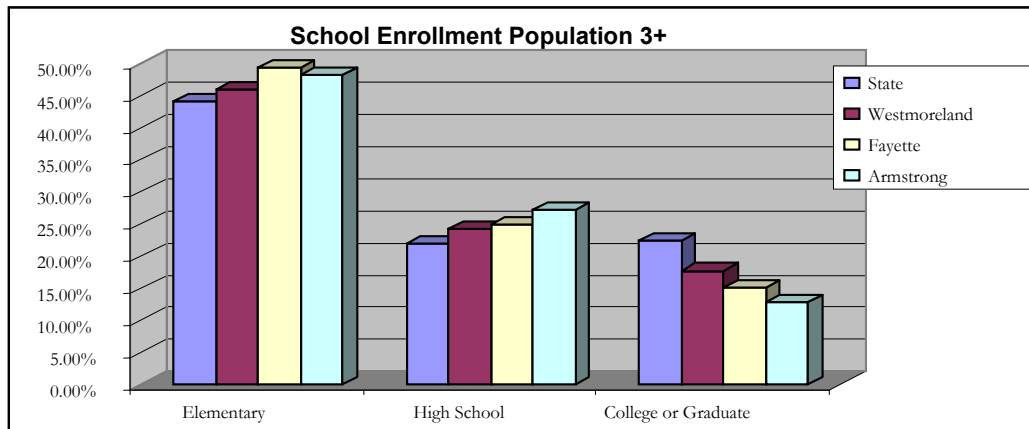
Percentage of population with less than a 9th grade level of attainment			
State	Westmoreland	Fayette	Armstrong
5.5%	4.7%	8.5%	6.2%
	14.5% less than state*	55% more than state	14.5% more than state

*Although this figure is 14.5% less than the state, 13 communities range from 5.8 – 13.6% representing an increase of 22-200%. These figures indicate a greater diversity than any other county that was included in our service area study.

Percentage of population with 9 th -12 th grade level of attainment, no diploma			
State	Westmoreland	Fayette	Armstrong
12.6%	9.7%	15.5%	12.9%
	23% less than state*	23% more than state	2.5% more than state

*Although this figure is 23% less than the state, seven communities exceed the state: Belle Vernon Borough (16.6%), Fairfield Township (14.8%), Jeannette City (14.6%), Monessen City (14.2%), New Florence Borough (13%), New Kensington City (12.7%) and Penn Borough (14.9%).

- As the following chart indicates, our school enrollment for population over age three is higher in elementary and high school, yet lower in college and graduate school.



- Although the percentage of “female householder, no husband present with children under 18” is lower for Westmoreland County, this figure rises in Derry Borough, Greensburg City, Southwest Greensburg Borough, Jeannette City, New Florence Borough, New Kensington City and Penn Borough. Following is a chart representing these figures for the state and the counties in our service area:

State	Westmoreland	Fayette	Armstrong
6.2%	4.7%	12.4%	4.7%

4. Related Feedback from Experts

- No Child Left Behind Act focuses too much on testing.
- Parent involvement is limited for at-risk children.
- Special needs children need specialized socialization opportunities, as other peer groups do not readily accept them.

- Health
 - Increased student involvement with drugs is recognized as a growing epidemic. Prevention and treatment programs need to be enhanced, with more programs based on best practices addressing root causes.
 - Sexual activity - Although pregnancy rates have decreased, children report increased sexual activity other than sexual intercourse. Teens are reported as not realizing the risk carried with these other forms of sexual activity.
 - Childhood obesity is recognized as an increasing problem for children in our community.
- Mental Health
 - Need for treatment, limited accessibility for many related to financial constraints and parental limitations or disinterest
 - Mental health support in school settings has been recognized as increasing accessibility and positively impacting on youth
 - Problem solving and coping skills imperative to healthy development
 - Youth need assistance with learning relationship building skills

F. SENIORS and PERSONS WITH DISABILITIES

I. Overview

The 2003 Community Needs Assessment identified seniors and persons with disabilities as a priority population facing especially serious challenges. The needs of our aging and disabled population continue to grow, while resources appear to be shrinking. Our elderly population is one of the highest in the country. While the Westmoreland County Area Agency on Aging does assist the elderly, last year they stopped providing supportive services to disabled persons under 65, related to funding cuts. This leaves a population that had limited resources with even fewer.

The needs of the elderly and disabled are similar in that available community resources are less accessible for this population. Although they may need assistance with food, they may also need assistance getting to the local food pantry and assistance carrying the food boxes into their homes. Increased medical needs and appointments result in increased transportation needs, but often these individuals need more than a ride to the appointment. Limited mobility may require an escort – a service unable to be provided through the public transportation system.

Increased health needs often result in increased prescribed medications, yet with strained financial resources and increased costs, the necessary medications are often unaffordable. For those who do afford the medications, taking it as prescribed and understanding the side effects and interactions with other medications is an added challenge.

Likewise, the elderly social drinker may not be aware of their decreased tolerance to alcohol. As we age, our bodies do not metabolize alcohol at the same pace. Prescribing physicians are not always informed of an individual's alcohol use, resulting in an individual inadvertently taking a medication that may have dangerous interactions with alcohol.

The elderly and disabled, along with their families and caretakers, often find themselves searching for resources that do not exist. Caring for the elderly and disabled is a stressor felt by many in our community. The need for doctors' appointments increases and scheduling the appointments, transportation and necessary escorts are often problematic.

The specific needs identified for seniors and persons with disabilities were:

- The elderly was the second population group identified as facing especially serious challenges.
- Elderly isolation
- There is a growing percentage of grandparents as guardians of young children in our community.
- Elderly caring for adult children with special needs
- Elderly health care – assuring accessibility and affordability is a growing problem.
- The disabled was the fourth group identified as facing especially serious challenges.
- Disabled children and adults in need of specialized socialization
- Young disabled adults transitioning out of public school system in need of alternative day programming and housing

- Dually diagnosed have unique needs that present greater barriers to quality and necessary services and treatment.

2. Related Survey Responses

Inadequate support services for older adults

85% of the survey respondents noted this as an issue, with 56% identifying it as a major or moderate issue. Senior citizens were the second population group identified as facing especially serious challenges in our community through the Community Forums, Community Expert Presentations, and open-ended questions of the survey respondents.

Inadequate services and programs for persons with physical disabilities

75% percent of the respondents noted that this was an issue in our community and, although slightly less than half of the respondents identified this as a major or moderate issue, a significant amount of those surveyed did not feel comfortable answering this question. Individuals with special needs (physically and/or emotionally challenged and the chronically ill) were the fourth group identified as populations facing especially serious challenges in our community.

Inadequate support services and treatment options for persons with mental illness

79% of the respondents noted this as an issue with 56% identifying it as a major or moderate issue. Challenges facing this population include limited outpatient treatment, shortages of psychiatrists, needs of the dually diagnosed (drugs and alcohol and mental health) and children transitioning to adults. The elderly were identified by our community experts as facing increased mental health and substance abuse challenges.

3. Related Demographics

- Following is a chart representing some demographic profiles pertaining to the needs of the elderly in our community:

	State	Westmoreland	Fayette	Armstrong
Percentage of grandparents living with grandchildren who are their primary caretakers	39.2%	44.3%	44.8%	44.2%
Percentage of population age 65+ in poverty	9.1%	8.0%*	13.5%	7.9%
	*Westmoreland range 2.7 (Rostraver) – 23.1% (Belle Vernon) High areas of senior poverty include: Jeannette City, Unity Township, Ligonier Township, Ligonier Borough, Mt. Pleasant Borough, Delmont Borough, Fairfield Township, New Kensington City, Belle Vernon Borough, Donegal Township, Donegal Borough, Greensburg City, Southwest Greensburg Borough, Sewickley Township, S. Huntingdon Township			
Percentage of population age 65+ with a disability	39.4%	39%*	45.9%	39.4%
	* Higher than county average in several areas, with the highest percentage in South Greensburg Borough at 50.6%			
Total licensed nursing home beds for 65+ per 1,000	49.5	37.2	26.5	32.1

- Although Westmoreland County has a lower population aged 21 through 64 with a disability, when compared to the state, the percentage of employed persons is lower. Additionally, several areas of the county have an increased disabled population. The following chart provides a breakdown of the state and the counties within our service area:

Area	Percentage 21-64 Disabled	Percentage Aged 21-64 Employed
State	17.5%	54.8%
Westmoreland	15.8% (ranging from 10.2%-28.4%)	51.2%
	Higher percentages of disabled in New Florence, Derry Township, Derry Borough, Donegal Township, Donegal Borough, East Huntingdon Township, Fairfield Township, Greensburg City, South Greensburg Borough, Latrobe City, Monessen City, New Kensington City, New Stanton Borough, Penn Borough, Rostraver Township, South Huntingdon Township	
Fayette	24%	42.9%
Armstrong	19.1%	43.4%

- 6.8% of Westmoreland population aged 5-20 with disability (ranging from 1.2% to 11.8%)
 - State 7.5%; Fayette 9%; Armstrong 6.7%

4. Related Feedback from Experts

- Elderly health care
 - Physical
 - ✦ Risk factors: smoking, obesity, alcohol use
 - ✦ Prescribed medications often not affordable
 - ✦ Accessibility a growing problem with increasing costs and decreasing income
 - Behavioral (Mental Health and Substance Abuse)
 - ✦ Increased feelings of isolation, depression, Alzheimer's
 - ✦ Increased risk of undiagnosed substance abuse/medication misuse, mixing medications, alcohol, over-the-counter medications, decreased tolerance
- Need to improve accessibility of services for the elderly and disabled. Many communities with higher need are the farthest away from centralized service locations.
- Barriers are pronounced for the elderly and disabled. Identified barriers include:
 - Pride, a strong sense of self-reliance and stigma is associated with need for assistance.
 - Need to promote community awareness – We do not have a centralized, comprehensive, 24x7 information and referral system and the general population is not aware of where to turn for services.
 - Transportation needs include attendants and escorts.
 - Cost of services is prohibitive for many.
 - Red tape prevents many from seeking services.
- Individuals with mental health and substance abuse needs were identified as a population that presented unique challenges in providing services.
 - Lack of psychiatrists

- Limited mental health outpatient treatment, infrequent appointments, limited individual therapeutic interventions available
- Improvement believed possible if able to integrate services into other settings such as schools and primary care physician's offices

IX. CONCLUSION

The needs of our community are similar to those in many communities throughout our country – Leadership, Economic Development and Poverty, Health, Early Care and Education, Youth 10-17 and Seniors and Persons with Disabilities.

Although these needs may not be a surprise, we believe the results of our 2003 Community Needs Assessment will be critical in moving our community forward by providing us picture of where we are, a foundation of understanding in which to build on and a basis for understanding where we need to go. Westmoreland County is unique. We are comprised of a relatively large area of land, a significant population, one that could put us on the map of “how to” affect these critical needs. Answers to problems tried here could provide answers to problems identified elsewhere. We are small enough to make a difference, and large enough to have it be noticed. We can move the needle toward a healthy, more vibrant and thriving community by working together on common goals as a community. We believe, with the assistance of partners vested in improving the community that we share, we can improve people’s lives by mobilizing the caring power of communities.

Reviewing the identified needs in context with the demographic compilation can be helpful in prioritizing our needs; however, it is imperative that the reader is cautious in making assumptions. For example, teenage pregnancy, although a significant concern, appears to be improving in the state as well as with each of the counties comprising our service area. Since 1990, Westmoreland County has realized an 86% decrease in teenage pregnancy. While this figure may indicate that teenage pregnancy is not a priority need in our community, we must be careful to consider that these low figures may indicate that we are doing a good job with the preventative services that have been established over the decade. Although demographic information may be helpful in verifying true need versus impression, planners and providers should not be quick to assume demographic data completely discounts the necessity for intervention or prevention of a perceived need.

In other instances, the demographic information provides clear facts that are critical to consider for our community. Clearly, Westmoreland County has fewer people moving on to advanced education. We need to consider the implications this may have to the economic growth and development of our community. Who needs to be at the table and who are the partners that can help identify the reasons that influence this factor and ways which partners can improve the percentages of our population seeking higher education?

The needs are not listed in any terms of severity. Prioritizing the needs at this point would be premature as many are interrelated – speaking to the task of trying to identify which came first, the chicken or the egg.

Health of all community members is a critical need and growing concern. Research has demonstrated staying healthy and preventative measures are crucial to maintaining health care costs. Our health and human services’ systems are experiencing increased financial hardships with continued challenges to provide services to all those in need, an ever increasing population. It is imperative that our community members maintain healthy lifestyles and have access to preventative services, treatment and interventions to improve their health.

Clearly, the children and youth of our community was the population group most often identified as one in which we have growing concerns. It is clear that our children are faced with many choices and challenges that influence their growth and development. When these challenges become unaddressed problems or are placed upon children who do not have the necessary skills to resolve them, they become our communities' problems.

The elderly and vulnerable populations were also identified as populations that face especially serious challenges. As we know, we are a community comprised largely of life-long residents with generational ties and a heightened aging population. These persons living in our community find it especially challenging to access the supportive services that they need. It is critical that we work to assure the necessary supports are available to assist persons living healthy lifestyles with options for maximum independence.

Ample resources are imperative to both of these populations. Community and economic development influence community resources, leadership and needs. Resources with adequate leadership are critical in ensuring that the resources are credible and effective. Good leaders are educated, skilled and growing. Perhaps influenced by our high nativity rate and aging population, many have recognized that our pool of leaders is not growing to meet the needs of our community. As a community, we struggle with recruiting and inviting younger persons at the leadership tables.

We hope that organizations and community leaders will join us in partnership to address these priority community needs and assist in the development of strategies and identification of services that will have a positive impact on these needs. We will be using the results of the 2003 Needs Assessment as a foundation for our continued work in supporting human and community services throughout our community. Some of the needs identified by this assessment are not needs that the United Way of Westmoreland County has expertise with – for those needs, we hope to become partners at the table discussing possible problem solving strategies.

Through this Needs Assessment, we have identified our Impact Areas – our priorities for funding. We believe each of the priority needs identified through the community assessment can be categorized under these Impact Areas. Below is an outline noting how we see these goals as addressing our priority community needs:

HELPING CHILDREN AND YOUTH SUCCEED

Successful children and youth:

- Have healthy, strong and nurturing families
- Are enrolled in health insurance plans
- Have access to affordable, quality early care and education
- Are involved in community service and leadership enhancing positive adult-teen relationships
- Have opportunities for activities that promote academic, physical and emotional growth and development
 - Early Care and Education
 - Youth 10 – 17: Bridges to Adulthood
 - Promoting Healthy Lifestyles
 - Obesity
 - Integrated behavioral health

- Violence prevention/intervention

BUILDING STRONG NEIGHBORHOODS AND COMMUNITIES

In strong neighborhoods, residents:

Have access to affordable housing and economic opportunities leading to self-sufficiency
 Are active in civic life, lead community building efforts and have strong networks
 Have knowledge of where to go for help and are able to access needed services
 Trust, respect and cooperate with each other

- Leadership
 - Capacity and quality of not-for-profit sector
 - Shared vision: connecting other leaders – broadening leadership
 - Diversity
- Enhancing Community Awareness/Knowledge
 - Volunteerism
 - 211 Regional 24x7 Information and Referral
 - Youth 10 – 17: bridges to adulthood
 - Communicating resources and impact
- Economic Growth and Development
- Self-Sufficiency
 - Living wage
 - Connections (Lifelong learning; budgeting; transportation)

SUPPORTING VULNERABLE AND AGING POPULATIONS

Vulnerable and aging individuals need:

Access to coordinated services addressing mental, emotional and physical health
 Health care access for uninsured and underinsured individuals
 Access to a variety of supports that fosters safe and independent living
 Comprehensive health services for individuals facing crisis

- Access to medical needs
 - Insurance
 - Medication
 - Service providers
- Isolation

The United Way of Westmoreland County is an organization that has supported human services in our community for over 30 years. The allocation of our community dollars has always been a decision led by volunteers who listened to the requests of member organizations and made funding recommendations based on the information provided. Through the years, there has been a marked increase of requests from human service organizations seeking the financial support through the United Way. With increased requests, our volunteers have requested more information as a basis to these funding recommendations.

The information collected through this Needs Assessment will be integrated into our funding decisions. We will establish impact councils for each of the identified impact areas. Each council will be comprised of up to 25 members: community experts, leaders, educators, community and human service providers and funding sources. It will be the responsibility of these partners to prioritize our goals, identify strategies based on knowledge

and research and leverage resources by building partnerships with those who have common goals.

To do this, we will:

- Energize and inspire people to make a difference.
- Craft human care agendas within and across our communities.
- Build coalitions around these agendas.
- Increase investments in these agendas by expanding and diversifying our own development efforts while supporting those of others.
- Measure, communicate, and learn from the impact of our efforts.
- Reflect the diversity of the communities we serve.

X. APPENDIX A

Key Informant Survey

The United Way of Westmoreland County has convened a Needs Assessment Committee to facilitate partnerships with fellow funders and service providers. It is our goal to improve our understanding of perceptions regarding the strengths and needs in the various communities throughout our service areas. We plan to focus and leverage future funding to programs and services that are positioned to respond to community needs.

Please indicate which community or communities your responses pertain to, please direct answers to the broadest community:

Armstrong County

_____ Specific community in which you reside

_____ Specific community in which you work

Fayette County

_____ Specific community in which you reside

_____ Specific community in which you work

Westmoreland County

_____ Specific community in which you reside

_____ Specific community in which you work

A. Community Strengths

Communities have strengths that help people make their community a better place to live. Here is a list of common strengths. For each one, please indicate whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree that the strength exists in your community. (CHECK ONE NUMBER IN EACH ROW)

Community Strength	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion/ Don't Know
1. Your community is one where leaders from business, labor, government, education, religion, neighborhood, non-profit and all other sectors come together and work productively to address critical community issues.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Your community is one that actively promotes positive relations among people from all races, genders, ages, and cultures.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Community Strength	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion/ Don't Know
3. Your community is one where people and organizations from all geographic regions get together to address mutual concerns.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. Your community is one where all religious groups come together to address pressing social concerns.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. Your community is one where associations in neighborhoods from various parts of the community share strategies and work together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. Your community is one that actively supports and strengthens connections between families, neighborhoods, and the whole community.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. Your community is one that actively promotes participation in the political process from all races, genders, ages and cultures.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. Your community is one where leaders from all sectors of the community share common goals and uphold a common vision for the community.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9. Your community is one where people know where to go for help when they are in need.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B. Community Challenges and Issues

People experience challenges and issues sometimes in the community where they live. Here is a list of common issues. For each one, please indicate whether you believe it is not an issue, is a minor issue, is a moderate issue or a major issue for people in your community.

(CHECK ONE NUMBER IN EACH ROW)

Community Issue	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know
<i>Economic Issues</i>					
1. Unemployment or underemployment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Poverty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. Lack of jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
<i>Educational Issues</i>					
4. Illiteracy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. Unsafe school environment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. Overcrowded classrooms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. Limited access to enrichment programs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. Shortage of programs and services to address special needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
<i>Health Issues</i>					
9. Alcohol abuse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10. Tobacco use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11. Drug abuse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12. Inadequate support services and treatment options for persons with mental illness or emotional issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13. Inadequate services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Community Issue	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know
and programs for persons with physical disabilities					
14. Lack of affordable medical care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15. Inadequate services for persons with HIV/AIDS	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
<i>Housing Issues</i>					
16. Shortage of affordable housing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
17. Substandard housing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
18. Overcrowded housing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
<i>Leisure Activity Issues</i>					
19. Shortage of recreational facilities (swimming pools, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
20. Shortage of recreational programs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
21. Lack of cultural activities (concerts, museums, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
<i>Safety Issues</i>					
22. Crime	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
23. Gangs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
24. Sexual violence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Social Issues

- | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 25. Teen pregnancy | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 26. Youth involvement
with drugs and alcohol | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 27. Racial or ethnic
discrimination | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 28. Family violence, abuse
of children or adults | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 29. Lack of quality and
affordable care for
children | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 30. Inadequate support
services for older
adults | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 31. Lack of quality before
and after school
programs and
activities | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Transportation Issues

- | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 32. Inadequate public
transportation | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 33. Poor road and/or
traffic conditions | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Other

- | | | | | | |
|-----------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 34. _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
|-----------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|

C. Priorities

(WRITE IN THE APPLICABLE NUMBER FROM THE LEFT-HAND MARGIN ABOVE.)

- 1. Which of the above issues do you believe is the *most* serious in your community? _____
- 2. Which of the above issues do you believe is the *second* most serious? _____
- 3. Which of the above issues do you believe is the *third* most serious? _____

D. Comments and Suggestions

- 1. Please share briefly any comments you may have on community strengths and challenges and issues.

- 2. When people in your community are in need, whom would they call for help? Please list all that come to mind.

- 3. Please share briefly any suggestions you may have concerning how current community resources might be redesigned or redirected to be more effective.

E. Key Informant Characteristics

The following questions will be used solely for statistical purposes. Your answers will be combined with all other responses to get a better understanding of the survey participants as a whole. Your answers will remain confidential. (CHECK ONE NUMBER IN EACH QUESTION)

1. Are you . . .
 - ₁ Male
 - ₂ Female

2. Please indicate what you consider your primary racial or ethnic group:
 - ₁ Native American
 - ₂ Asian or Pacific Islander
 - ₃ Spanish/Hispanic
 - ₄ Black
 - ₅ White
 - ₆ Other. (Please specify) _____

3. Which of the following categories describes your primary occupation?
 - ₁ Executive, administrative, or managerial
 - ₂ Professional
 - ₃ Technical
 - ₄ Sales
 - ₅ Administrative support, for example, clerical, secretarial
 - ₆ Service
 - ₇ Industrial
 - ₈ Homemaker
 - ₉ Not employed
 - ₁₀ Other. (Please specify) _____

5. Please identify your current membership on any non-profit boards of directors, naming each organization separately:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

**Thank you for your time and comments.
We appreciate your willingness to share your views
about your community's strengths, challenges and issues.**