Community Needs Assessment of Clinton County, 2018

Jonathan Williamson, Ph.D.
Director, CSCE
Chair, Department of Political Science
Williams@lycoming.edu

Bonita Kolb, Ph.D.
Co-Director, CSCE
Emeritus Professor of Business

Center for the Study of Community and the Economy (CSCE)
Lycoming College
Williamsport, PA 17701

Rachelle Abbott, AICP
Chief Operations & Planning Officer
raabbott@stepcorp.org

Bill Kelly
Chief Community & Economic Development Officer
wrkelly@stepcorp.org

STEP, Inc.
2138 Lincoln Street
Williamsport, PA 17701

October 26, 2018

A joint project of STEP, Inc., the River Valley Health and Dental Center, and Lycoming College's Center for the Study of Community and the Economy (CSCE).

Table of Contents

Table of Contents 1
Executive Summary 2
Methodology 3
Understanding & Using this CNA Report 5
Critical Needs Ranking 6
Key Need Categories with Summary Themes 10
Children and Youth 11
- *Access to Affordable Childcare*
- *Access to Early Childhood Education*
- *Child Abuse*
- *Children Living in Poverty*
- *Passive Parenting*
- *Mental Health System Overwhelmed*
- *Impact of Substance Abuse*

Community Engagement 22
- *Buildling Connections*
- *Awareness & Collaboration*
- *Health & Wellness-Related Amenities*
- *Engaging the Entire Community: Children, Youth, and Seniors*

Employment and Financial Stability 27
- *Educational Attainment Levels*
- *Job Skills Training*
- *Literacy: Reading & Financial*
- *Barrriers Affecting Employaility*
- *Changing Face of the Workforce*

Families in Crisis 36
- *Family-Based Services & Counseling*
- *Substance Abuse*
- *Emerging Role for Schools*
- *Domestic Violence*
- *Families in Poverty*

Housing and Homelessness 47
- *Homeless Population Needs*
- *Lack of Affordable Housing*
- *Barriers to Housing Stability*
- *Demand for Housing Rehabilitation Assistance*
- *Need for Housing Counseling & Financial Education*

Medical and Dental Care 59
- *Medical Care Affordability & Availability*
- *Dental Care Affordability & Availability*
- *Special Needs of Children, Youth, and Seniors*
- *Special Needs of Vulnerable Populations*

Senior and Persons with Disabilities Support Services 70
- *Awareness of Protective Services*
- *Human Resource Demands*
- *Medical Affordability Issues*
- *Dementia & Mental Healthy Issues*
- *Aging-in-Place & Affordable Housing*
- *The Impacts of Drugs*
- *Services for Persons with Disabilities*
- *Services for Seniors*

Demographics 79

Executive Summary

As a community action agency, Lycoming-Clinton Counties Commission for Community Action (STEP), Inc. is required to complete a Community Needs Assessment on a three-year basis. In 2015, STEP partnered with the Clinton County United Way (CCUW) to develop a mutually beneficial process for creating an overarching, comprehensive CNA. Even though, due to leadership changes at CCUW, the partnership did not continue for the 2018 CNA, STEP partnered with River Valley Health & Dental Center to complete the 2018 CNA. Prior to making the effort collaborative, agencies were developing CNAs separately, yet the results were relatively the same. The key to the partnership is to maximize resources while eliminating duplication.

In support of this partnership, Lycoming College's Center for the Study of Community and the Economy (CSCE) has provided technical assistance and guidance in the CNA process. CSCE collected quantitative data through telephone surveys and conducted data analysis and interpretation. The CNA combined objective and subjective data sets for Clinton County, including: demographic data, community surveys, customer surveys, partner surveys, and focus group meetings. The information presented in this document is the comprehensive analysis of the information gathered.

Overall, seven key need categories were identified: Children and Youth, Community Engagement, Employment and Financial Stability, Families in Crisis, Housing and Homelessness, Medical and Dental Care~~,~~ and Seniors and the Disabled Support Services. For the 2018 CNA, the topics of substance abuse, education, and nutrition were viewed as ubiquitous to each of the seven major categories and, thus, were relevantly addressed in various sections of 2018 CNA.

Since the CSCE has worked on both 2015 and 2018 CNA, longitudinal data exists to illustrate the identified priority needs. This data plays a key role in understanding both past and current needs. The *Critical Needs* section of the report provides a broad view of the community and partner perception of needs in Clinton County. From 2015 to 2018, there was a significant transition of the most critical need from *Jobs/Economy* to *Drug/Alcohol Abuse*. The partner survey results categorize the top problems in 2018 as drug/alcohol related, followed by mental health services, and housing issues. Drug use was mentioned throughout each of the six focus group sessions as a barrier to self-sufficiency. The continued CNA partnership between STEP, River Valley Health & Dental Center, and CSCE allows for longitudinal data to illustrate and assess how effective the community is at tackling identified needs and being true catalysts of change.

Highlighted during focus group discussions as well as in respondents' comments was the multiplier effect of generational poverty and drug use/abuse. Together, these two problems create a ripple effect that keeps a family from moving towards self-sufficiency. Given this increasingly daunting dilemma, a holistic approach to breaking down barriers is necessary to address many existing community needs. Coordination of services between agencies and emphasis on the importance of more effective communication within partnerships should be focal points.

The partners sponsoring the 2018 CNA report intend the document to serve as a community resource and asset. The multitude of stakeholders in the community, including funding agencies, government officials, nonprofits, businesses, and institutions are encouraged to use the information within. The CNA's value and utility will be realized only if it is embraced and used within strategic and comprehensive planning, grant writing, program development, and partnerships. Within the document, analysis of the collected data is illustrated in various ways, but by no means is it all-inclusive, as the data provided can and should be further examined to be most useful to

the reader. Indeed, the analysis of the available data is purposefully limited specifically to encourage users of the CNA to analyze the results from each of their perspectives.

While the 2018 CNA provides more analysis and data than previous assessments, it should be understood that there are limitations to the data. Additional questions are still left unanswered, most specifically, what should the community do now. The easy answer is to focus on the needs identified in the CNA, but long term success is best achieved when each sector (nonprofit, private, and public) fulfills its individual mission and its role and its set of programs in a collaborative manner. Only then can sustained and incremental change be achieved. Through a concentrated effort of cooperation and collaboration that focuses financial resources, human capital, and innovative outcome-based programming on the identified community needs, we will make Clinton County a better place to live, work, and play.

Methodology

The community needs assessment for Clinton County was completed using five connected methodologies: analysis of objective secondary data, a survey of the adult population of Clinton County, a survey of partner agencies working in Clinton County, a survey of customers of those agencies, and a series of six focus groups of service professionals to delve further into the topics identified in prior surveys. This section will address the methodology used for each.

Objective Data

Objective secondary data was assembled using Community Commons, a comprehensive online tool managed by Institute for People, Place, and Possibility (ID3); CARES – University of Missouri, and Community Initiatives Network that provides Community Action Agencies (CAAs) and other organizations with the means to capture information about their community, analyze the data, and identify the needs to be met within the community. Community Commons provides public access to thousands of meaningful data layers that allow mapping and reporting capabilities. This online tool provides data at federal, state, and local levels from over 20 data sources, including government agencies.

The Community Action Association of Pennsylvania (CAAP) Report tool found at the CAAP Hub on Community Commons is specifically designed to assist Pennsylvania Community Action Agency staff in the development of Community Needs Assessments (CNAs). The CAAP Report tool offers data and maps that span a variety of topics from reliable federal and state sources: population, veterans, employment, education, housing, income, poverty, nutrition, healthcare, and crime. These data sets and maps help CAAs identify and evaluate target areas, explore potential trends, set outcome goals, and provide meaningful and data-driven explanations.

Community Survey

In 2018, the Community Survey contacted by telephone 272 respondents who were randomly selected from registered voters in Clinton County. The number of respondents represents a 19-percent decrease compared with the 2015 CNA. The margin of error for the survey is +/– 5.9%. It should be noted that the margin of error for subgroups can be significantly larger depending on each group's share of the total population.

Registered voters were selected with the purpose of providing a broad cross-section of residents in Clinton County, and because the accompanying data that comes with a registration-based sample provides useful information for reporting purposes. The primary drawback of using a registered voter-based sample is that those residents who are not registered are likely to have different characteristics and hold different opinions than those who are registered. That the unregistered are likely to be among those more likely to need and use the services

designed to address the needs identified in this report should be taken into account when interpreting the results. Registered voters are older, more financially secure, less mobile, and better educated on average than their unregistered counterparts.

In addition, when comparing our sample to the universe of registered voters, we found that Clinton County respondents were older than the population of registered voters, were more likely to be female, and that some townships in the county were overrepresented, while others were underrepresented. Therefore, the data was statistically weighted, so the results better reflects the universe of registered voters on those three factors.

Demographic questions on income and education levels were included in the community survey. The results are provided in the demographics section of this report for the purpose of comparison between the survey respondents and the broader county population.

Partner Survey

The partner survey was distributed to staff members of approximately fifty (50) social service agencies in Clinton County via SurveyMonkey®. Ninety-two (92) responses were received, approximately 32-percent less than the 2015 CNA. While there was no means to control whether staff members from certain agencies were more likely to respond than those from other agencies, there is no reason to believe the respondents expressed perceptions of Clinton County's needs that would differ substantially from those not participating. That said, the possibility cannot be dismissed.

Customer Survey

To fill gaps in assessing Clinton County needs that might reinforce or differ from the community and/or partner perceptions, the customers of social service agencies in Clinton County were asked about their needs and perceptions of needs though an online survey. Three hundred forty-two (342) responded to the Customer Survey, approximately 85-percent higher than the 2015 CNA. Once again, there was no means to control whether customers of certain agencies were more likely to respond than those of other agencies. As a result, interpretation of the results should take into account that there is no way of knowing how representative the responses are when compared with the opinions of the population of social service agency customers as a whole.

Several demographic questions were included in the customer survey. The results are provided in the demographics section of this report for the purpose of comparison between the survey respondents and the broader county population.

Focus Groups

Six focus groups of service professionals and community members were conducted to delve further into the identified community needs. The topic of each focus group centered on one area, including: Children & Youth, Community Engagement, Employment & Financial Stability, Families in Crisis, Housing & Homelessness, and Seniors & The Disabled Support Services. Participants in focus groups were selected by representatives of STEP and River Valley Health & Dental Center. Participants were selected to ensure a broad cross-section of partner agencies, the public sector, and the private sector with emphasis placed on the extensive experience in the focus group topics. Each focus group was designed to include 6 to 10 participants.

Understanding & Using this CNA Report

In order to have the CNA be a resource and tool for the greater community, provided below is a breakdown of the document into three key sections and a summary of each.

Purpose of CNA

- ✓ ***Meet STEP Requirements***
- ✓ ***Satisfy Needs of the River Valley Health & Dental Center***
- ✓ ***Analyze Comprehensive Community Needs***
- ✓ ***Provide CNA Tool to Community***

* Lycoming-Clinton Counties Commission for Community Action (STEP), Inc. is required by many of its federal and state revenue sources to produce a CNA on a three-year time frame.
* The CNA analyzes comprehensive community needs through objective and subjective data sets including demographic data, community surveys, customer surveys, partner surveys, and focus group sessions.
* The CNA report will be used by STEP, Inc., River Valley Health & Dental Center, and other community stakeholders for strategic planning, grant writing, program development, and partnerships.

CNA Organizational Structure

- ✓ ***Critical Need Rankings***
- ✓ ***Key Need Categories with Summary Themes***
- ✓ ***Supporting Data***

* Critical need rankings provide relative importance of identified needs of Clinton County.
* In each key need category section, category themes summarize findings.
* Supporting data includes objective data, community and customer survey data, and focus group findings.
* Use findings and data to plan short- and long-range goals.
* Use findings and data to support new program development and enhancement.

Using the CNA

- ✓ ***Strategic Planning***
- ✓ ***Program Development***
- ✓ ***Grant Writing & Resource Development***
- ✓ ***Internal & External Assessment***
- ✓ ***Resource Management***

* Collaborate with community partners to maximize community outcomes efficiently and effectively.
* Justify funding requests with CNA content within and across need categories.
* Utilize CNA as a foundation for developing and implementing assessment tools.
* Measure effectiveness to achieve program effectiveness.
* Manage human and financial resources to respond to valid community needs.

Critical Needs Ranking

The critical needs of Clinton County and perceptions of their relative importance were assessed by two different means. Some 272 community survey respondents identified the most important problem facing the County. Next, 92 members of our partner agencies rated a series of potential county issues on both their importance and the adequacy of the current response to those issues. By comparing the results of these two survey assessments to those of prior years, it is possible to identify not only the emergence of new issues but also whether respondents feel that progress has been made on other issues identified in the past.

In the community survey, the most commonly cited problems were drugs and alcohol and the economy and jobs, the same two categories that topped the list in 2015, albeit in reverse order. In 2018, nearly thirty-five percent (35%) more citizens now view substance abuse as the top problem facing Clinton County. Together, substance abuse and jobs/economy categories account for over 74 percent of the responses received. The community's concern over education is also noteworthy. Compared with the 2015 results, the number of respondents in the 2018 community survey that ranked education as the top issue in Clinton County nearly tripled. It should be understood that some issues identified as problems in Clinton County (taxes, for example) fall outside the purview of the organizations sponsoring this needs assessment or their partners. The needs assessment focuses attention on those issues that mesh with the missions of the CNA sponsors and their partner organizations.

In the partner agency survey, five of the top six issues were related to substance abuse or its treatment. Access to affordable quality child care and mental health services, as well as concerns about child abuse represent the next highest ranked priorities. Economic issues, including job training and underemployment, round out the top ten concerns. As perceived by partner agencies serving Clinton County, two areas that saw a significant jump in the rankings (indicating a perceived growth in each as a problem) were child abuse and neglect and affordable housing.

The partner agencies were then asked if they believe adequate attention was being devoted to each of the issues. With the exception of child abuse and neglect, the majority of agency respondents held negative views regarding the adequacy with which the top ten issues are being addressed. Indeed, on 21 of the 45 issues surveyed, a majority of respondents indicated there was not adequate attention to the problem, similar to the 2015 results. On that measure, the broadest consensus of inadequacy was expressed for three issues: youth substance abuse, access to substance abuse services, and access to affordable childcare. The rankings from the community survey as well as the partner survey are listed below.

Community Survey

What do you feel is the most important problem facing Clinton County today?

	2018	2015
Drugs/Alcohol	**41.6%**	30.9%
Economy/Jobs	**32.8%**	47.6%
Education	**14.3%**	5.1%
Roads, Trucks and Traffic	**4.2%**	2.2%
Taxes	**2.8%**	4.0%
Crime	**2.0%**	2.2%
Various Other	**1.6%**	5.5%
Housing-related issues, including homelessness	**0.7%**	2.5%

Partner Survey

What are the most important issues facing Clinton County?

Note: The table is sorted based on the ranking the issues in 2018 survey.

	2018		2015	
	Rank	**Mean**	**Rank**	**Mean**
Abuse of drugs including prescription opioids and heroin, by adults	**1**	**4.69**	***	***
Abuse of drugs including prescription opioids and heroin, by youth	**2**	**4.66**	***	***
Access to substance abuse services	**3**	**4.54**	2	4.46
Abuse of alcohol and/or drugs by youth	**4**	**4.45**	1	4.68
Availability of affordable child care	**5**	**4.49**	12	4.09
Abuse of alcohol and/or drugs by adults	**6**	**4.40**	3	4.42
Access to mental health services	**7**	**4.32**	T7	4.19
Child abuse and neglect	**8**	**4.28**	T14	4.03
Adult job training	**9**	**4.24**	6	4.25
Youth job training	**T10**	**4.22**	5	4.30
Affordable housing	**T10**	**4.22**	20	3.93
Underemployment	**12**	**4.21**	10	4.14
Access to job skill training	**13**	**4.20**	13	4.08
Unemployment	**14**	**4.19**	4	4.37
Quality of early childhood education	**15**	**4.15**	T7	4.19
Access to early childhood education	**16**	**4.11**	11	4.12
Availability of after school activities	**17**	**4.10**	T18	3.94
Availability of counseling services	**T18**	**4.08**	T22	3.87
Availability of summer activities	**T18**	**4.08**	T24	3.83
Household budgeting	**20**	**4.02**	17	4.02
Domestic abuse	**T21**	**4.01**	T22	3.87
Illiteracy	**T21**	**4.01**	T14	4.03
Access to dental care	**23**	**3.97**	T24	3.83
Affordable housing for seniors	**24**	**3.95**	T24	3.83
Services for children with disabilities	**25**	**3.90**	28	3.79
Services for the needs of senior citizens	**26**	**3.89**	T31	3.73
Access to affordable prescription medications	**27**	**3.85**	T18	3.94
Access to health care	**T28**	**3.84**	21	3.90
Access to affordable health insurance	**T28**	**3.84**	T7	4.19
Health care for senior citizens	**T30**	**3.83**	T29	3.78
Homelessness	**T30**	**3.83**	39	3.41
Access to nutritious meals for seniors	**32**	**3.80**	T31	3.73
Violence in schools	**33**	**3.79**	T34	3.63
Juvenile delinquency	**34**	**3.78**	T14	4.03
Heating, electricity, & water assistance	**T35**	**3.77**	27	3.80
Access to transportation for persons with disabilities	**T35**	**3.77**	33	3.71
Elder abuse or neglect	**T35**	**3.77**	38	3.47

Occupational training for persons with disabilities	**38**	**3.71**	T34	3.63
Building access for persons with disabilities	**39**	**3.69**	36	3.58
Hunger	**40**	**3.63**	37	3.52
Gender discrimination	**41**	**3.62**	41	3.02
Ethnic/racial discrimination	**42**	**3.57**	43	3.00
Age discrimination	**43**	**3.43**	42	3.01
Teenage pregnancy	**44**	**3.34**	T29	3.78
AIDS/HIV	**45**	**3.11**	40	3.06

Is the issue receiving adequate attention by community groups in Clinton County?
Note: The table is sorted based on the ranking the issues in 2018 survey.

	2018	**2015**
	% Responding "No"	
Abuse of drugs including prescription opioids and heroin, by adults	**60%**	***
Abuse of drugs including prescription opioids and heroin, by youth	**65%**	***
Access to substance abuse services	**65%**	63%
Abuse of alcohol and/or drugs by youth	**65%**	69%
Availability of affordable child care	**65%**	63%
Abuse of alcohol and/or drugs by adults	**53%**	63%
Access to mental health services	**60%**	64%
Child abuse and neglect	**45%**	60%
Adult job training	**52%**	58%
Youth job training	**63%**	59%
Affordable housing	**58%**	50%
Underemployment	**53%**	66%
Access to job skill training	**52%**	54%
Unemployment	**46%**	64%
Quality of early childhood education	**28%**	29%
Access to early childhood education	**22%**	21%
Availability of after school activities	**63%**	55%
Availability of counseling services	**54%**	55%
Availability of summer activities	**58%**	46%
Household budgeting	**62%**	60%
Domestic abuse	**35%**	39%
Illiteracy	**48%**	50%
Access to dental care	**42%**	37%
Affordable housing for seniors	**39%**	36%
Services for children with disabilities	**24%**	22%
Services for the needs of senior citizens	**33%**	29%
Access to affordable prescription medications	**51%**	56%
Access to health care	**36%**	49%
Access to affordable health insurance	**57%**	66%

Health care for senior citizens	**31%**	33%
Homelessness	**45%**	39%
Access to nutritious meals for seniors	**23%**	19%
Violence in schools	**60%**	57%
Juvenile delinquency	**46%**	62%
Heating, electricity, & water assistance	**40%**	46%
Access to transportation for persons with disabilities	**18%**	24%
Elder abuse or neglect	**36%**	34%
Occupational training for persons with disabilities	**28%**	31%
Building access for persons with disabilities	**20%**	24%
Hunger	**35%**	35%
Gender discrimination	**53%**	29%
Ethnic/racial discrimination	**53%**	29%
Age discrimination	**48%**	32%
Teenage pregnancy	**35%**	56%
AIDS/HIV	**23%**	29%

I work for a human service provider.

	2018
Yes	**84.5%**
No	**15.5%**

I volunteer for a human service provider.

	2018
Yes	**19.7%**
No	**80.2%**

Key Need Categories with Summary Themes

The Key Need Categories were defined through understanding previous CNAs and the areas of interest that were mutually important to STEP, River Valley Health & Dental Center, and the broader community. The themes under each category summarize findings from customer surveys, partner surveys, community surveys, and focus groups. The themes are arranged in alphabetical order and include Children & Youth, Community Engagement, Employment & Financial Stability, Families in Crisis, Housing & Homelessness, Medical & Dental, and Seniors & Persons with Disabilities Support Services

Objective data from the 2016 U.S. Census shows that the poverty rate for Clinton County youths aged 0–17 was nearly thirty percent (30%) higher than the rate for Pennsylvania. Even more daunting is that fact that for those aged 0–4 the rate for Clinton County youth living in poverty is almost sixty-five percent (64.5%) higher than the rest of Pennsylvania.

Clinton County focus group members believe that many family issues, particularly substance abuse, affect children resulting in behavioral issues. The consensus is that children are deeply and profoundly impacted by the problems which their family is struggling with. It is widely held that a family in crisis must be stabilized before the child (or children) of that family can be effectively helped.

Children and Youth

The needs of Clinton County children and youth are broad-based, multifaceted and serve as a microcosm for all of the community's needs. From the problems of poverty to child abuse and substance abuse, children are impacted deeply. The consensus seems to be progress toward addressing many of the needs facing Clinton County requires increased, focused attention on the problems experienced by the county's youth.

Across the objective data, community, customer, and partner surveys, as well as focus group discussions increased problems with youths' behavioral issues was repeatedly recognized. Exploring these various sources, seven main themes emerge: access to affordable child care; access to early childhood education; child abuse; children living in poverty; passive parenting; overwhelmed mental health service needs; and the impact of substance abuse. Beyond these seven main issues, focus group members also identified the lack of dental treatment options for children as a new issue of concern.

Access to Affordable Child Care

From the community survey, residents feel they have relatively decent access to affordable child care. Yet, when the same survey question was presented to the customer group, generally low- to moderate- income families, there was a less optimistic view of affordable child care access. Less than 29 percent of customers agreed or strongly agreed while roughly 47 percent of community respondents agreed on adequacy of access to affordable child care. The availability of affordable child care was ranked 5th by members of partner agencies and throughout several focus groups it was noted as an area where attention was needed. Other factors including transportation, specifically the lack of broad-reaching public transportation in Clinton County, was cited as having an effect on child care and the ability of parents to find care.

Access to Early Childhood Education

Another noteworthy observation involves early childhood education. Parents struggle to find adequate and affordable opportunities for early childhood education, which is important to launch a child on a path of life-long success. Both customer and community survey results illustrate relatively positive results when asked about access to quality early childhood education. It is noted, however, that the level of endorsement from customers appears to have declined by roughly 12 percent. Both access to early childhood education and quality of early childhood education were ranked in the top third of the 45 issues prioritized by partners.

Child Abuse

The community survey shows that approximately 27 percent of respondents were aware of someone who has suffered from child abuse. Among customers surveyed the results are even more unsettling. Compared with the 2015 survey results, the response rate for customers who know someone who has been abused increased by 67.8%. Focus group participants believe families need more holistic services, including parenting classes, to help prevent abuse. Changes in the mandatory reporting laws have made the process more transparent.

Children Living in Poverty

The objective data continues to reflect that Clinton County has a higher rate of poverty for children aged 0–17 than either Pennsylvania or the nation. The problem is more acute for Clinton County's children aged 0–4, whose rate of poverty is approximately 65 percent higher compared to the Pennsylvania rate. According to focus group participants the basic needs of too many Clinton County children, such as food, shelter and clothing, are not being met in their homes. The participants discussed the need to develop transition ladders that would enable low-income residents to rise out of poverty and gain employment without the consequence of losing medical care and other support services. The objective as expressed by the focus group was to break the cycle of poverty before it trickles down to children and becomes instilled in them as an accepted lifestyle.

Passive Parenting

Focus group participants expressed strong concern about the diminished level of parental involvement in the lives of their children. As stated by the group, the challenge is finding the most effective means to help parents understand how crucially important their role is in the entire process of child rearing. Unfortunately, many parents are working much longer hours just to make ends meet, depriving them of the time they could be spending with their children. Without the parents' guidance, involvement, and support, children often suffer in terms of their educational growth, and health and dental care needs. The situation becomes more complex if the parents split up or divorce. The focus group also discussed that some parents harbor the unhealthy fear their children will become smarter than them or want to leave home. In some cases, these parents may see education as the driving force behind their fear and choose to be less than supportive of the child's academic progress.

Mental Health System Overwhelmed

Not only are mental health needs rapidly increasing, but they are needed at a much earlier age. Focus group participants discussed some of the most alarming issues in the mental health domain such as the rise in suicide rates, the increase in co-dependence concerns, and the elevated levels of children struggling with anxiety. Social media was identified as one of the anxiety stressors. Four key points were stressed by the focus group, beginning with the need to connect children with mental health services when issues are first noticed. To reach children at the earliest feasible age, the focus group participants stated the need to place more psychologists and psychiatrists in the schools so those services can be more readily and rapidly accessed. The second key point involves therapy sessions held external to the school, which all-to-often, are impacted by the child's lack of dependable transportation. The third point involves a growing sense of boredom and hopelessness among youth and the need to find ways to instill motivation in those youth. Focus group members described this as a family issue and underscored the critical role the entire family plays in developing successful solutions. The final point involves the perceived benefit of mentorship programs and the need to expand the reach of those programs.

Impact of Substance Abuse

According to focus group participants, marijuana use is more prevalent today in both families and schools. However, families and young people do not see marijuana use as a problem, but seem to view it as an acceptable behavior. Drug use by parents, including marijuana, cocaine, opioids, heroin, as well as alcohol, often results in angry children who then exhibit behavioral problems both within and outside their home. In many homes substance abuse issues are further exacerbated by deplorable living conditions. Focus group participants cited the need to intervene as early as possible in a child's life with two stipulations: avoid focusing just on the youth's behavior, rather seek to find the root cause of the underlying issues. Whether the substance abuse is caused by a perceived lack of opportunity, a sense of hopelessness, or some other issue, the focus group's main concern is that an addicted child's life tends to head downhill rapidly unless intervention occurs. The groups' concerns are also echoed in the survey data. For community respondents, drugs and alcohol abuse is identified as the most important problem facing Clinton County today. When partner agency members were asked to rank concerns in the county, substance abuse is identified as five of the top six issues. Focus group members recognized that substance abuse is ubiquitous and growing in Clinton County, but it is the impact on children and youth that causes the most concern.

Objective Data: Children & Youth

Population: Children & Youth

The table below shows the population of youth up to age 17 in Clinton County and Pennsylvania.

Report Area	0 to 4 years		5 to 17 years		Total
	M	F	M	F	
Clinton County	1,045	1,048	3,059	2,948	8,100
Pennsylvania	365,819	348,779	1,019,170	970,500	2,704,268

Data Source: US Census Bureau, American Community Survey (ACS). 2012-16. Source geography: County

Child (0-17) Poverty Rate

Population and poverty estimate for children age 0-17 are shown for Clinton County and Pennsylvania. According to the American Community Survey (ACS) 5-year data, an average of 24.6% of children lived in the state of poverty during the survey calendar year. The poverty rate for children in Clinton County is greater than the Pennsylvania average of 19.1% as well as the national average of 21.2%

Report Area	Children, Ages 0 - 17 years		
	Total Population	In Poverty	Poverty Rate
Clinton County	989	1,122	24.6%
Pennsylvania	257,099	249,914	19.1%
United States	7,788,380	7,547,403	21.2%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Child (0-4) Poverty Rate (ACS)

Population and poverty estimate for children age 0-4 are shown for Clinton County. According to the ACS 5-year data, an average of 35.6% of children in Clinton County lived in a state of poverty during the survey calendar year. The poverty rate for children living in Clinton County is greater than the national average of 23.6% and much greater than the Pennsylvania average of 21.6%.

Report Area	Ages 0-4 Total Population	Ages 0-4 In Poverty	Ages 0-4 Poverty Rate
Clinton County	2,077	739	35.6%
Pennsylvania	705,063	152,537	21.6%
United States	19,554,400	4,614,933	23.6%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Early Childhood Programming and Head Start Participation

The tables below reflect the following: Children Served, Ages 0 - 2 includes children served in the following programs: The Nurse Family Partnership, The Parent Child Home Program and Healthy Families America. Children Served, Ages 3 - 4 includes children served in the following programs: The Parent Child Home Program, Parents as Teachers, Head Start, Pre-K Counts, School District Pre - K, Early Intervention, and Keystone Stars.

Report Area	Children Ages 0-2	Children Ages 3-4	Served Ages 0-2	Served Ages 3-4
Clinton County	1,308	904	317	338
Pennsylvania	418,384	299,039	97,986	138,445

Data Source: Pennsylvania Department of Education. Source geography: County

Early Childhood Programming Participants Ages 0-2, Ages 3-4

Report Area	Age 0-2 Participants Nurse Family Partnership	Age 0-2 Participants Healthy Families America	Age 3-4 Participants PA Pre-K Counts	Age 3-4 Participants School Based Pre-K
Clinton County	51	0	92	0
Pennsylvania	6,005	259	17,115	8,998

Data Source: Pennsylvania Department of Education. Source geography: County

Early Childhood Programming Participants Ages 0-4

Report Area	Age 0-4 Participants Parent-Child Home Program	Age 0-4 Participants Parents as Teachers	Age 0-4 Participants Early Intervention	Age 0-4 Participants Keystone STARS
Clinton County	31	94	162	225
Pennsylvania	197	7,095	61,437	102,111

Data Source: Pennsylvania Department of Education. Source geography: County

Head Start Program Participants

Report Area	Early Head Start (Age 0-2)	Head Start (Age 3-4)	Total Participants
Clinton County	51	132	183
Pennsylvania	4,979	28,235	33,214

Data Source: Pennsylvania Department of Education. Source geography: County. ***Data was compiled from the Departments of Education and Public Welfare, Office of Child Development and Early Learning, Reach and Risk Report, 2015-2016 report. Data supplied by Pennsylvania State Data Center.***

Child Care Costs

The 2013-2014 Department of Public Welfare reports the average costs for child care based on responses from licensed care provider centers in each county. Cost of child care is shown below. These figures include the average cost of care for all age ranges including: infant care, toddler care, pre-school care, school-age before and after care and school age full day rates.

Average Child Care Costs, 2013-2014

Report Area	Type of Care	Daily Cost, Full-Time	Daily Cost, Part-Time
Clinton County	CHILD CARE CENTER	$24.00	$21.28

Data Source: Pennsylvania Department of Education. Source geography: County

Certified Child Care Facilities

The table below is a listing of Certified Child Care Providers in Clinton County as provided by the Pennsylvania Office of Child Development and Early Learning (OCDEL) as of March 2017. Child Care Center: a facility in which 7 or more children, who are not related to the operator receive child care.

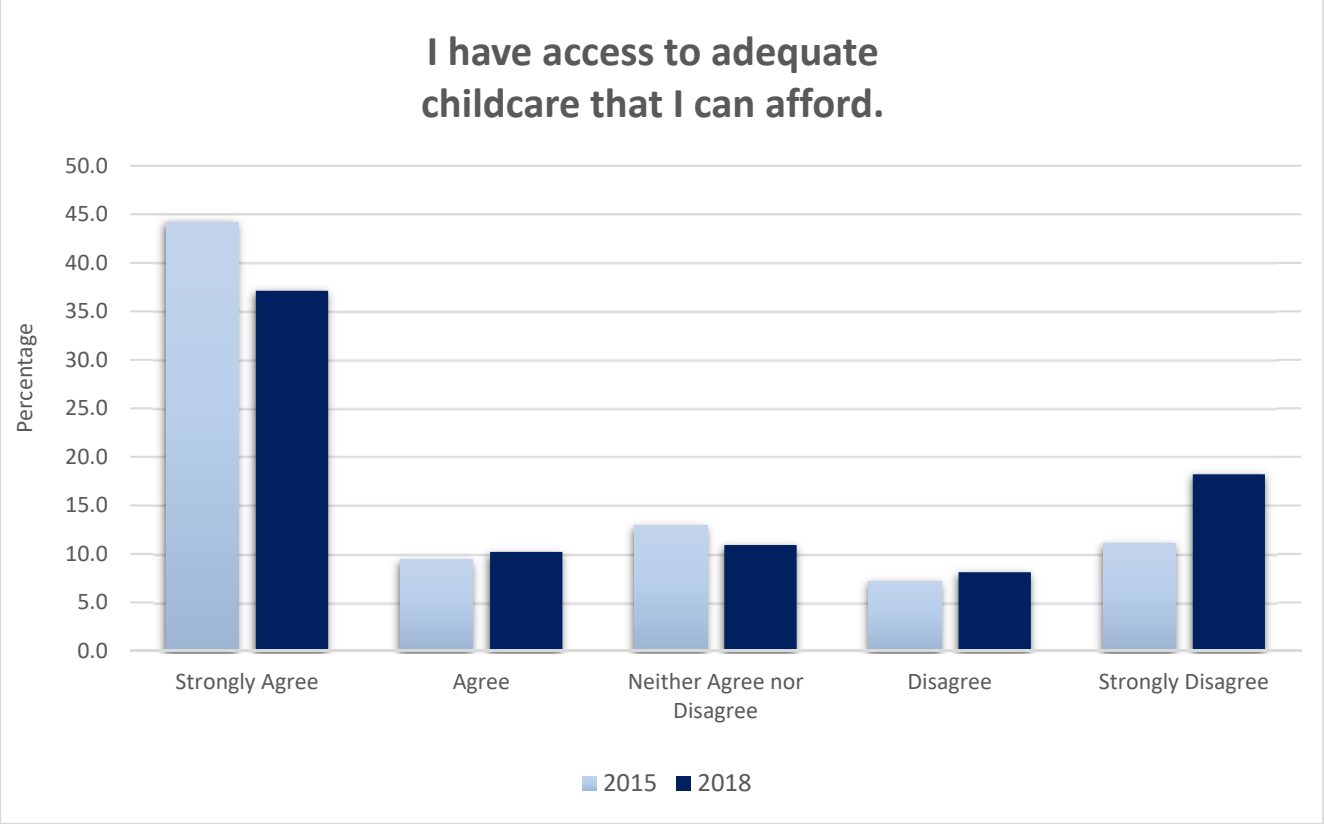
Certified Child Care Facilities, March 2017

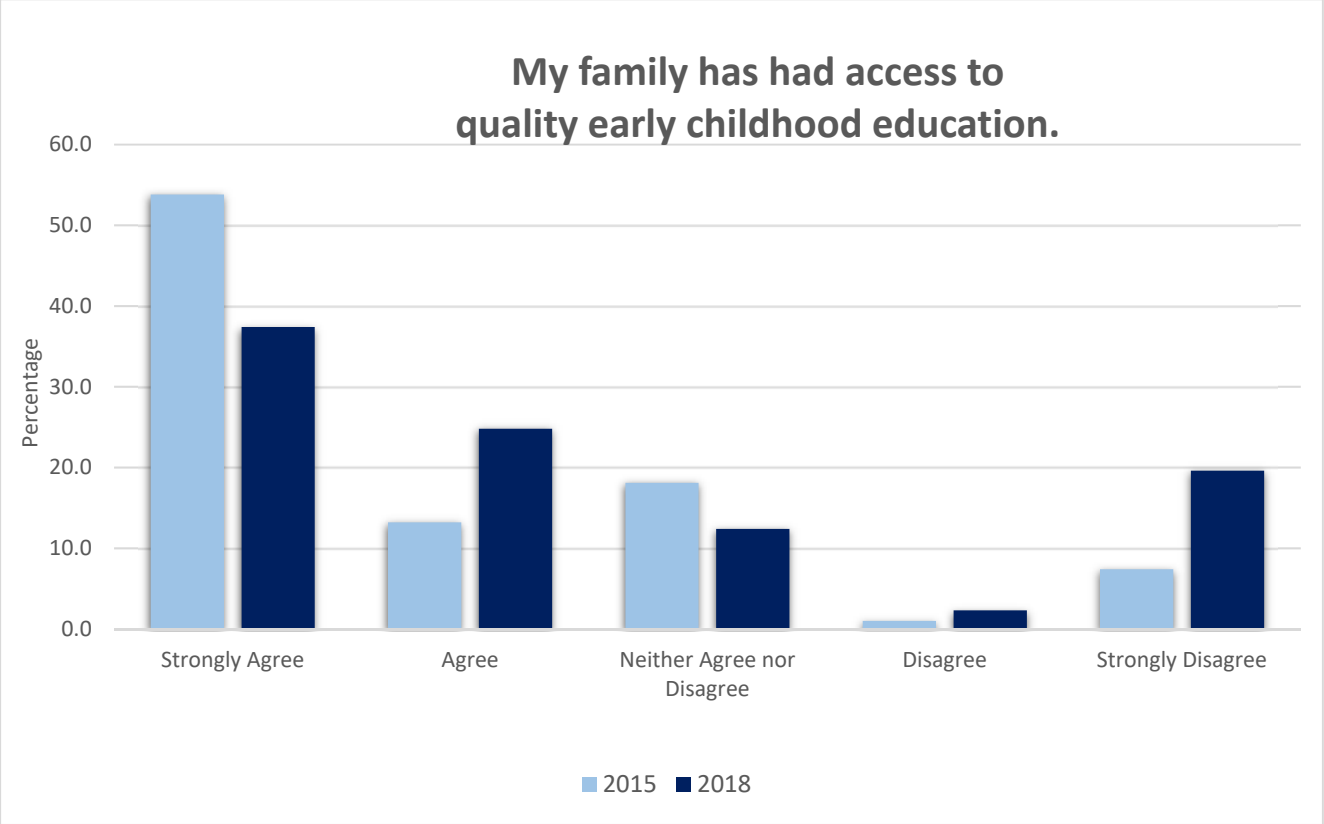
Number of Certified Providers	Certified Provider Type *	Maximum Capacity **
8	Child Care Center	634
5	Family Child Care Home	30
1	Group Child Care Home	12

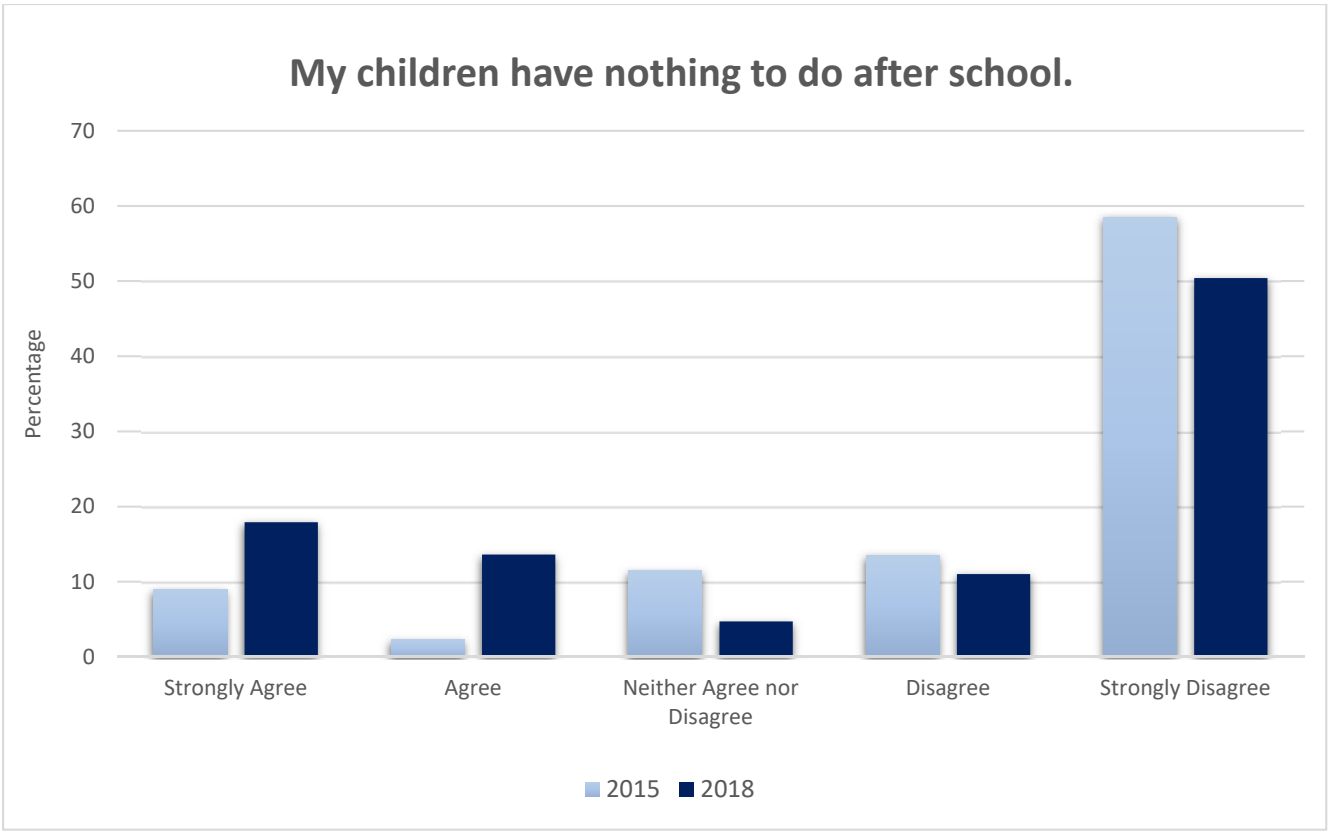
Data Source: Pennsylvania Department of Education. Source geography: County

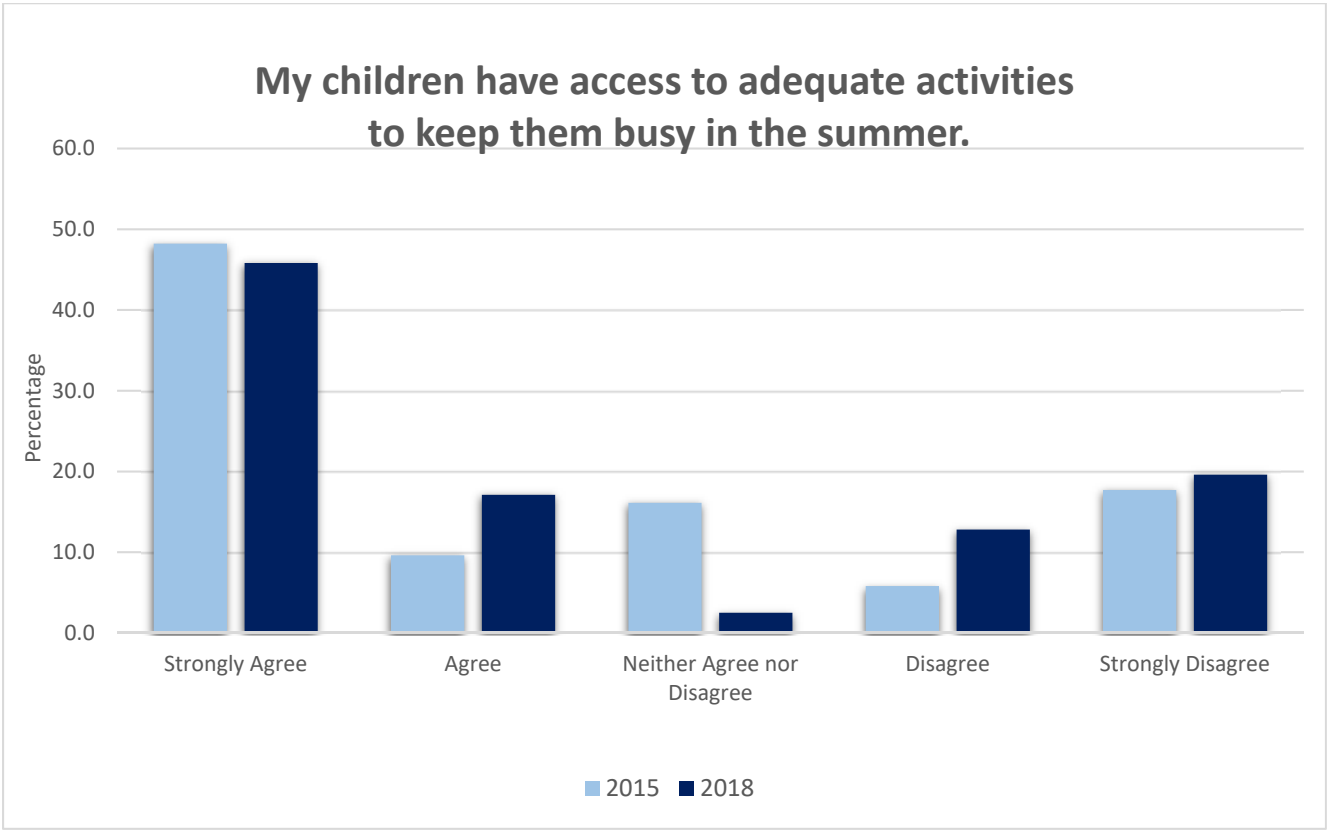
Survey Data: Children & Youth

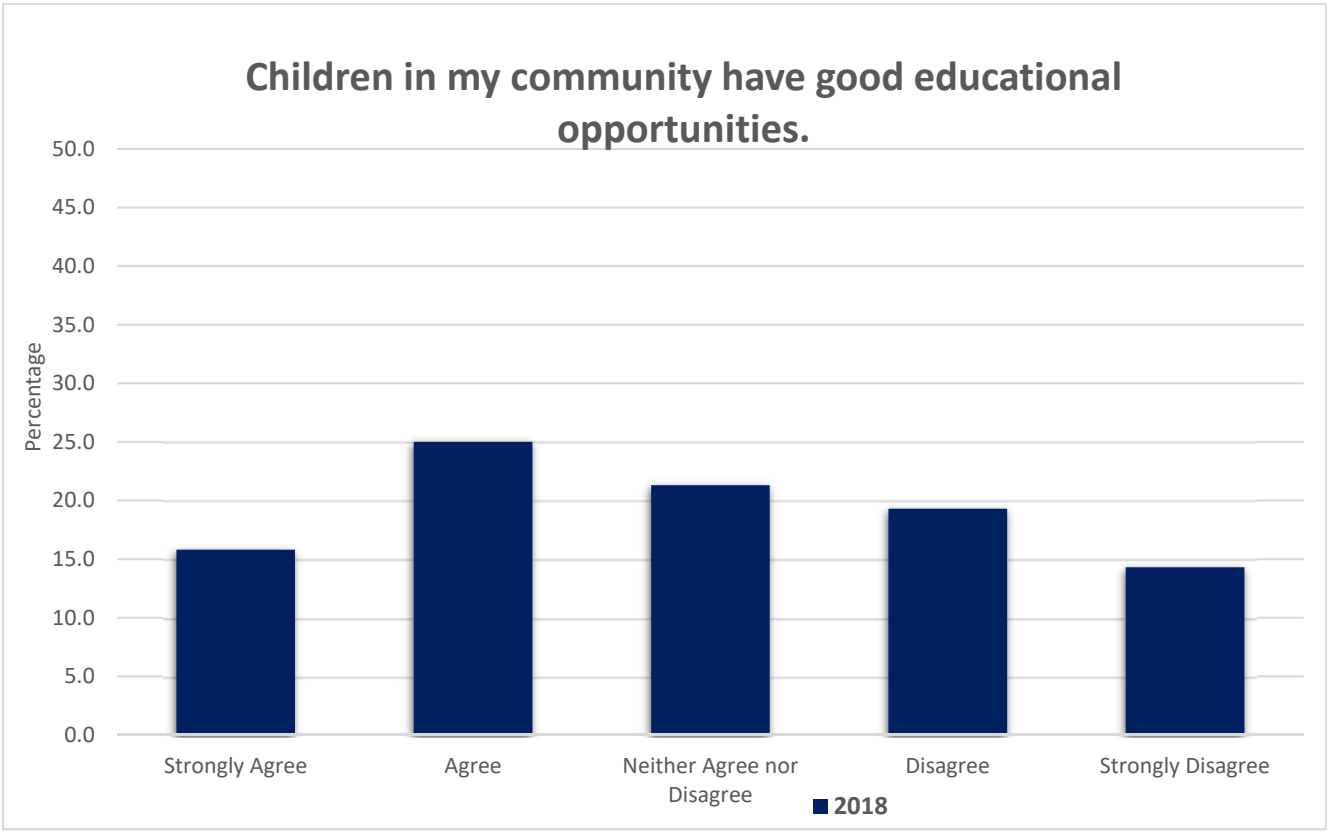
Community Survey Information

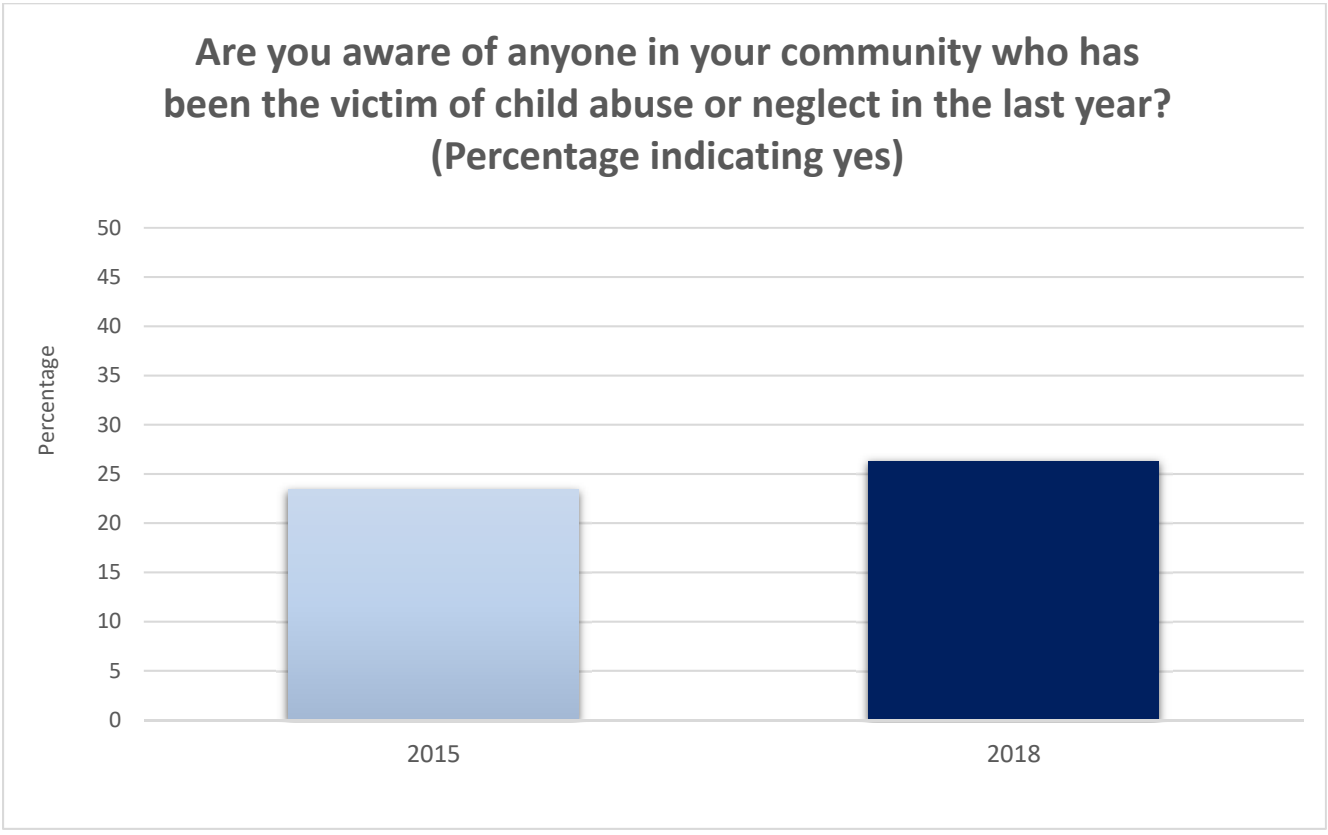




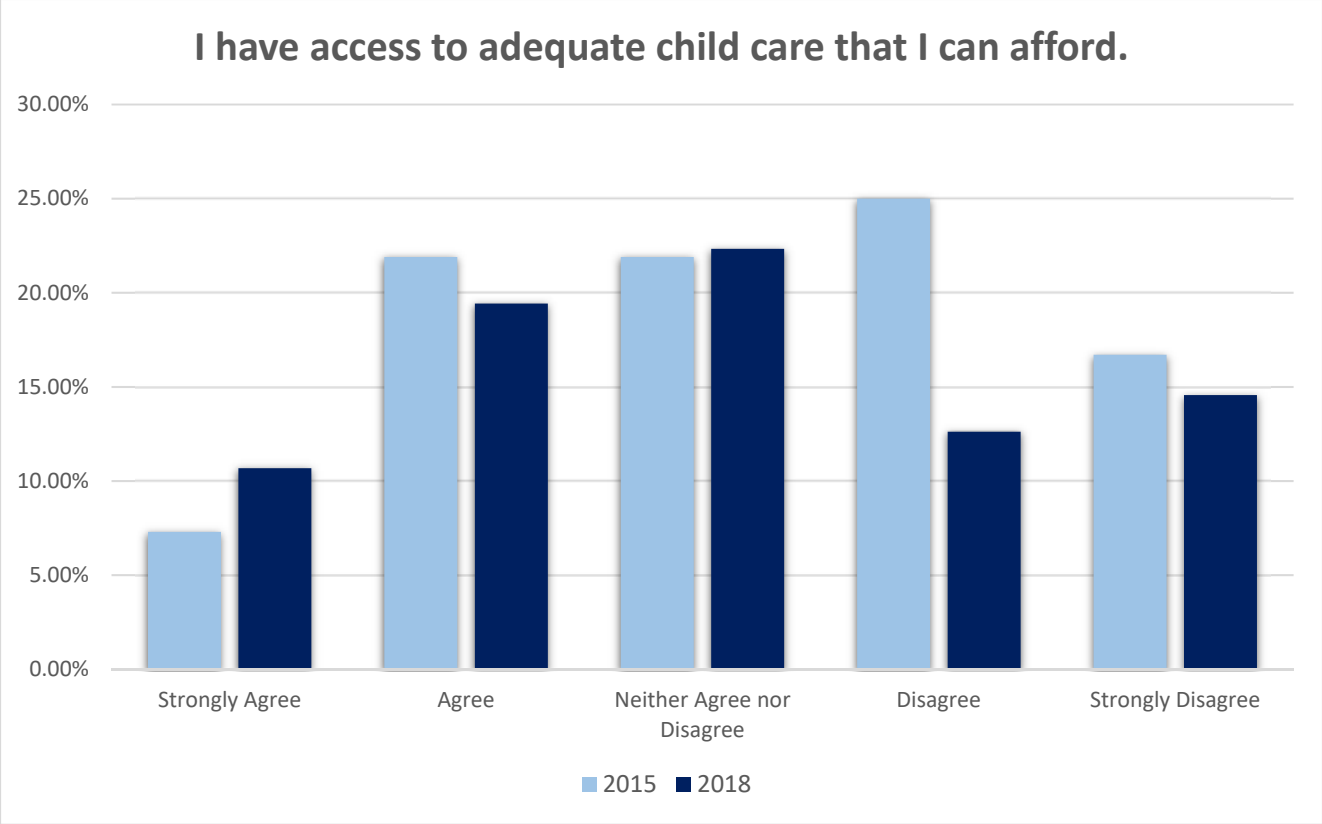

My children have nothing to do after school.
70
60
50
40
30
20
10
0
Percentage
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
2015
2018

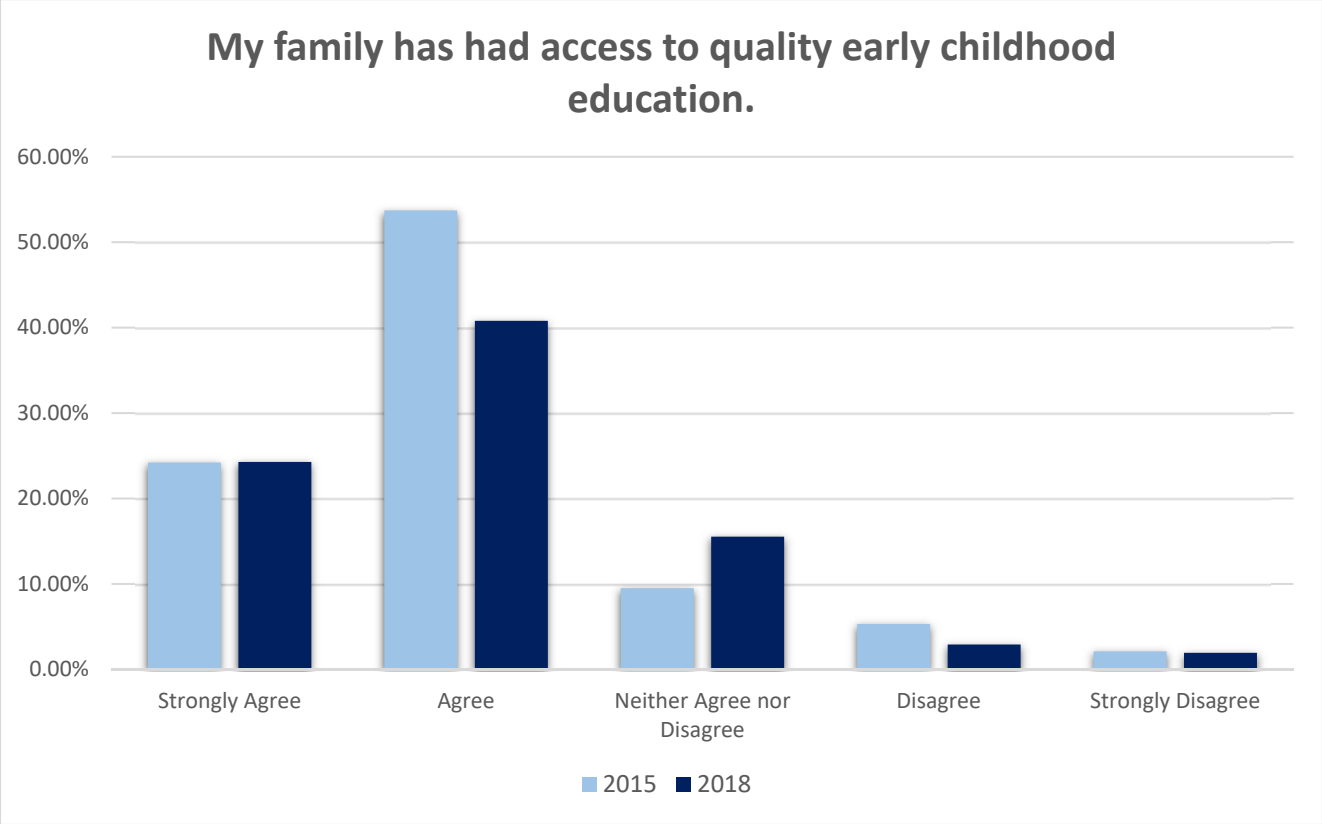

My children have access to adequate activities to keep them busy in the summer.
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Percentage
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
2015
2018

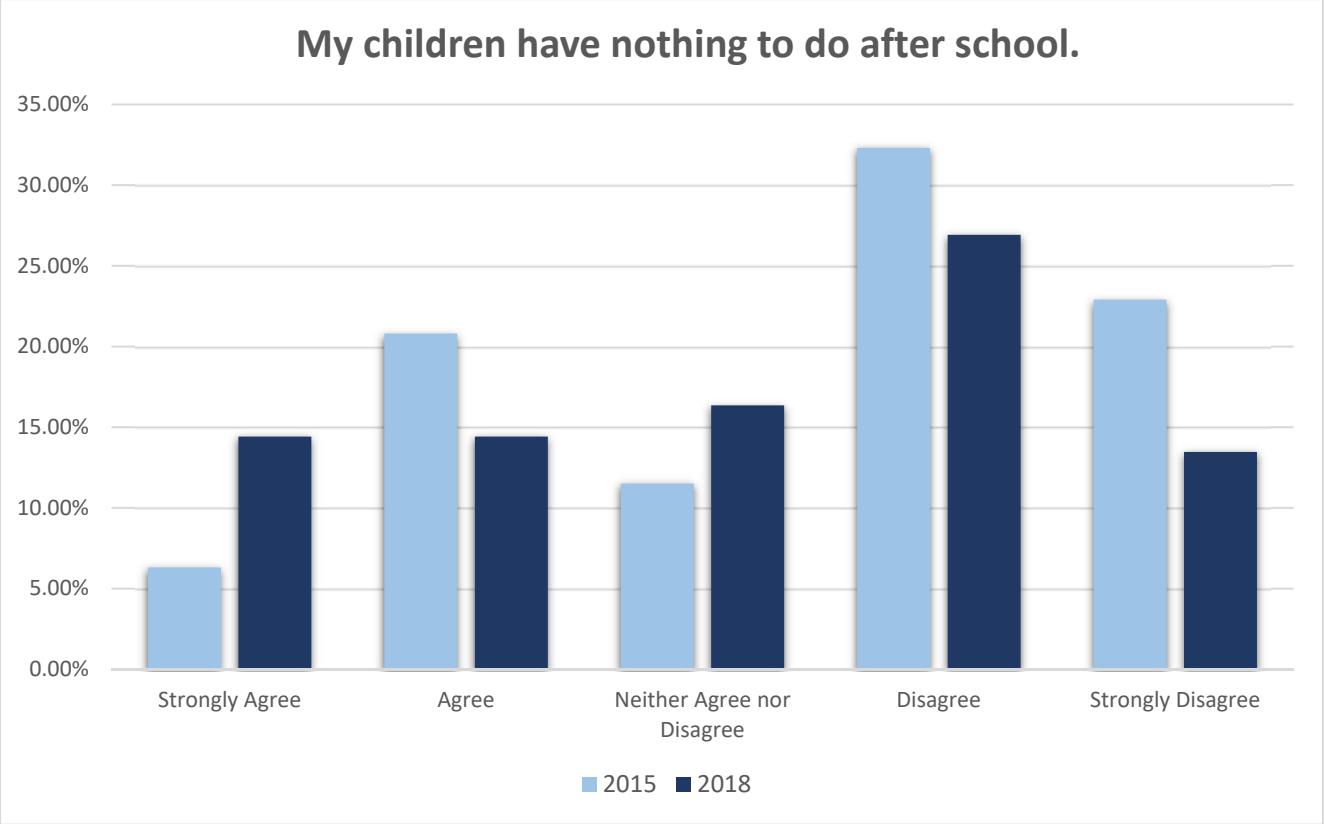

Children in my community have good educational opportunities.
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Percentage
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
2018

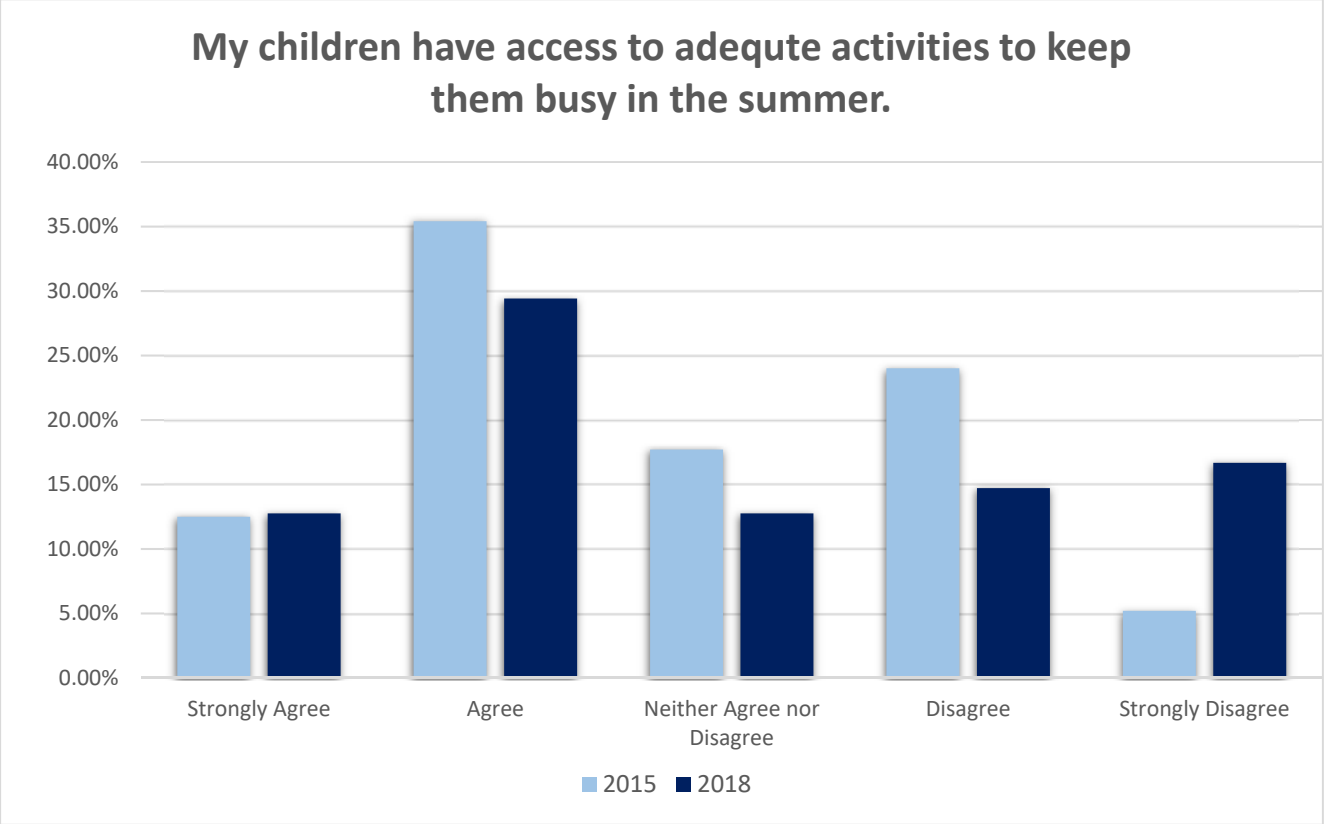

Are you aware of anyone in your community who has been the victim of child abuse or neglect in the last year? (Percentage indicating yes)
50
45
40
35
30
25
20
15
10
5
0
Percentage
2015
2018

Customer Survey Information






My children have nothing to do after school.
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
2015
2018


My children have access to adequte activities to keep them busy in the summer.
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
2015
2018

Are you aware of anyone in your community who has been the victim of child abuse or neglect in the last year?

	2015	2018
Yes	12.8%	**21.48%**
No	61.6%	**46.31%**
I Don't Know	0.6%	**32.21%**

Community Engagement

Nearly 80 percent of the Clinton County residents who completed the community survey stated they felt either safe or very safe in their neighborhoods. In response to the customer survey, over 86 percent of the people receiving social services claimed to feel safe or at least somewhat safe. When Clinton County community respondents were then asked how well they knew their neighbors, nearly 55 percent of community residents stated they know well or very well.

Community survey respondents were asked if they engaged in any of a list of 21 community-related activities. The survey results revealed over 50 percent of community respondents participate in at least 13 of these activities to a high level of engagement. Focus group members then discussed what motivates people to become engaged as well as the challenges to overcome in reaching those who choose not to get engage. During focus group discussions, participants also shared how community amenities can help build connections by bringing people together. Collectively, the diverse array of community organizations was recognized as fostering connections with nature, the arts, music, recreation, and heritage venues. It was felt these connections serve to improve community health and wellness. Alternative ways to engage children, youth, and seniors in more activities were discussed at length. From these discussions four key themes emerged: building connections, awareness and collaboration, engaging the entire community, and health and wellness-related amenities.

Building Connections

Focus group participants believe the amenities the community offers bring people together, which strengthens a sense of community. In addition, the amenities provide the creative buzz of a larger city that is attractive to younger residents and helps to recruit professionals. Activities also connect the community to the larger area because they bring people to town. Because of these activities, both locals and visitors patronize the business community, which increases economic viability.

Awareness & Collaboration

While Clinton County offers a variety of activities, there is a need to build more awareness of events as the population is always changing. Focus group members described the challenge of promoting, marketing, and advertising and concluded that it is better accomplished when organizations collaborate effectively. Also discussed was the beneficial value of shared or unified websites, which can help increase effectiveness and avoid duplication of efforts. Focus group participants identified the need for better use of weekly emails to announce multiple community events as well as much greater use of social media outlets. The focus group members also stressed the need to improve the alignment and coordination of competing events to reduce conflict and increase synergism. Some of the challenges to achieving higher levels of community engagement were also discussed, such as: reaching citizens who reside in rural communities and finding the optimal mix of outreach methods to reach diverse generations.

Health and Wellness-Related Amenities

Focus group participants believe activities provided by the communities and organizations can promote physical and emotional health, which can release stress and reduce the desire to use drugs. Recognizing recreational venues offer healthy alternatives for stress-reduction, employers are more aggressively promoting wellness trainings and health fairs intended to educate their workers about the dangers of substance abuse and the benefits of healthy activities. Focus group participants described the need for more trails, sidewalks, and water access points to encourage hiking, walking, running as well as a host of waterway activities.

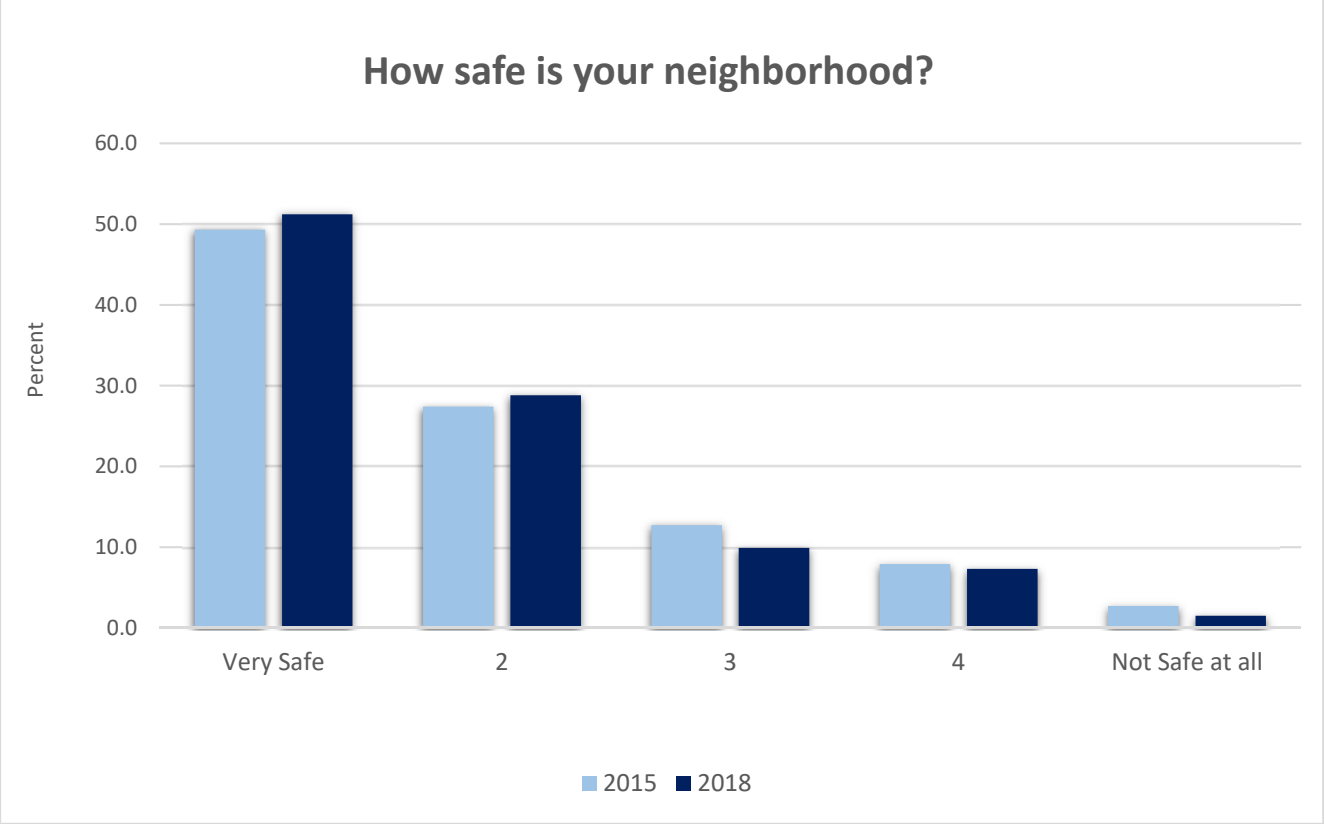
Engaging the Entire Community: Children, Youth, and Seniors

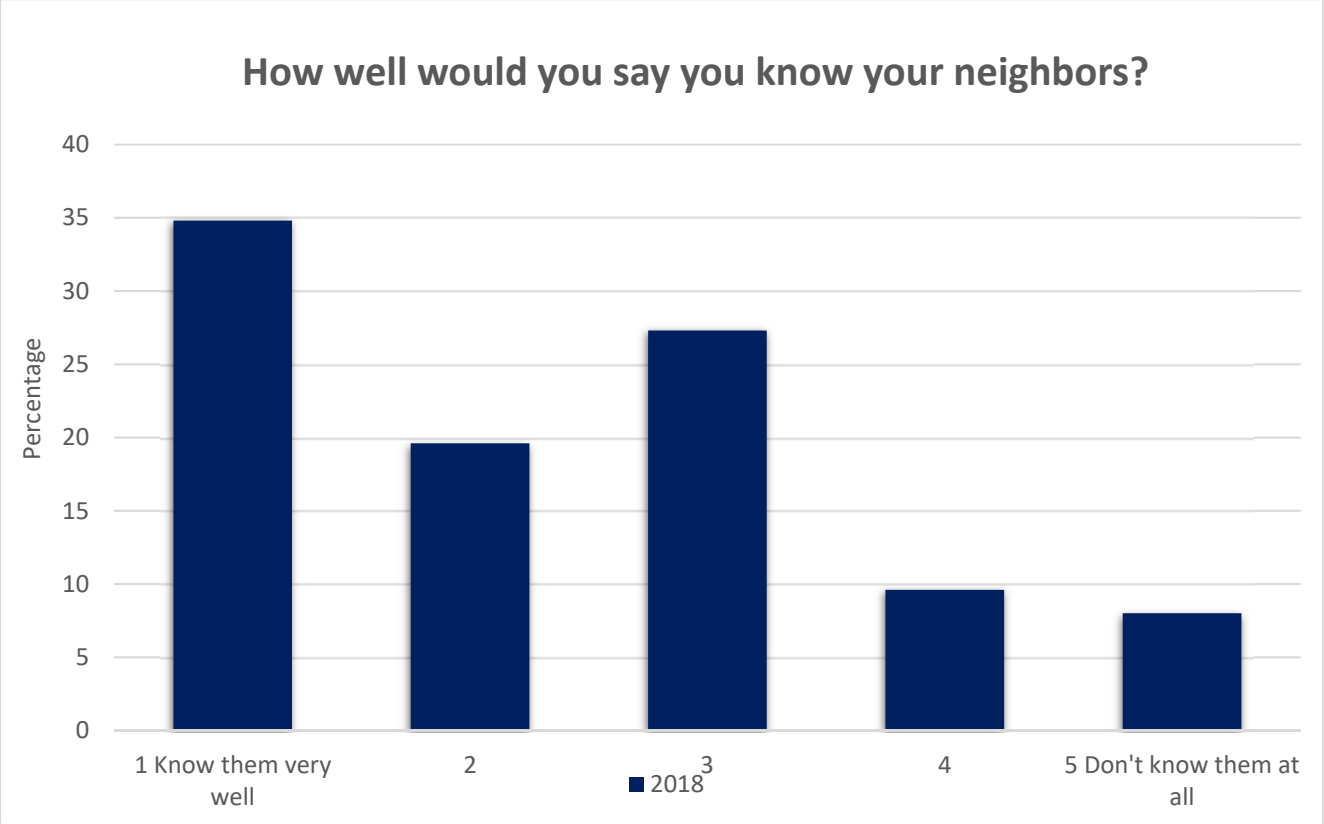
Exposure to community amenities and engagement in culture activities provides positive experiences for all ages. Children have an opportunity for play, which promotes independence and heathy living. Such activities can also help improve mental health and decrease the rate of child obesity. Children are also encouraged to pursue a broad array of interests, some of which they may not have been previously aware. Focus group members discussed the success public schools have experienced in communicating with families and see benefit of collaborating with schools if the goal is to outreach more effectively with children and their families. For young adults there is a renewed sense of engagement and outreach that is fostered by the increasing number of young professionals moving to town. The young adults appear to be very supportive of downtown revitalization and main street initiatives. The challenge, discussed by the focus group, was how to translate their energy into the multitude of community organizations and events that desperately need new energy and volunteers.

Some seniors are quite reluctant to engage in community activities, particularly those living in rural areas. This may be due to a lack of physical access, whether real or perceived, but also may simply reflect seniors' contentment with their current lifestyle. Focus group participants identified the need for better evening transportation options for seniors in order to increase the level of participation by this sector of the community. Further, some seniors do not feel they fit the elderly stereotype rooted in the past. Instead they want activities to provide active engagement.

Survey Data: Community Engagement

Community Survey Information





Have you or someone in your household participated in that activity locally at some point in the last year? (Percentage responding yes)

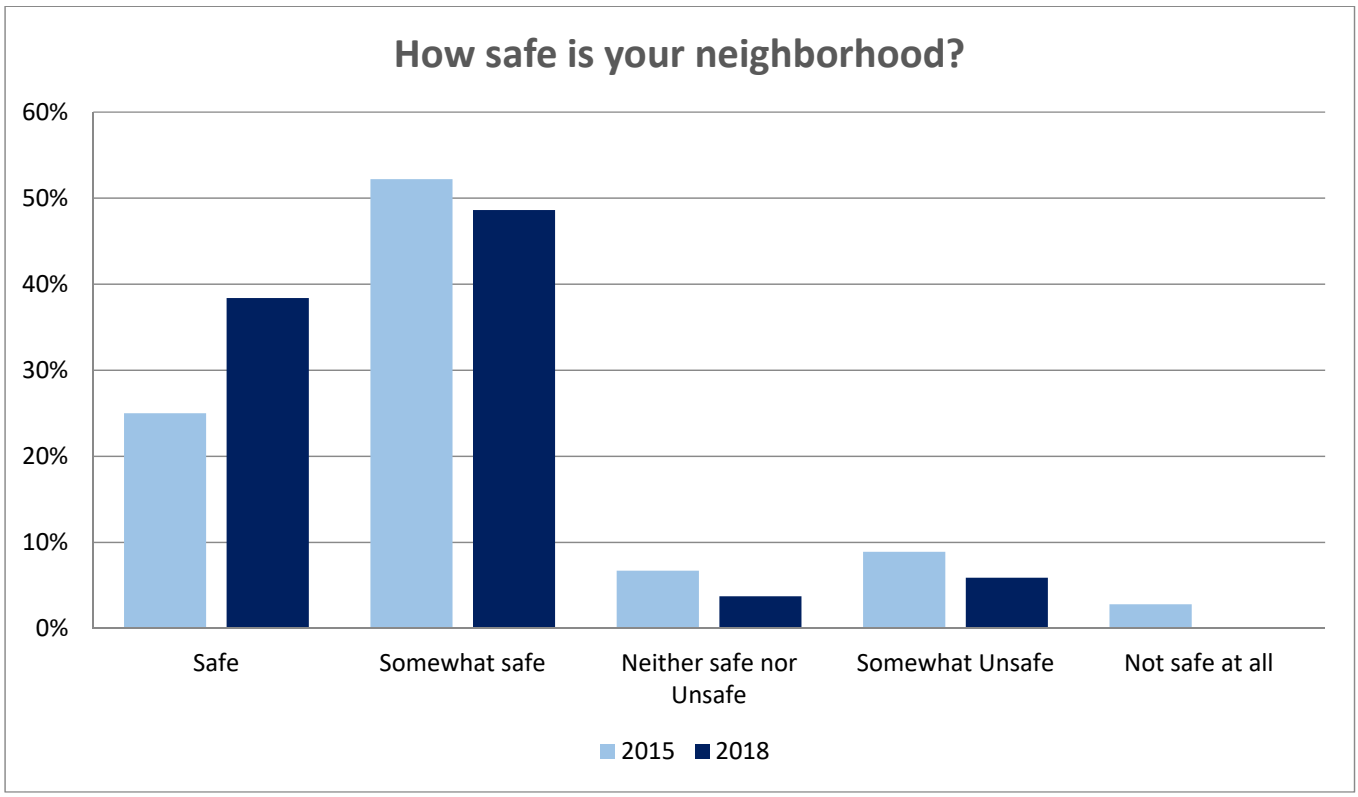
	2018
Went shopping for something other than groceries	**92.8%**
Ate out at a restaurant	**96.9%**
Exercised outdoors	**82.2%**
Went to the movies	**72.1%**
Visited a community park	**76.4%**
Attended a sporting event	**68.4%**
Attended a religious service, other than for a wedding or funeral	**59.2%**
Attended an organized community event or celebration	**68.6%**
Went to see live music	**57.3%**
Visited a public library	**53.0%**
Volunteered with a non-profit organization	**57.2%**
Went hiking	**60.8%**
Went fishing or hunting	**59.1%**
Used a bicycle trail	**36.9%**
Attended a theatre production	**34.4%**
Had an out-of-town visitor stay at a local hotel or motel	**33.2%**
Visited a museum	**31.3%**
Attended a class or lecture on a college campus	**32.9%**
Participated on an organized sports team	**27.4%**
Visited an art gallery	**21.4%**
Visited a community pool	**18.3%**

Those who are users of community parks were also asked:

Please indicate whether you or someone in your household has used or has not used a community park in the last year for that reason. (Percentage responding yes)

	2018
To enjoy the natural park setting	**82.8%**
For sports and exercise activities	**70.9%**
As a gathering place to be with friends and family	**76.9%**
For children's play activities	**65.7%**
To walk your pet	**42.5%**

Customer Survey Information



Employment and Financial Stability

While the unemployment rate for the United States is the lowest it has been in nearly 50 years, the benefits of an improving economy have been slow to arrive in Clinton County. In a four-year period from 2014 to 2018, Clinton County's unemployment rate declined by nearly 39 percent. What has not changed, however, is that Clinton County's unemployment rate is still much higher than either Pennsylvania's or the nation's rates. Respondents to the community survey ranked the economy and jobs as the second highest need. Among the partner agency respondents, underemployment was ranked 12th while unemployment is 14th on the list of the most important issues facing the county.

In the 2015 CNA, about 63 percent of community respondents who identified as unemployed stated they were still seeking work—by 2018, the job seeking rate among those unemployed survey respondents dropped to 46 percent. Focus group members discussed this shift and concluded that it may be attributed to former employees delaying taking a part time job or a position with less pay. Focus group members discussed the chronic unemployed and underemployed and expressed some doubt about the work ethic and level of commitment of those out of the workforce. Across the data from the community, partner, and customer surveys, and focus groups, six main themes emerge: educational attainment levels; job skills training; literacy; barriers affecting employability; and the changing face of the workforce.

Educational Attainment Levels

In Clinton County, nearly 12 percent of residents over 25 years of age have no high school diploma, a rate that exceeds both the rest of Pennsylvania and the nation. The number of Clinton County residents with a baccalaureate degree is over 40 percent lower than the national average. The rate of Clinton County's college-bound high school students is 10 percent less than Pennsylvania. One notable exception to this trend involves associates degrees, where Clinton County has a higher rate than the rest of the Commonwealth as well as the nation. Education is considered the third most important problem facing Clinton County today. Perhaps more significant is the percent of community respondents who considered education as their most important item has almost tripled since the 2015 CNA. Emphasis is placed on the need to provide technical training and opportunities for basic skill development, such as soft skills, job-ready skills, and basic life skills, including financial management, time management, and communication. It is noteworthy about 55 percent of customers of social services agreed or strongly agreed with children having good educational opportunities, while about 13 percent disagreed with the same statement. The focus group offered two perspectives on education in Clinton County: educational funding is not adequate to meet the needs of students; and the importance for congruence in priorities between the school district and the community.

Job Skills Training

Approximately 40 percent of respondents to both the community as well as customer surveys indicated their agreement with having access to affordable job training services. The partner survey had Youth Job Training, Adult Job Training, and Access to Job Skill Training within the top most important issues facing Clinton County. Since the focus group indicated that finding skilled workers is becoming much more difficult task for employers, there was consensus on the need for three items: 1) on-job-training, 2) apprenticeships, and 3) trades trainings in the public schools. In addition, focus group participants stressed the need for job-readiness, as well as life skills training. They advocated for more career pathway programs through various avenues for students who cannot afford or do not want to attend college. It was discussed that this type of training can start as early as 5th & 6th grade with career exploration camps.

Literacy: Reading & Financial

The issue of literacy has two aspects, reading literacy and financial literacy. The rate of illiteracy among adults in Clinton County is 14 percent higher than the Pennsylvania average. In the community survey, approximately 18 percent of respondents said they knew someone who cannot read. More concerning is that almost 29 percent of the customers of social services responded knowing someone who is illiterate. In the partner survey, literacy was ranked in the middle of important issues facing Clinton County. When this data is combined with the factor of educational attainment, programs to enhance literacy continue to be greatly needed.

Focus group members acknowledged schools are now offering children personal finance and literacy training, but it is typically optional. The focus group stated financial literacy programming should be mandatory. Focus group members described the lack of basic financial knowledge by people of all ages in areas such as banking, bill paying, and budgeting. Given the amount being spent on excessive credit card fees and overdraft fees from checking accounts, the focus group underscored the increasing need for budget counseling. Finally, the focus group expressed concern about the limited awareness of youth to what credit is, its financial impact, and credit card debt. Whether this training occurs in school or at home, the focus group stressed the importance of starting this education at the earliest possible age.

Barriers Affecting Employability

Transportation issues can present a significant barrier to job acceptance and retention. Focus group members noted fewer people today are getting drivers licenses; instead, they depend on public transit, if available, ride a bike, walk, or join a carpool. Transportation challenges often also involves the employee's childcare facility. According to the focus group, this is especially difficult for Renovo residents who choose to carpool and have arranged a 12-hour shift schedule. For those of low-income, another issue is the relative distance of the job site from their home. Soft skills are another issue affecting an individual's ability to gain and retain a job. Having recognized the value of these skills, some companies are now working with schools to teach soft skills. Focus group members also discussed the need for companies to develop and offer more interactive on-the-job trainings opportunities. Technology limitations were also identified by focus group members as an obstacle for job seekers in today's market place. Some people struggle with computers, but still fail to take advantage of the on-line training programs offered locally. The basic employment challenge identified was how best to attract and retain skilled workers with technical backgrounds, a strong work ethic, and who want a long-term commitment to the company. Substance abuse was noted by the focus groups participants as affecting employability. The problem was noted that too many candidates in the labor pool are unable to pass a drug test. Not only do drugs negatively impact family stability, but they also create employment issues and workplace disruptions. Focus group members stressed the need for more local substance abuse treatment facilities.

Changing Face of the Work Force

According to focus group participants, many seniors are seeking part-time work since they feel they may have retired too early. For seniors, social stimulation is often more important than pay considerations. Focus group participants indicated more people are needed for long-term part-time positions, which previously have been a stepping stone to a full-time position. According to the community survey, the percent of respondents with part-time positions has more than doubled since 2015. Yet, in the customer survey, the percent of those surveyed who have part-time positions has decreased by two-thirds. Another aspect of the changing workforce is the job hopper. The focus group described that current employees, especially the younger generation, are reluctant to remain with a company or firm for their entire career. Companies are then faced with higher turn-over rates and the problems that situation generates.

Objective Data: Employment & Financial Stability

Education: School Enrollment

These tables show the total public and non-public school enrollment for 2015-2016. In Clinton County, a total of 5,257 persons were enrolled in school. In this report, private schools refer to both private and non-public institutions and for the report area, 793 students are enrolled in private schools or 15.08% of the student population.

Public and Non- Public School Enrollment, 2015-2016

Report Area	Enrollment			Elementary			Secondary		
	Total	Public	Private	Total	Public	Private	Total	Public	Private
Clinton County	5,257	4,464	793	3,110	2,377	793	2,147	2,087	60
Pennsylvania	1,961,265	1,731,588	229,677	1,075,561	918,568	229,677	885,704	813,020	72,684

Data Source: Pennsylvania Department of Education. Source geography: County Data was compiled from the Public-School Enrollment report and Private and Non-Public Schools Enrollments Reports, 2015-2016, The Pennsylvania Department of Education report. Data supplied by Pennsylvania State Data Center.

Education: High School Graduates

The table below shows the number of public high school graduates planning on attending college in the Clinton County region for the 2015-2016 academic years. The chart shows that out of 1,007 graduates, 56.89% or 334 are planning to attend college. Statewide, 66.81% of graduates plan on going to college.

High School Graduates

Report Area	Total Graduates	College Bound	College Bound
Clinton County	334	190	56.89%
Pennsylvania	125,051	83,542	66.81%

Data Source: Pennsylvania Department of Education. Source geography: County

Education: High School Dropouts

The table below shows the annual high school dropout rate which is defined as the number of students who, for any reason other than death, leave school before graduation without transferring to another school or institution. For the academic year 2015-2016, 0.58% or 12 students dropped out in Clinton County.

High School Dropout Rates

Report Area	Enrollment Grades 7-12	Dropouts Male	Dropouts Female	Dropouts Total	Dropout Rate
Clinton County	2,085	8	4	12	0.58%
Pennsylvania	807,280	7,694	5,812	13,506	1.67%

Data Source: Pennsylvania Department of Education. Source geography: County

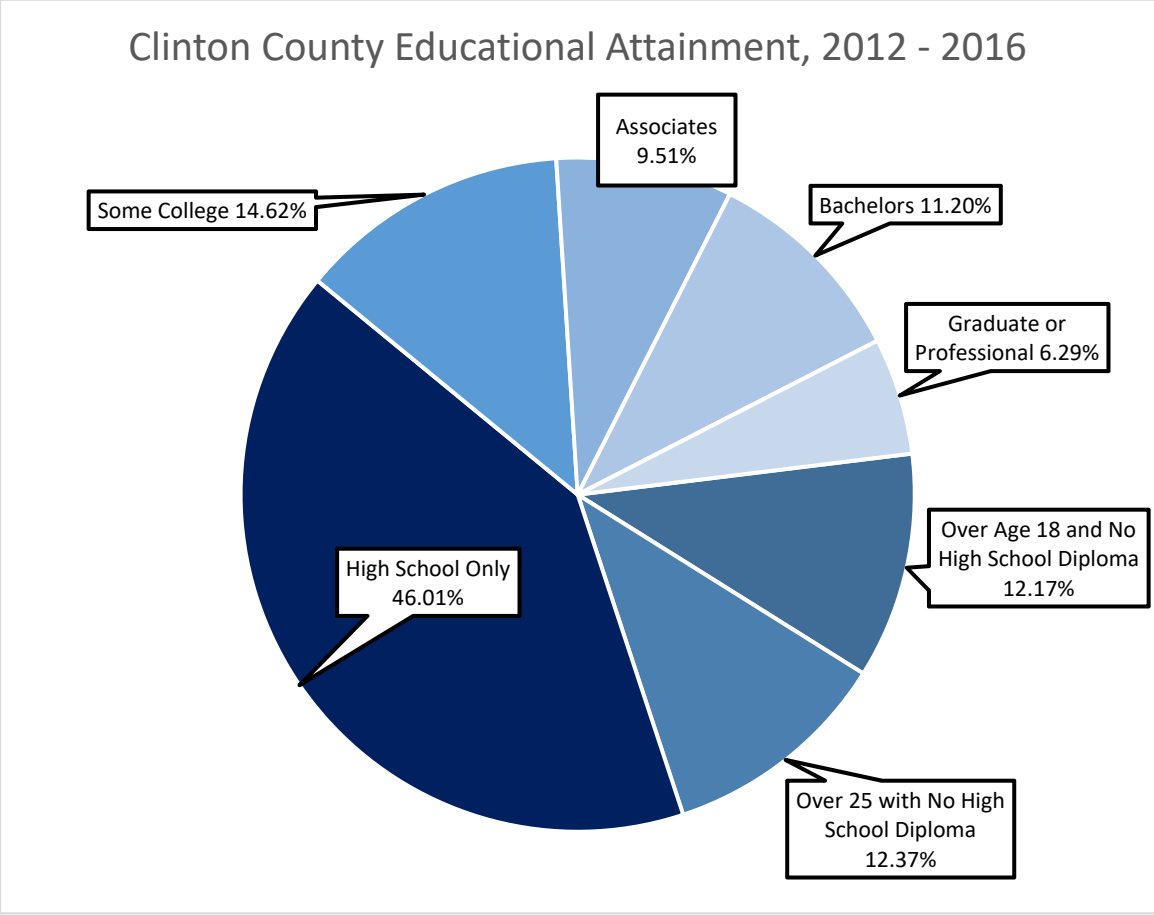
Education: Educational Attainment

This table shows the distribution of educational attainment levels in the area region. Educational attainment is calculated for persons over 25 except where noted, and is an average for the period from 2012 to 2016. Clinton County equaled 12.37%. The statewide percentage of persons with no high school diploma is 10.46%, while the national percentage is 13.02%.

Percent Attaining Education Levels

Report Area	No High School Diploma for persons over 18	Education Level for Persons over 25					
		No High School Diploma	High School Only	Some College	Associates	Bachelors	Graduate or Professional
Clinton County	12.17%	12.37%	46.01%	14.62%	9.51%	11.2%	6.29%
Pennsylvania	10.68%	10.46%	35.97%	16.19%	8.05%	17.83%	11.5%
United States	13.12%	13.02%	27.53%	20.96%	8.18%	18.81%	11.5%

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: tract



Education: Adult Literacy

The National Center for Education Statistics (NCES) produces estimates for adult literacy based on educational attainment, poverty, and other factors in each county.

Persons Lacking Basic Prose Literacy Skill, 2003

Report Area	Estimated Population over 16	Percent Lacking Literacy Skills
Clinton County	29,037	14%
Pennsylvania	9,561,844	13%
United States	219,016,209	14.64%

Data Source: National Center for Education Statistics, NCES - Estimates of Low Literacy. 2003.Source geography: County

Employment: Unemployment Rate

Unemployment change within the report area from June 2014 to June 2018 is shown in the chart below. According to the U.S. Department of Labor, unemployment in Clinton County for this five-year period fell from 9.85% percent to 6.03% percent.

Five- Year Unemployment Rate, June 2014-2018

Report Area	June 2014	June 2015	June 2016	June 2017	June 2018
Clinton County	9.85%	7.42%	7.1%	7.28%	6.03%
Pennsylvania	7.76%	5.98%	5.55%	5.62%	5%
United States	7.84%	6.35%	5.55%	5.12%	4.53%

Note: This indicator is compared with the state average. Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - May. Source geography: County

Survey Data: Employment and Financial Security

Community Survey Information

Are you aware of any adults in your community who cannot read?

	2015	2018
Yes	29%	18%
No	71%	82%

Which of the following best describes your employment status? Are you self-employed, employed by someone else, unemployed, retired, or are you a homemaker?

	2015	2018
Self Employed	6.5%	**5.0%**
Employed by someone else	45.3%	**52.8%**
Unemployed	7.7%	**7.2%**
Retired	35.2%	**30.6%**
Homemaker	4.0%	**3.6%**
Don't Know	0.8%	**0.3%**
Refused	0.4%	**0.5%**

Those who were employed by someone else were also asked:
Is that employment full time or part time?

	2015	2018
Full time	89.3%	**77%**
Part time	10.7%	**22.5%**

Those who were unemployed were also asked:
Are you currently seeking work?

	2015	2018
Yes	62.6%	**46.2%**
No	37.4%	**46.1%**

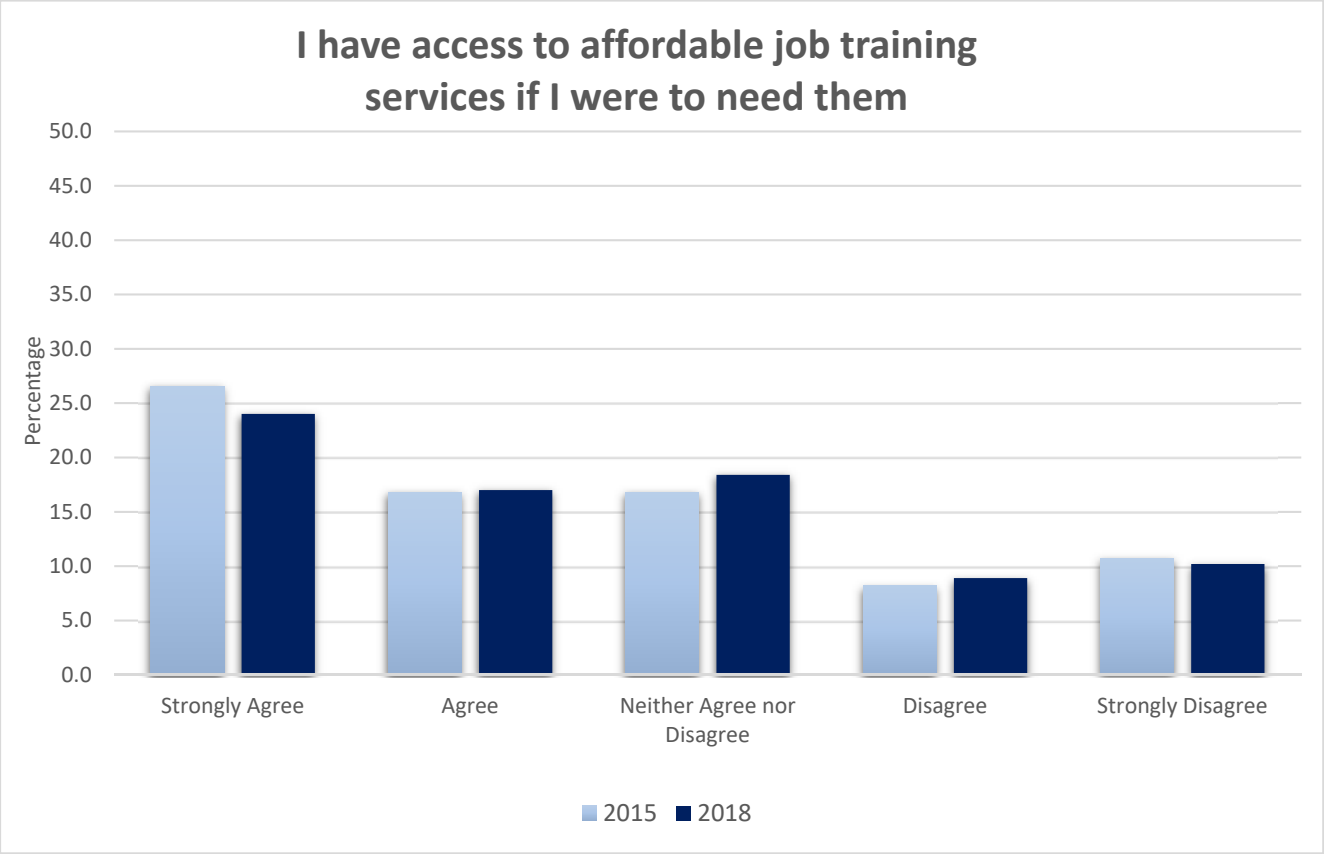
Has anyone in your household been laid off from a job at any time in the past year?

	2015	2018
Yes	16.1%	**13.4%**
No	83.9%	**86.0%**
Don't Know	0.0%	**0.0%**
Refused	0.0%	**0.5%**

Those who had been laid off were also asked:

How long did it take that person to find another job – Less than three months, three to six months, more than six months, or is that person still unemployed?

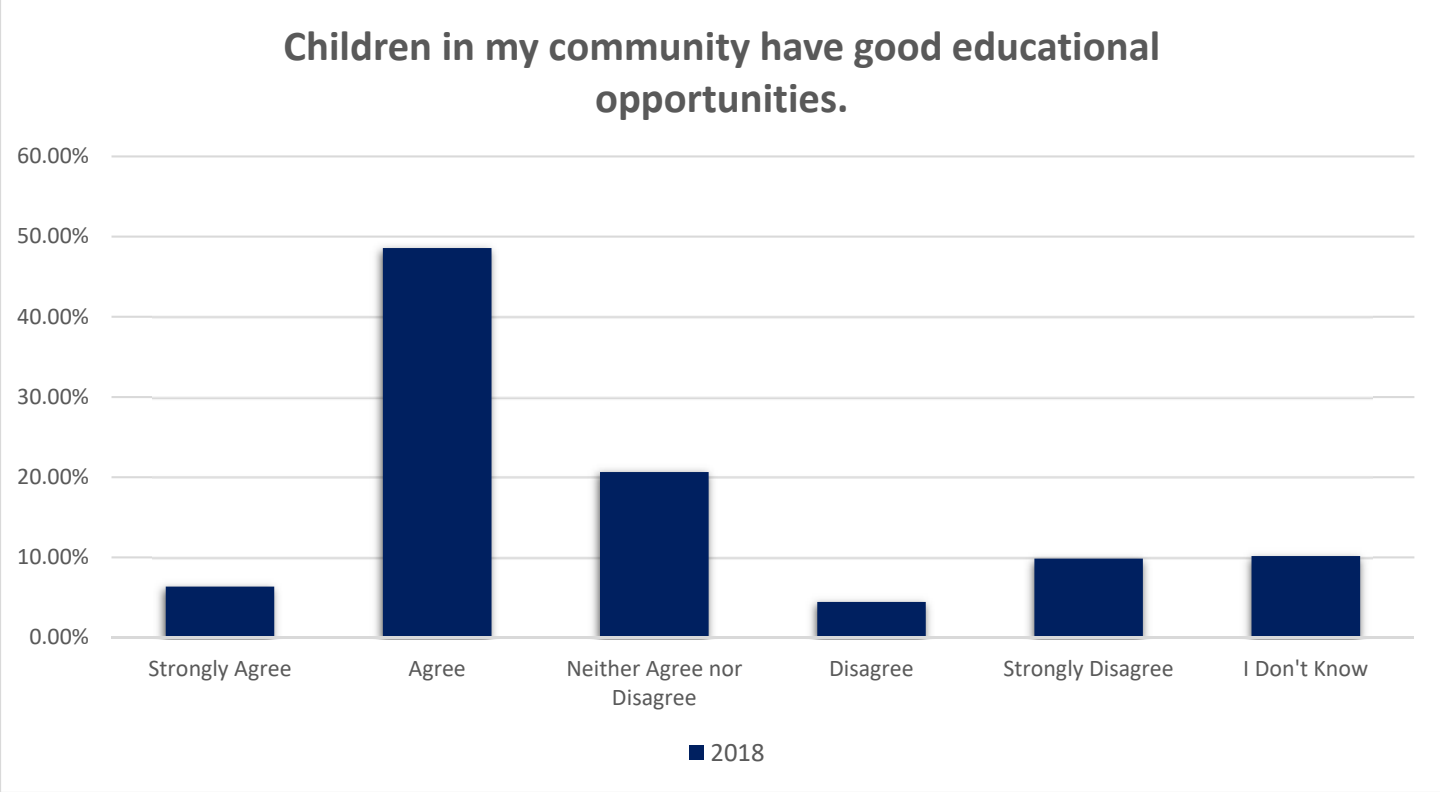
	2015	2018
0-3 months	36.7%	**26.7%**
3-6 months	11.2%	**25.0%**
More than 6 months	8.6%	**7.1%**
Still unemployed	43.5%	**41.2%**



Customer Survey Information

Are you aware of any adults in your community who cannot read?

	2015	2018
Yes	17.8%	**28.9%**
No	66.7%	**56.5%**
I Don't Know	15.6%	**14.6%**



Which of the following best describes your employment status?

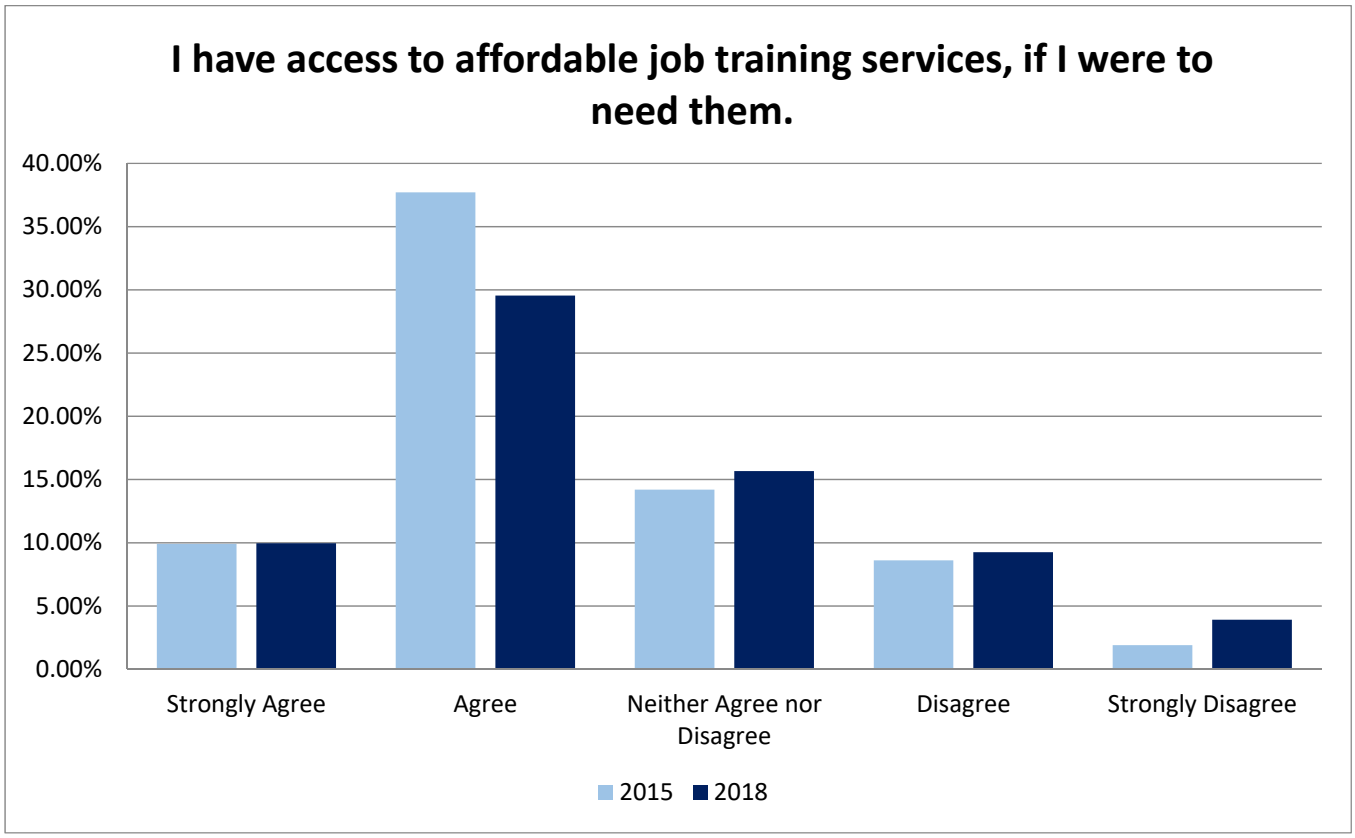
	2015	2018
Self-employed	5.3%	**0.3%**
Employed by someone else (Full-time)	16.6%	**26.5%**
Employed by someone else (Part-time)	13.2%	**4.4%**
Unemployed (Not Looking for work)	5.6%	**3.8%**
Unemployed (Looking for work)	3.8%	**2.4%**
Retired	41.5%	**57.9%**
Homemaker	14.0%	**4.7%**

Has anyone in your household been laid off from a job at any time in the past year?

	2015	2018
Yes	9.0%	**6.1%**
No	90.4%	**93.2%**
I Don't Know	0.6%	**0.6%**

How long did it take that person to find another job?

	2015	2018
0-3 Months	22.2%	**35.5%**
3-6 Months	18.5%	**6.5%**
More than 6 months	25.9%	**6.5%**
Still Unemployed	33.3%	**51.6%**



Families in Crisis

The needs of families in crisis, whatever the cause, were paramount in the minds of focus group respondents. Across the data from the community, partner, and customer surveys, and focus groups, six main themes emerge: family-based services and counseling, substance abuse, emerging role for schools, domestic violence, and families in poverty.

Family-Based Services & Counseling

If counseling services were needed, 50 percent of both customer survey and community survey respondents agreed or strongly agreed they would be able to access those services. It is noteworthy that partner survey respondents ranked access to mental health service as a high priority. While access and affordability continue to be key concerns, the focus group members discussed the issue of customer motivation to use such services and the commitment to engage for the long run. More specifically, there was a high degree of consensus on the need to do more preventative interventions, rather than rely on reactive approaches. The focus group stressed the importance of channeling individuals to the right type of services, especially when psychiatric care is warranted. Demand for counseling services often exceeds staff resources resulting in a high rate of staff burn out. This, coupled with the lack of funding for counseling, was recognized as a key part of the mental health issue. Focus group participants were equally concerned about children lacking problem-solving skills and having a limited capacity to cope with stressors.

Substance Abuse

According to the community survey of some 342 Clinton County residents, the top issue facing the county in 2018 is drug and alcohol abuse. Of the top 45 issues facing the county, as ranked by partner agencies, alcohol and drug abuse, and its related treatment are listed among five of their top six concerns. Over 63 percent of community survey respondents claimed to know of someone with a substance abuse issue. When social service agency customers were surveyed regarding their awareness of someone struggling with addiction, the result was a surprisingly low 35.9 percent. Concerned about the marked increase in substance abuse, focus group participants stated drug and alcohol issues must be addressed first, before social service agencies can begin to deal with other underlying problems affecting a family's movement to self-sufficiency.

Emerging Role for Schools

Focus group participants acknowledged teachers are positioned to spot issues with students at an early stage. There is wide-spread consensus about the need to offer more services directly in the schools as children and youth can be most readily reached. Yet, there are challenges as teachers are already overwhelmed. Peer groups have a strong influence, either positive or negative, on group members. Focus group participants described the cruel impact cyber bullying imposes on students of all ages and the need to promote more responsible and respectful use of social media. School-based education on this issue as well as other deep-seated concerns that trouble youth is an area that focus group participants collectively stressed as a neglected need.

Domestic Violence

Respondents to the community and customer surveys offered a range of answers from strongly agree to strongly disagree to the question regarding domestic abuse. About 28 percent of the respondents from both survey groups either agreed or strongly agreed that domestic violence continues to be a problem in their communities. Partner survey respondents ranked domestic abuse in the middle of important issues facing Clinton County with 35 percent stating inadequate attention is being paid to this topic. Focus group participants described domestic violence as a complex and traumatic issue with emotional or mental abuse sometimes being more destructive than physical violence. Regardless of the form of abuse, focus group participants stressed the need to immediately and sensitively care for victims of domestic violence.

Families in Poverty

The household poverty rate in Clinton County continues to exceed both the state and national rates. Of the 14,710 households in Clinton County in 2016, it is estimated 15.8 percent or 2,325 of these households were living in poverty. When examined more carefully, the data indicates more than 50 percent of the households in poverty were of the non-family type, which includes persons living alone. When asked if they have a hard time making ends meet about, 32 percent of the respondents in the community survey agreed or strongly agreed. To effectively reduce the impact of poverty, a more holistic approach to address all the families' basic needs, including housing, utilities, transportation, employment, child care, and food is needed.

Focus group participants discussed the generational nature of poverty and the need to break the cycle of this economic condition, beginning with children and their family environment. The increased level of poverty today is described as the inevitable consequence of parents dealing with financial stress, limited budgeting skills, inadequate life and job skills training, and other factors. Compounding this issue is the staggering amount of student loan debt. Without education, training, and positive role modeling, those in poverty frequently resign themselves to their fate. Moreover, poverty can sometimes deprive children of their basic needs, thus encouraging them to make extremely poor life choices.

Objective Data: Families in Crisis

Poverty: Households in Poverty

The table below shows the number and percentage of households in poverty based on the poverty. In 2015, it is estimated there were 2,325 households, or 15.81%, living in poverty in the report area.

Households in Poverty, 2012-2016

Report Area	Total Households	Households in Poverty	Percent Households in Poverty
Clinton County	14,710	2,325	15.8%
Pennsylvania	4,961,929	632,624	12.8%
USA	117,716,237	16,652,240	14.2%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Poverty: Household Poverty Rate by Family Type

The table below shows percentage of households in poverty by household type in the report area. In 2016, it is estimated that 7.46% of households in poverty were family type, while 8.35% were non-family.

Household Poverty Rate by Family Type, 2012-2016

Report Area	Total Households	Households in Poverty	Household in Poverty Percent	Family Households in Poverty	Family Household in Poverty Percent	Non-Family Households in Poverty	Non-Family Household in Poverty Percent
Clinton County	14,710	2,325	15.81%	1,097	7.46%	1,228	8.35%
Pennsylvania	4,961,929	632,624	12.75%	291,451	5.87%	341,173	6.88%
USA	117,716,237	16,652,240	14.15%	8,543,087	7.26%	8,109,153	6.89%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Poverty: Households in Poverty by Family Type

The table below shows the number of households in poverty by type in the report area. In Clinton County, there are 383 married couples living in poverty, compared to 553 female-headed household in poverty.

Households in Poverty by Family Type

Report Area	Total Households	Households in Poverty	Non-Family Households in Poverty & Persons Living Alone	Married Couples in Poverty	Male Head of Household in Poverty	Female Head of Household in Poverty
Clinton County	9,779	2,325	1,228	383	161	553
Pennsylvania	3,195,577	632,624	341,173	92,817	32,622	166,012
USA	77,608,829	16,652,240	8,109,153	3,104,359	914,985	4,523,743

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Poverty: Number of Households Eligible for County Assistance Funding

The table below shows the average monthly unduplicated number of persons eligible for medical assistance for the fiscal year 2014-2015. According to the Pennsylvania Department of Public Welfare, there were a total of 2,614 or 17.5% of households eligible for assistance in Clinton County.

Number of Households Eligible for County Assistance Funding, 2010-2014

Report Area	Total Households	Households Eligible for County Assistance Funding	Eligible for TANF	Percent Eligible for TANF	Eligible for SNAP	Percent Eligible for SNAP
Clinton County	14,947	2,614	127	0.85%	2,487	16.64%
Pennsylvania	4,957,736	996,615	73,998	1.49%	922,617	18.61%

Data Source: US Census Bureau, American Community Survey. Pennsylvania Department of Public Welfare. 2010-14. Source geography: County

Poverty: Households Receiving SNAP by Poverty Status

The table below shows that 2,230 or 15.16% of Clinton County's 14,710 households received Supplemental Nutrition Assistance Program (SNAP) payments, formerly known as food stamps, during 2016. Of those 2,230 households 1,033 or 46.3% had at least one working family member 548 or 24.6% are over the age of 60.

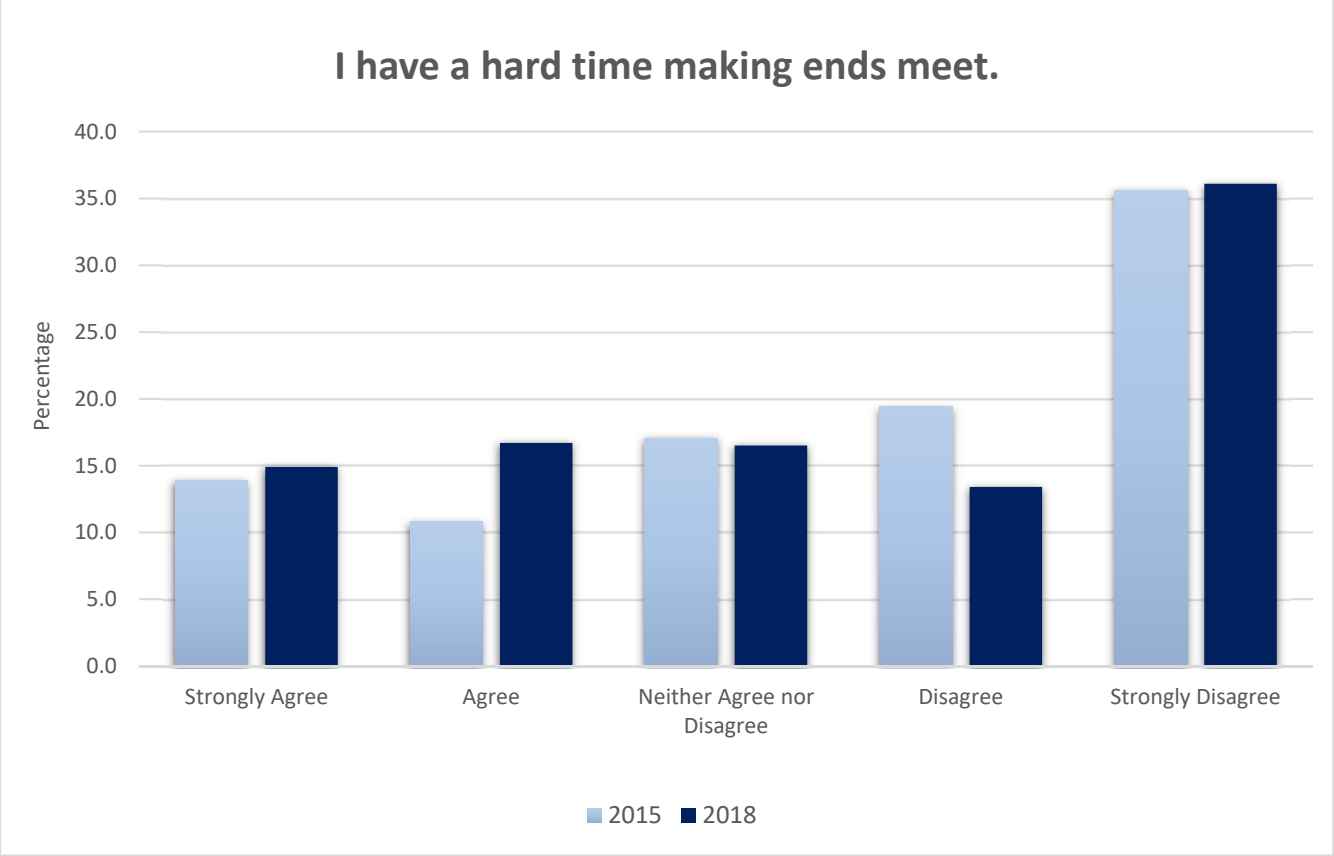
Households Receiving SNAP by Poverty Status, 2012-2016

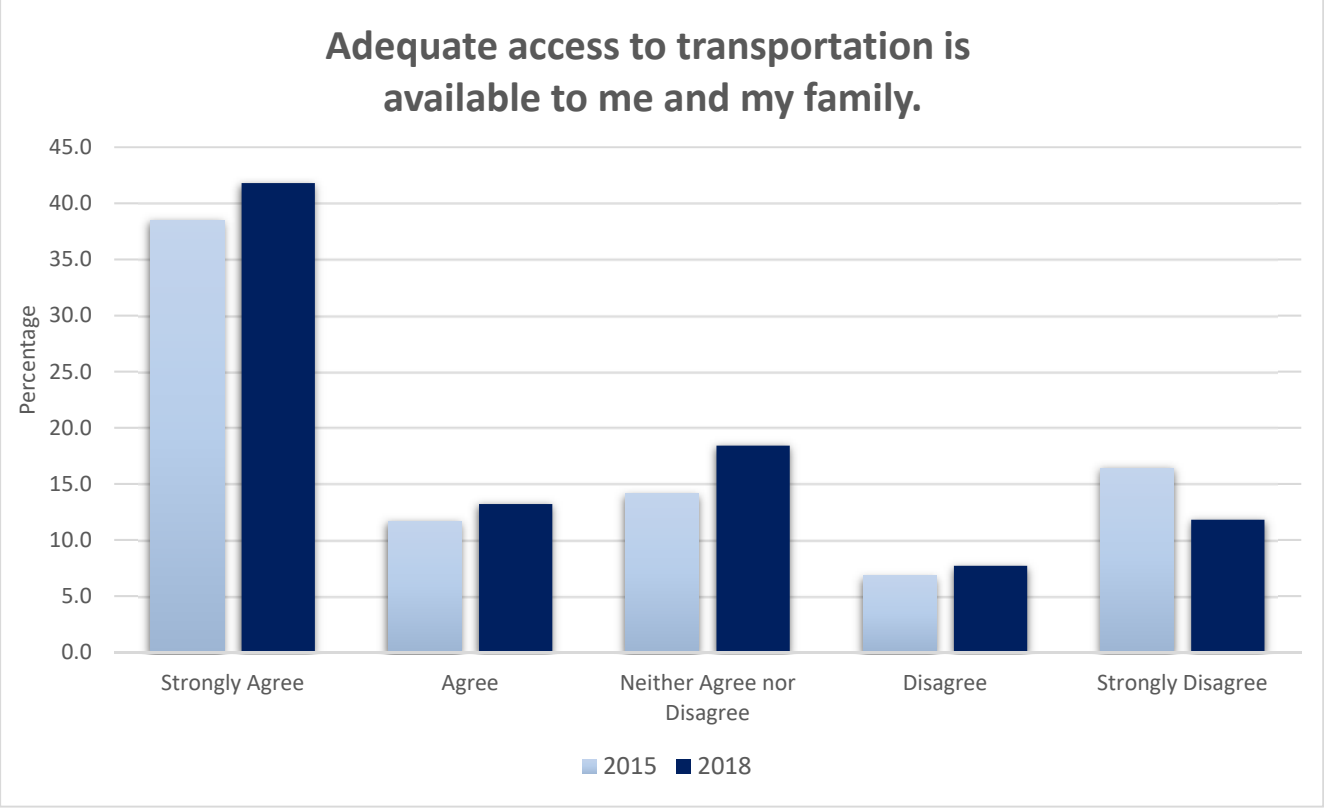
Report Area	Total Households	Total Households Receiving SNAP	Percent	Income Below Poverty	Income Above Poverty	Family has at Least 1 Working Member	Age 60 and Older
Clinton County	14,710	2,230	15.16%	1,274	956	1,033	548
Pennsylvania	4,961,929	644,209	12.98%	319,415	324,794	304,740	203,562
USA	117,716,237	15,360,951	13.05%	7,727,684	7,633,267	8,410,692	4,482,179

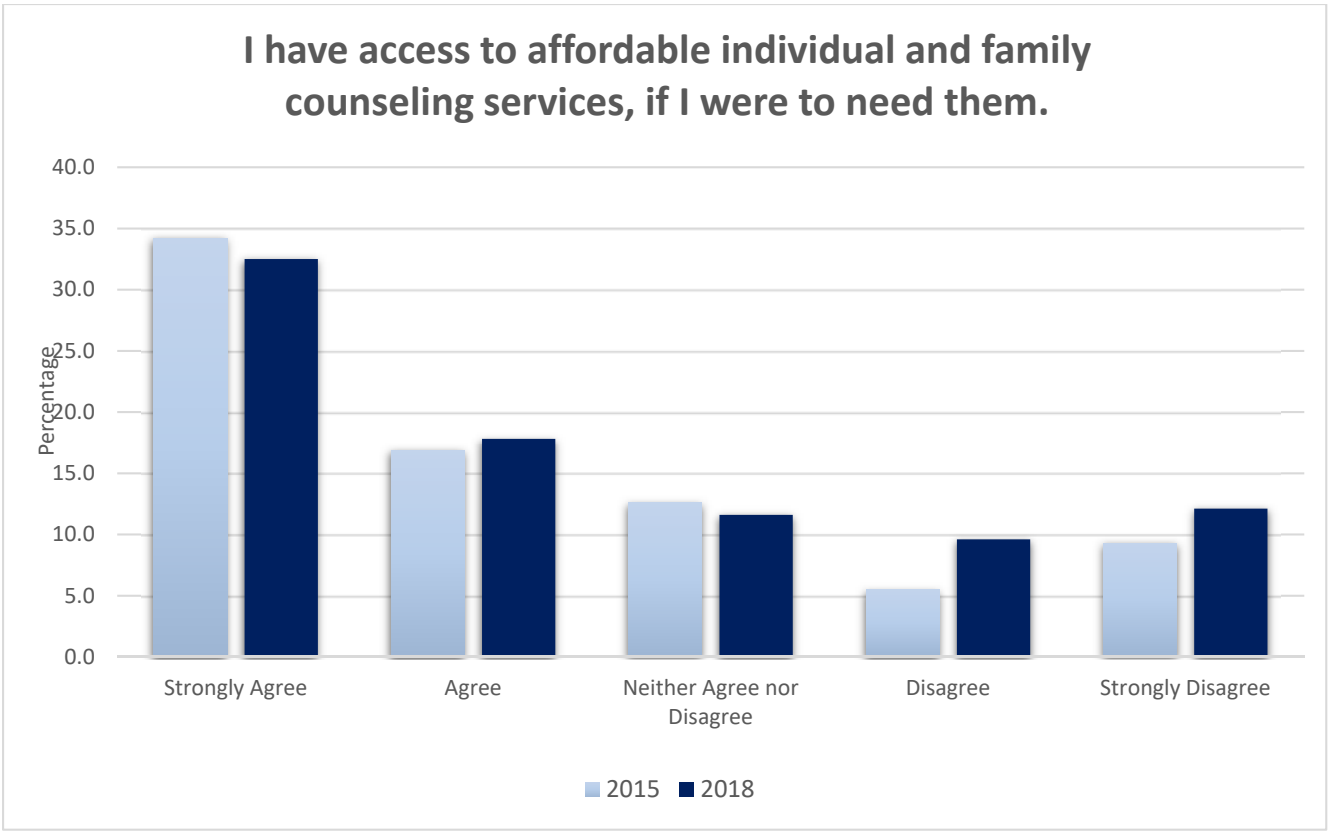
Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

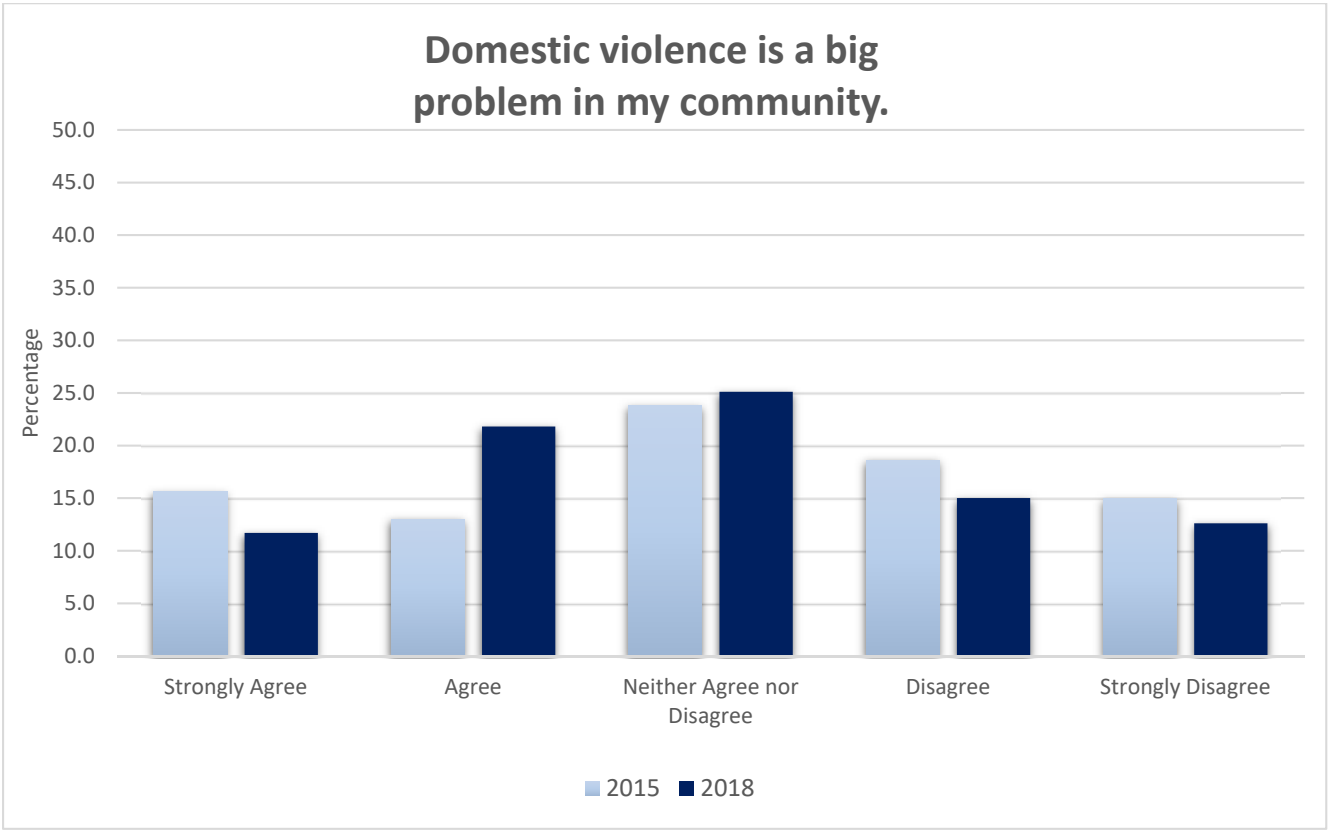
Survey Data: Families in Crisis

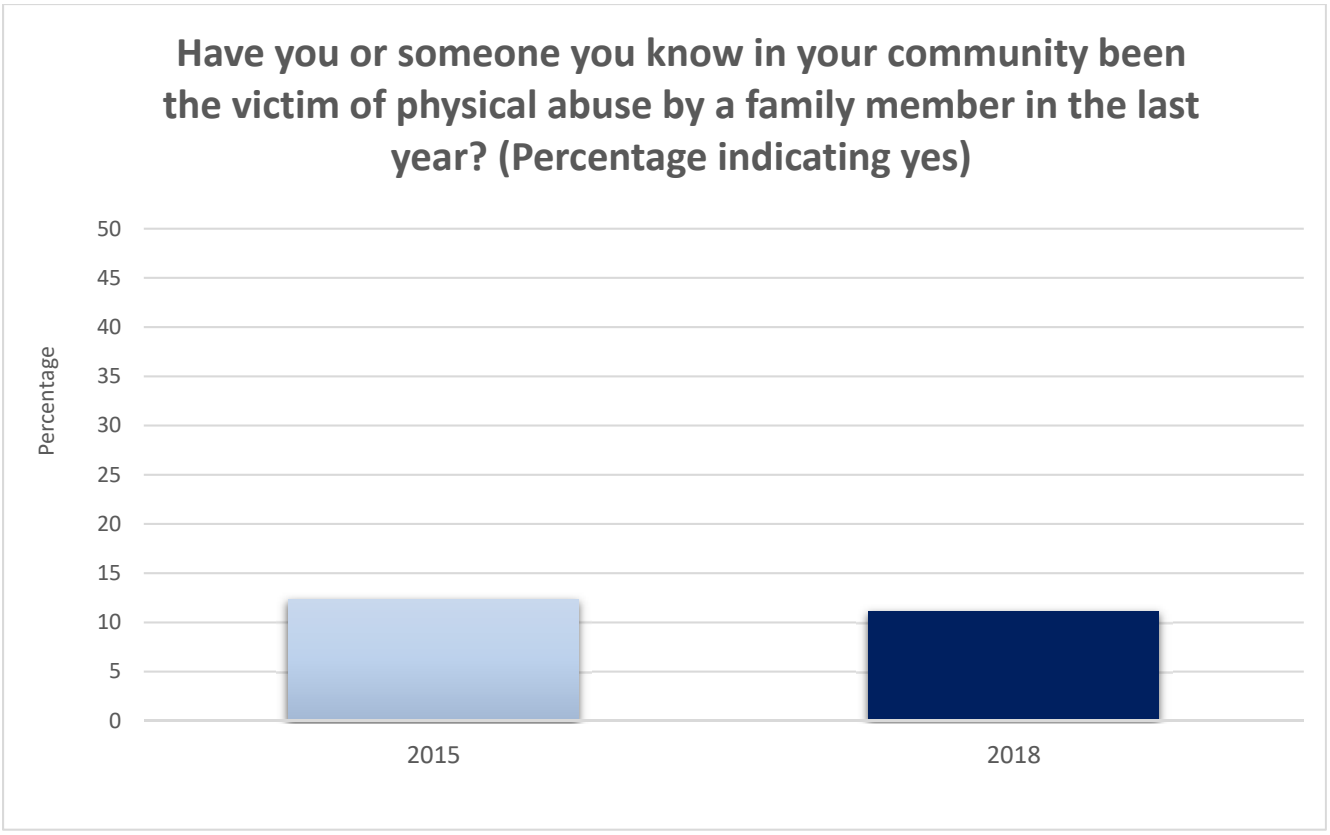
Community Survey Information

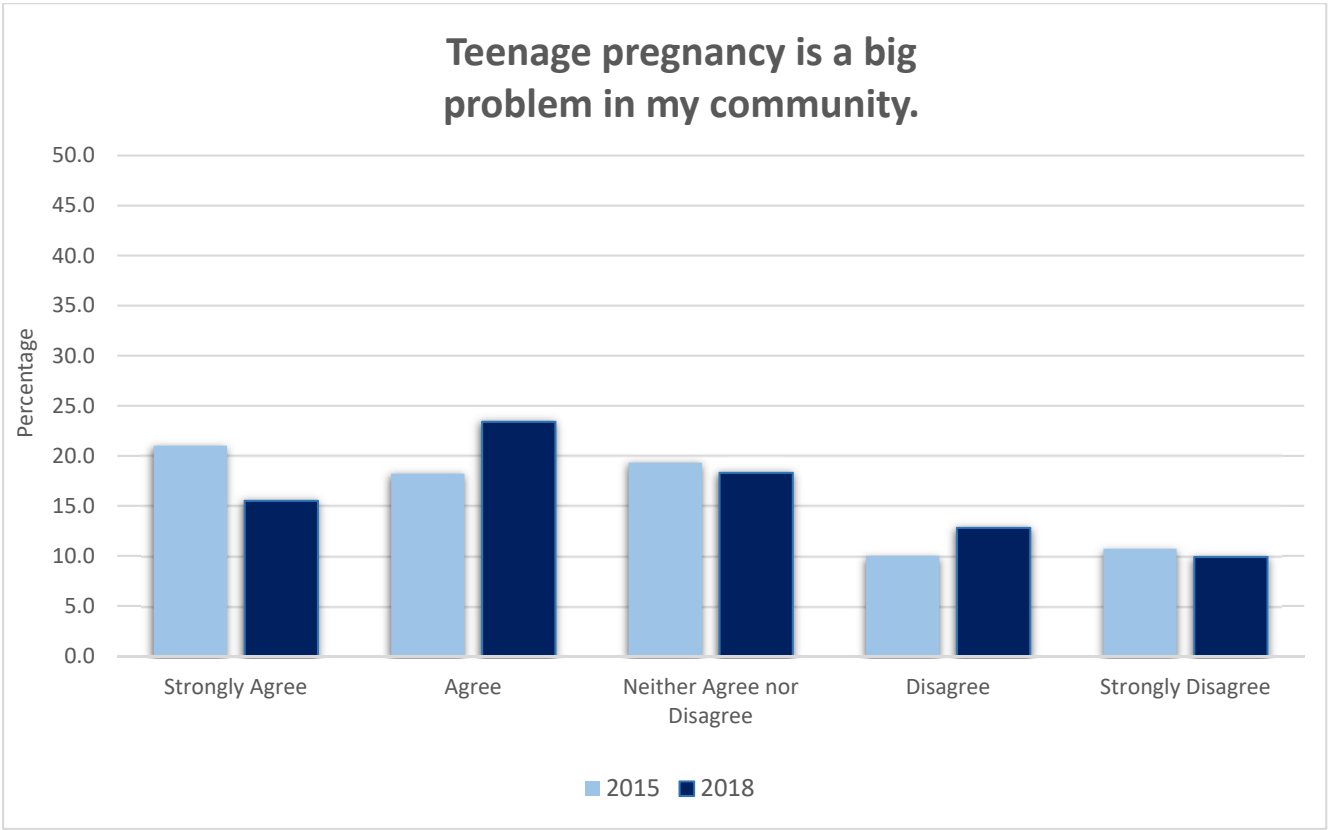




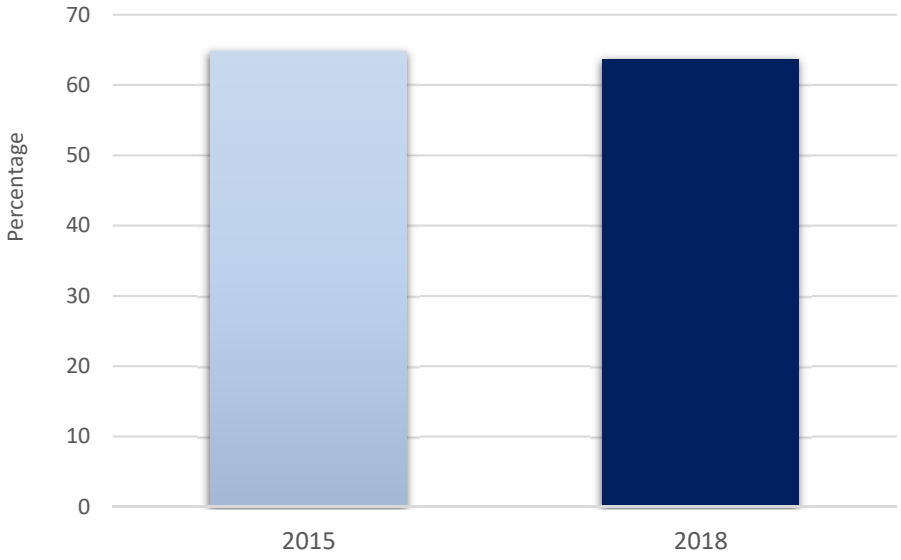

I have access to affordable individual and family counseling services, if I were to need them.
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Percentage
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
2015
2018


Domestic violence is a big problem in my community.
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Percentage
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
2015
2018


Have you or someone you know in your community been the victim of physical abuse by a family member in the last year? (Percentage indicating yes)
Percentage
50
45
40
35
30
25
20
15
10
5
0
2015
2018


Teenage pregnancy is a big problem in my community.
Percentage
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
2015
2018

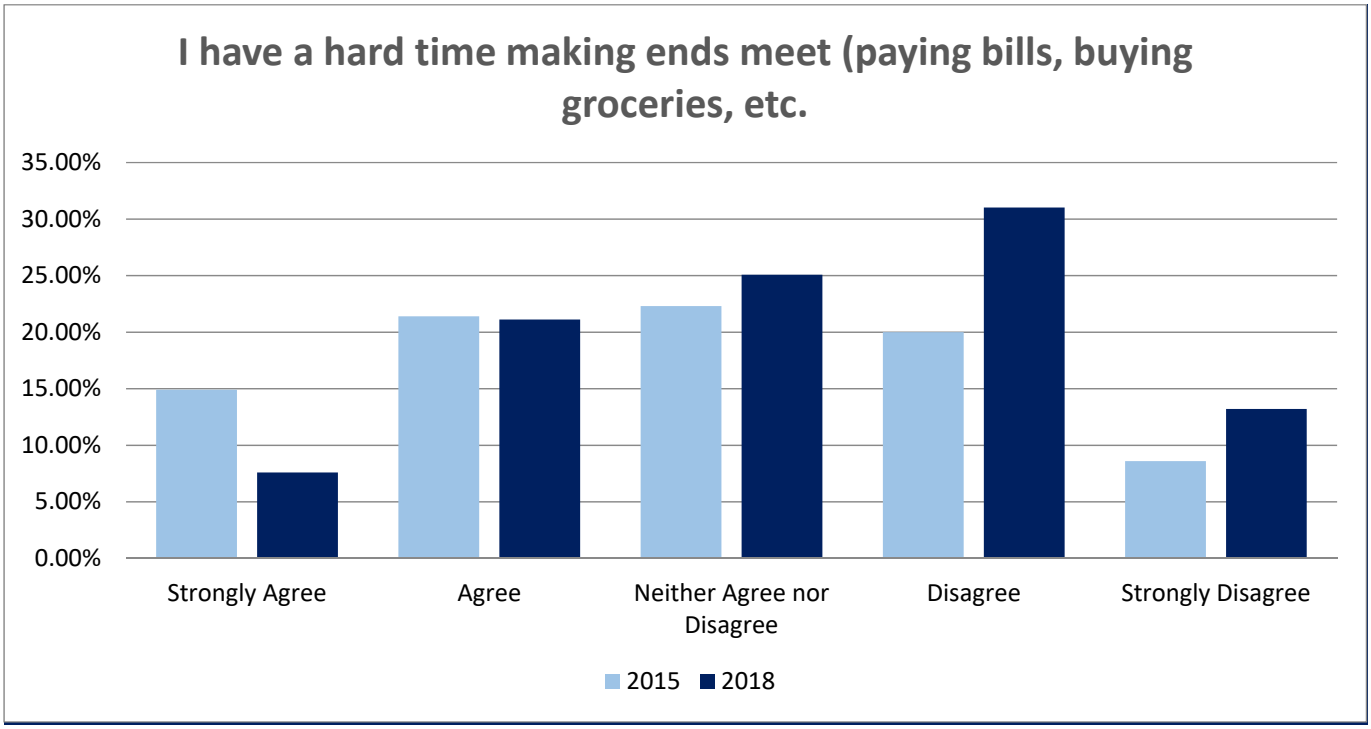
Are you aware of anyone in your community who has a problem with drug or alcohol abuse? (Percentage indicating yes)

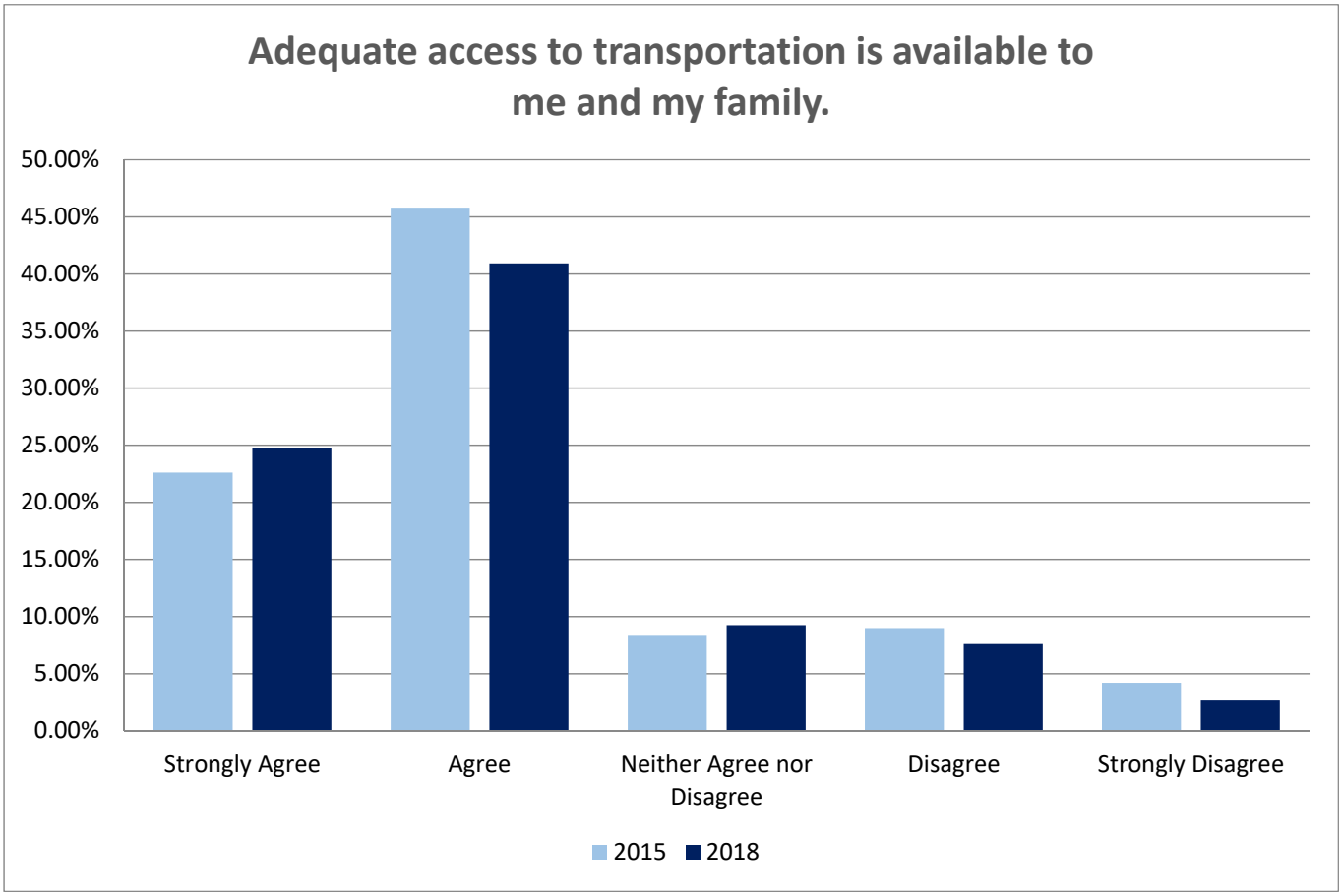


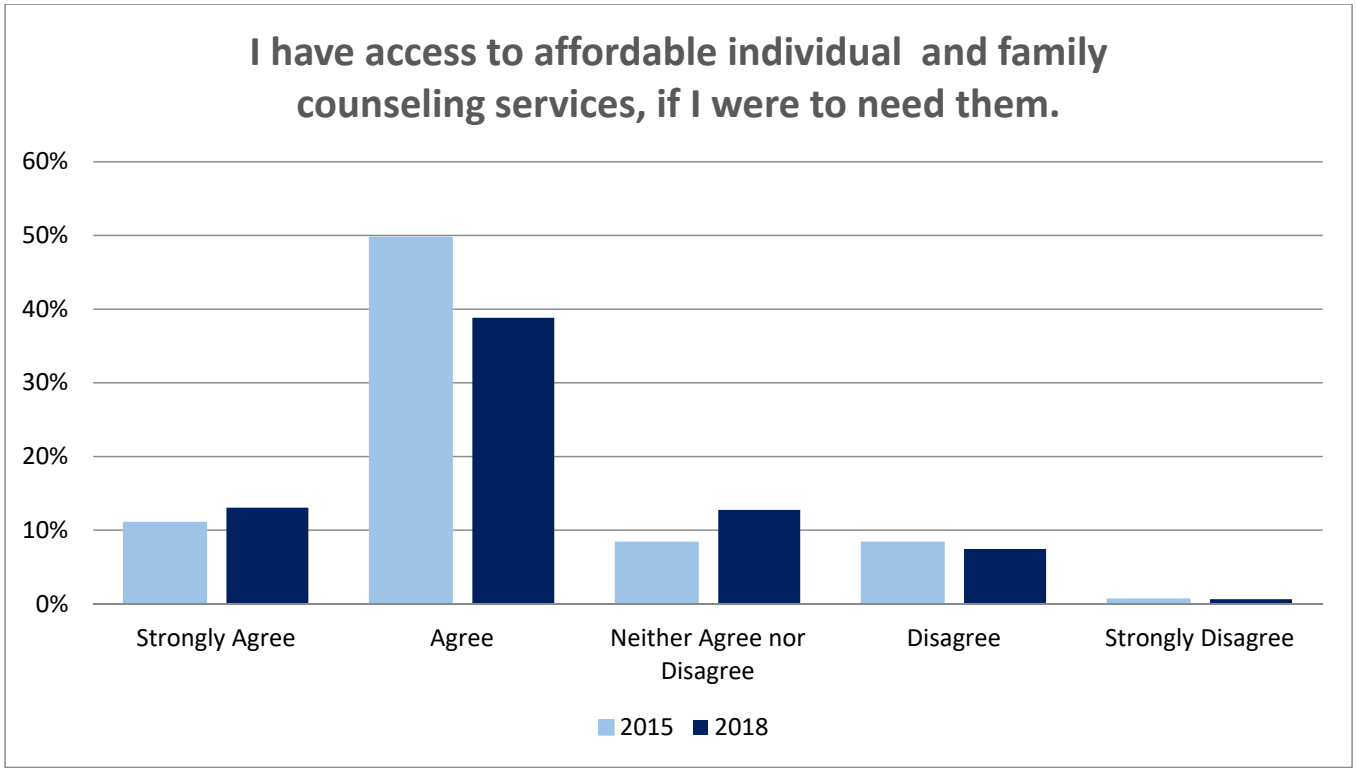
* In 2018, Respondents who indicated they know someone with a drug or alcohol problem were also asked if they were personally aware of anyone in their community who has a problem with opioid or heroin addition?

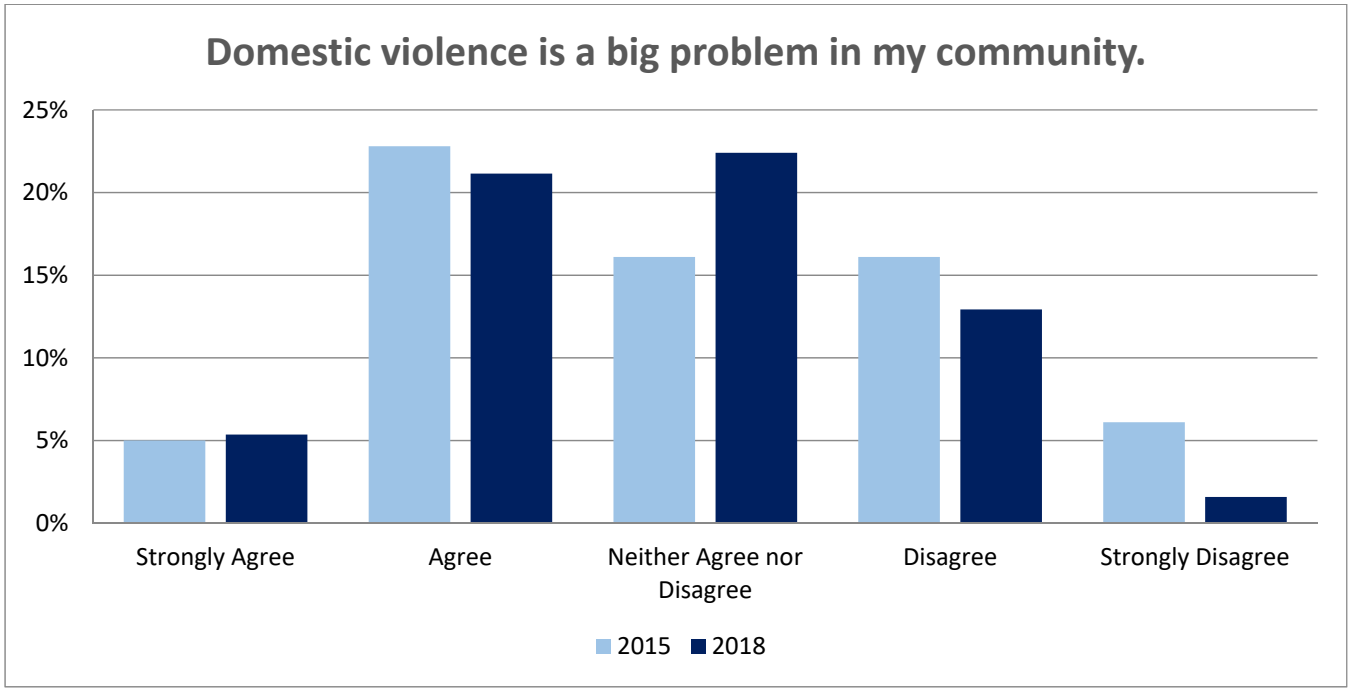
53.1% indicated **"Yes"**

Customer Survey Information



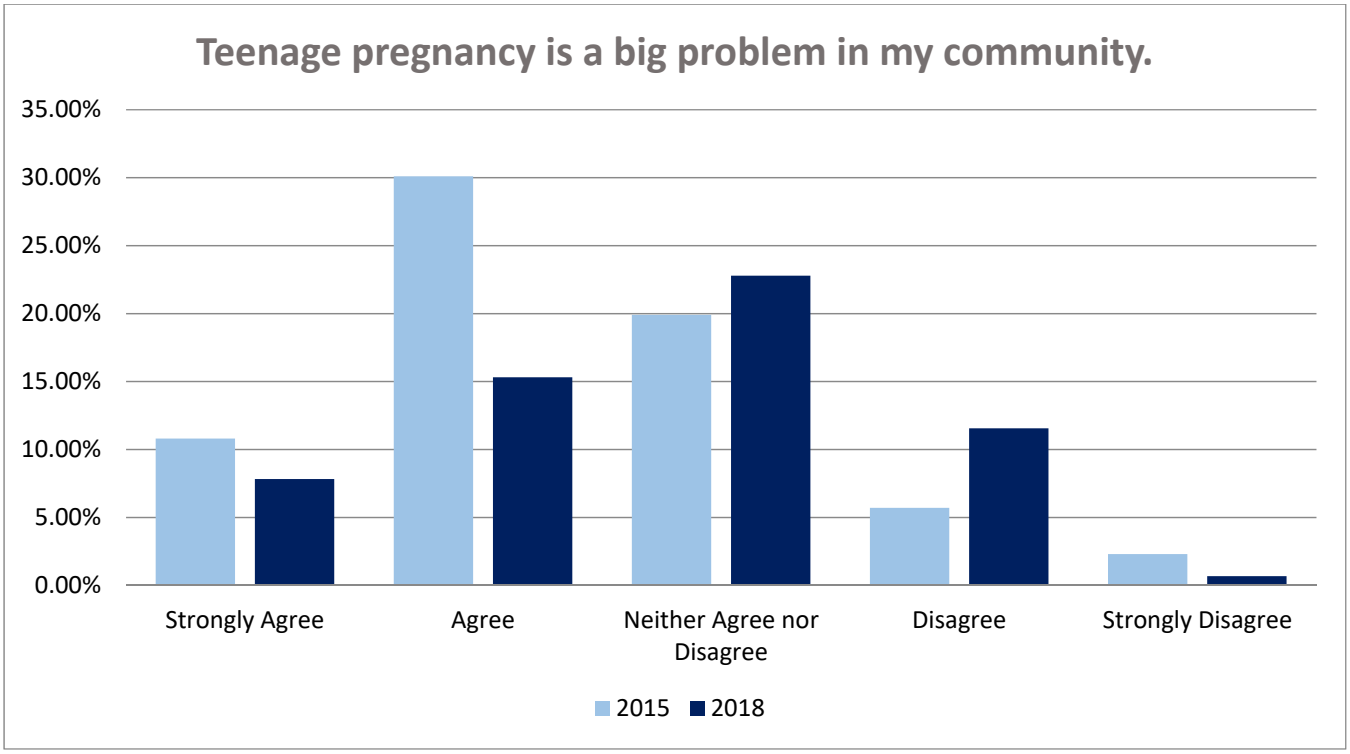






Have you or someone you know in your community been the victim of physical abuse by a family member in the last year?

	2015	2018
Yes	13.8%	**7.08%**
No	69.1%	**69.5%**
I Don't Know	17.1%	**23.4%**



Are you aware of anyone in your community who has a problem with drug or alcohol abuse?

	2015	2018
Yes	64.8%	**35.9%**
No	33.3%	**46.9%**
I Don't Know	1.6%	**17.1%**

If yes, are you personally aware of anyone in your community, who has a problem with heroin or opioid addiction?

	2018
Yes	**22.7%**
No	**58.5%**
I Don't Know	**18.9%**

Housing and Homelessness

Since 2006 only 19 homes net have been added to Clinton County's housing stock. Over the past 12 years the home growth rate for the county is less than one percent. Regarding the existing inventory, homes are aging: over 43 percent were constructed prior to 1960 with the median year built for all homes being 1967. Together, these two statistics helps explain the increasing demand for home repair and rehabilitation services. Another key feature of the Clinton County housing inventory is the percentage of owner-occupied homes. Nationally, the rate of change over the past 16 years of owner-occupied dwellings reflects a 7.3 percent increase, while Clinton County's shows a decrease of 3.5 percent.

The availability of quality affordable housing was an issue in Clinton County long before the increased demand driven by the natural gas industry. The scale back of the natural gas industry in recent years has not eliminated the housing needs in the county as rental rates remain high. Across the data from the community, partner, and customer surveys, and focus groups, five main themes emerge: homeless population needs; lack of affordable housing; barriers to housing stability; demand for housing repair assistance; and need for housing counseling and financial education.

Homeless Population Needs

Homelessness is still an important issue facing Clinton County. Nearly one-fourth of Clinton County community survey respondents knew someone who had no place to live over the past year. Among customers of social service agencies, the homeless awareness rate was 17 percent. Focus group participants described some of the challenges facing the homeless population, such as having few social connections, bad credit, or past financial or legal issues. Focus group participants identified five key issues that also impact the homeless population: lack of motivation to work, lack of job skills, lack of financial budgeting skills, lack of job opportunities, and a potential history of drug abuse. It was also noted by focus group participants that as much as 80 percent of the homeless population have mental health issues.

Lack of Affordable Housing

Affordable housing has increased in importance over the last three-years in Clinton County. Sixteen (16) percent of customers surveyed stated they had difficulty with paying their mortgage or rent and 15 percent had difficulty paying utilities. The percentages from the community survey respondents are similar, with 17 percent having difficulty with paying their mortgage or rent and 22 percent with utility payment problems. On a parallel note, over one third of respondents in both the community survey and customer survey either knew someone or had personally experienced a rent increase during the past two years.

Focus group participants discussed that when affordable housing is eventually found, it may be in bad condition or in an undesirable location. The supply of affordable housing is very limited and there are waitlists for public housing options. Moreover, the location of affordable housing, combined with limited transportation options, may present additional problems in terms of the proximity to needed childcare services and/or work opportunities. The focus group noted that women leaving shelters are facing difficulties finding affordable accommodations.

Focus group members also offered an optimistic view of the affordable housing shortage compared to three years earlier. Due to the departure of many of the gas development workers as well as Lock Haven University's requirement for freshmen to remain in on-campus housing, the focus group believes the community is beginning to see some improvement in this area.

Barriers to Housing Stability

There is a limited supply of affordable housing, with many of these dwellings aging rapidly. But beyond the structures themselves, these are multiple additional barriers affecting a family's ability to secure stable housing in Clinton County. Some of the most pressing barriers to housing stability were identified by the focus group participants as: lack of closing costs or security deposits, lack of steady employment at family-sustaining wages, poor life choices, credit problems, chronic transportation issues, cost of utilities and housing improvements, and limited budgeting skills. Drug and alcohol abuse exacerbate problems of underemployment and unemployment that often result in housing instability. The focus group members stated that drug use is both an individual and family problem that represents a significant barrier to housing stability. Focus group participants recognized some landlords are reluctant to rent to folks coming out of public housing or shelters since there is a perception these individuals do not want to work or tend to spend available funds on domestic luxuries - not on rent. The consensus reached by the focus group is that the resolution of these multiple barriers may be best achieved with a housing assistance package tailored uniquely to fit a family's needs.

Demand for Housing Repair Assistance

Over 43 percent of the homes in Clinton County were constructed before 1960. Typically, homes of this age have little or no thermal insulation, only 100-amp electrical service, asbestos shingles and flooring, low-efficiency heat systems, and steel water pipes. Each of these items can present the current home owner or renter with multiple concerns, both financial and safety-related. According to focus group participants, due to the overwhelming challenge of funding home repairs, many seniors tend to focus on their basic subsistence needs, such as prescriptions and groceries rather than taking on needed rehabilitation projects. Available public funds can help, but the demand is increasing.

Need for Housing Counseling and Financial Education

The need for household budgeting programs, financial management programs, and housing counseling was strongly endorsed by focus group participants. Considered a growing shortfall in the affordable housing picture, housing counseling including, intensive case management, was equally stressed for a multitude of reasons. Focus group participants discussed that initial coordinated assessments for services is needed to achieve a successful housing experience for low-income families. The focus group participants also stated many of the housing-related problems they see can be tied to the lack of knowledge on how to address issues such as substance abuse, lack of parenting skills, transportation issues, lack of childcare, limited job skills, and marginal problem-solving skills.

Focus group participants indicated the following groups would benefit greatly from housing counseling: renters, first-time home buyers, recently released inmates, veterans, and those who age-out of foster care.

Objective Data: Housing & Homelessness

Housing Units

The number of housing units within Clinton County in July of each year from 2006-2016 is shown below. There was a total of 18,974 housing units in Clinton County in 2016, an increase of 19 or 0.1% since 2006.

Housing Units, 2006-2016

Report Area	July 2006	July 2007	July 2008	July 2009	July 2010	July 2011
Clinton County	18,955	19,020	19,073	19,088	19,079	19,038
Pennsylvania	5,490,779	5,520,838	5,544,680	5,560,138	5,568,632	5,576,479

Data Source: US Census Bureau, United States Census Population Estimates. 2012-16. Source geography: County

Report Area	July 2012	July 2013	July 2014	July 2015	July 2016
Clinton County	19,055	19,013	18,993	18,985	18,974
Pennsylvania	5,574,650	5,581,962	5,590,538	5,602,813	5,612,002

Data Source: US Census Bureau, United States Census Population Estimates. 2012-16. Source geography: County

Housing Age

Total housing units, median year built, and relative age groupings for Clinton County's housing stock is shown below. Housing units included in housing age table were limited to those where the year built is known.

Median Housing Unit Age, 2012-2016

Report Area	Total Housing Units	Median Year built	Housing Units Built			
			Built After 2000	Built 1980 - 1999	Built 1960 - 1979	Built Before 1960
Clinton County	18,985	1967	1,552	3,947	5,285	8,201
Pennsylvania	5,592,175	1962	549,676	1,071,540	1,274,620	2,696,339
United States	134,054,899	1977	22,803,400	37,117,749	35,465,548	38,668,202

Data Source: US Census Bureau, American Community Survey. Source geography: County

Homeowners

The U.S. Census Bureau estimated 10,775 homeowners in Clinton County in 2000, but only 10,394 homeowners in this county for the 5-year estimated period from 2012 - 2016. This equates to a change of -3.5%.

Percent Change in Owner-Occupied Homes, 2010-2016

Report Area	Homes 2000	Homes 2016	Percent Change 2000-2016
Clinton County	10,775	10,394	-3.54%
Pennsylvania	3,406,337	3,425,706	0.57%
United States	69,815,753	74,881,068	7.26%

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. Source geography: County

Housing-Cost Burden (Renters)

The 2012 - 2016 American Community Survey (ACS) shows 47.27% of occupied units paying rent actually paid 30% or more of their income on housing costs. For Clinton County, 38.48% of occupied units paying rent have a "housing cost burden." When 30% or more of income is spent on housing costs it is considered a "housing-cost burden." Total housing units are defined as "total rentals and owned where rent/owned and income known." The number of occupied units is limited to those where gross rent as a percentage of household income can be calculated.

Housing-Cost Burden (Renters), 2012-2016

Report Area	Total Housing Units	Occupied Units Paying Rent	30 Percent or More of Income Paying Rent	Percent of Renters Spending 30 Percent or More of Income with Rent
Clinton County	14,710	4,316	1,661	38.48%
Pennsylvania	4,961,929	1,536,223	699,544	45.54%
United States	117,716,237	42,835,169	20,246,745	47.27%

Data Source: US Census Bureau, American Community Survey. Source geography: Census Tract

Housing-Cost Burden (Owners)

The 2012 - 2016 American Community Survey (ACS) shows 30.62% of homeowners with mortgages paid 30% or more of their income on housing costs. In Clinton County 25.65% of owners with mortgages, and 12.43% of owners without mortgages, spent 30% or more of their income on housing costs. When 30 percent or more of income is spent on housing costs it is considered a "housing-cost burden." Total housing units are defined as "total rentals and owned where rent/owned and income known." The number of occupied units is limited to those where gross rent as a percentage of household income can be calculated.

Housing-Cost Burden (Owners), 2012-2016

Report Area	Total Housing Units	Owners with Mortgage	30 Percent or More Income with Mortgage	Percent of Owners Spending 30 Percent or More of Income with Mortgage	Owners without Mortgages	30 Percent or More of Income without Mortgage	Percent of Owners Spending 30 Percent or More of Income without Mortgage
Clinton County	14,710	5,582	1,432	25.65%	4,812	598	12.43%
Pennsylvania	4,961,929	2,090,142	584,250	27.95%	1,335,564	210,873	15.79%
USA	117,716,237	48,016,540	14,700,932	30.62%	26,864,528	3,771,753	14.04%

Data Source: US Census Bureau, American Community Survey.

Vacancy Rates

The U.S. Census Bureau provides vacancy data based on American Community Survey's 5-year estimates (2012 - 2016). Vacancy rates for the report area are reported below.
Vacant non-rental housing in Clinton County is 110 units and includes only those for sale and sold, but not occupied. For Clinton County, the non-rental housing vacancy rate is 0.58%; the national rate is 1.52%.

Vacant rental housing totals 431 units for Clinton County and includes those for rent and rented but not occupied. For Clinton County the rental housing vacancy rate is 2.27%; the national rate is 2.59%.

Vacant other housing in Clinton County is 3,734 units and includes those used for seasonal, recreational, or occasional use, as well as units used for migrant workers. Clinton County's other housing vacancy rate is 19.67%, in comparison the national rate is 8.08%.

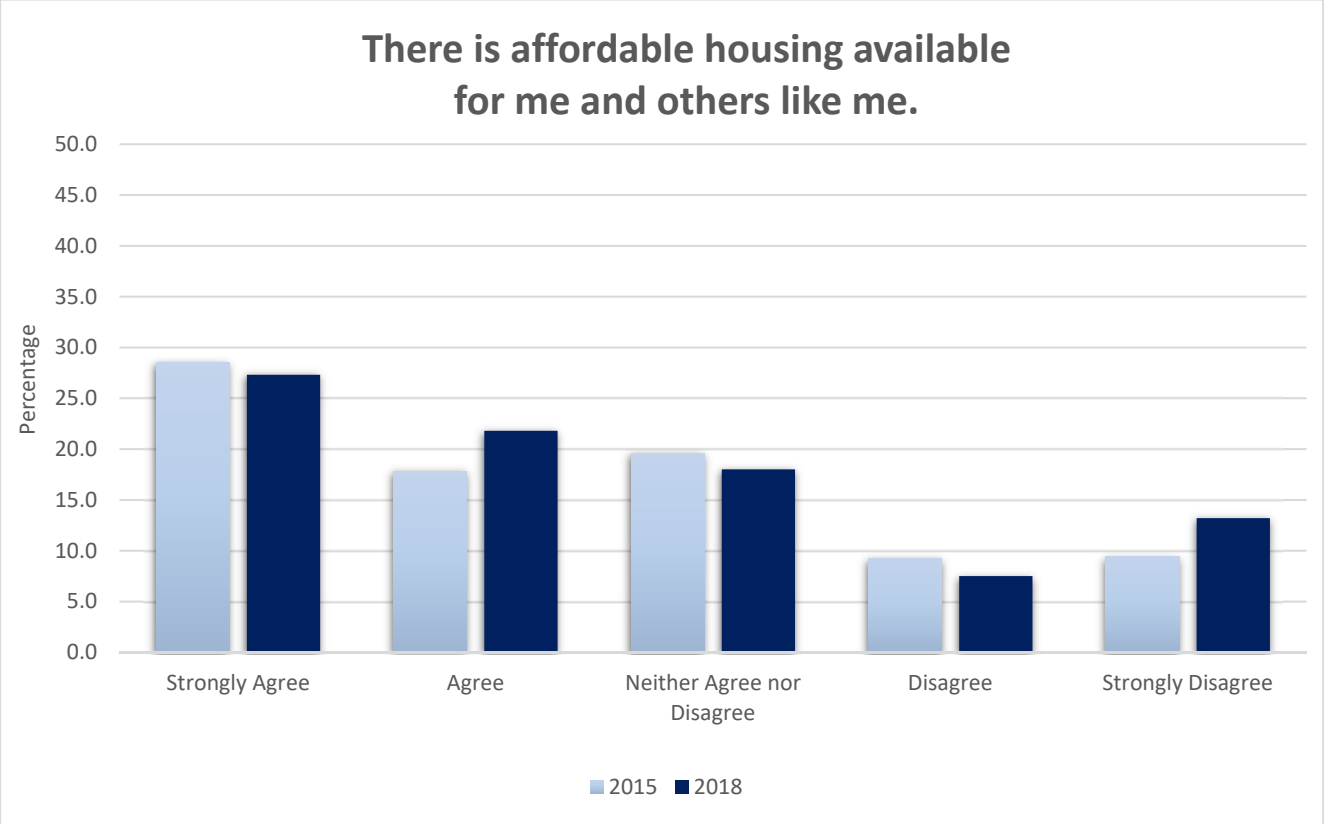
Address Vacancies, 2012-2016

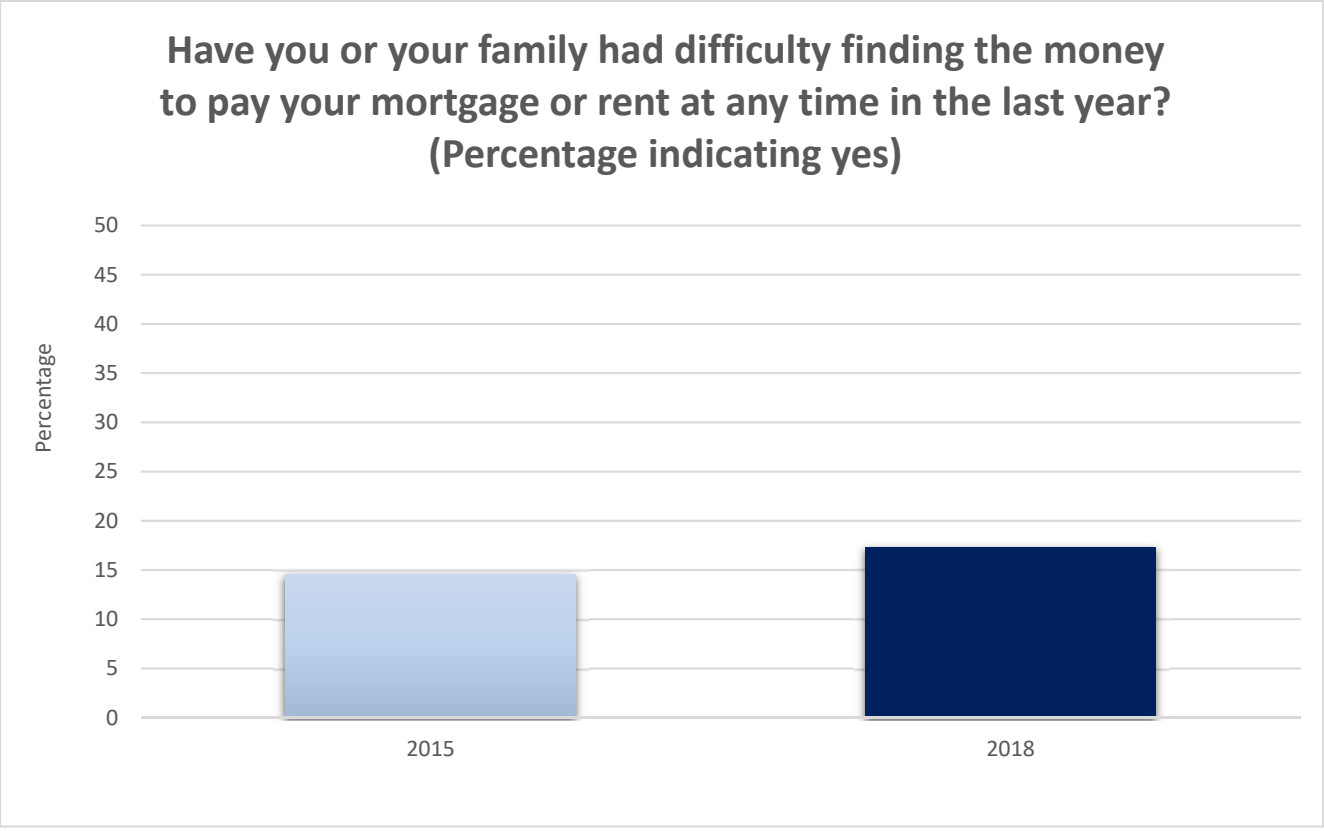
Report Area	Total Housing Units	Vacant Non-Rental	Vacant Non-Rental Rate	Vacant Rental	Vacant Rental Rate	Vacant Other	Vacant Other Rate
Clinton County	18,985	110	0.58%	431	2.27%	3,734	19.67%
Pennsylvania	5,592,175	88,521	1.58%	119,581	2.14%	422,144	7.55%
USA	134,054,899	2,032,749	1.52%	3,472,540	2.59%	10,833,373	8.08%

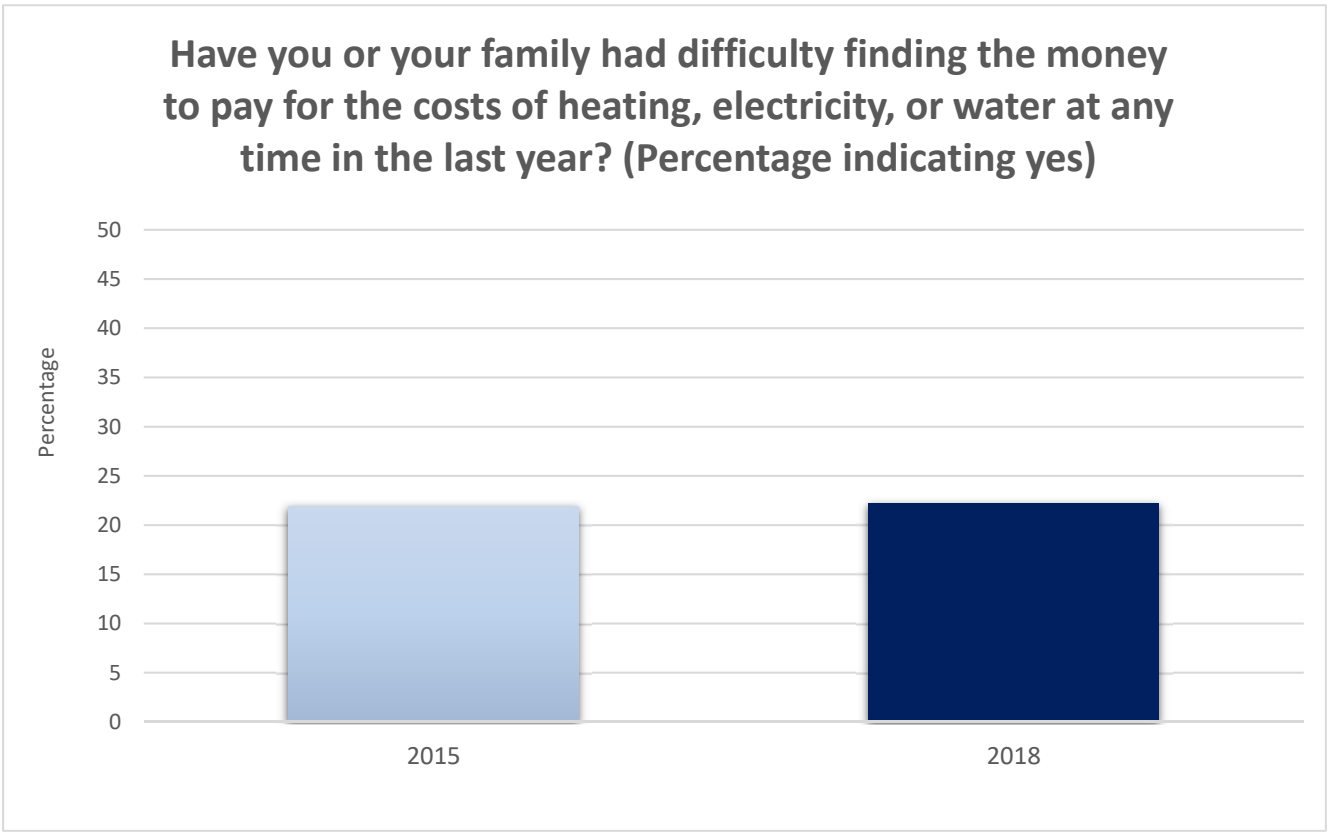
Data Source: US Census Bureau, American Community Survey. Source geography: County

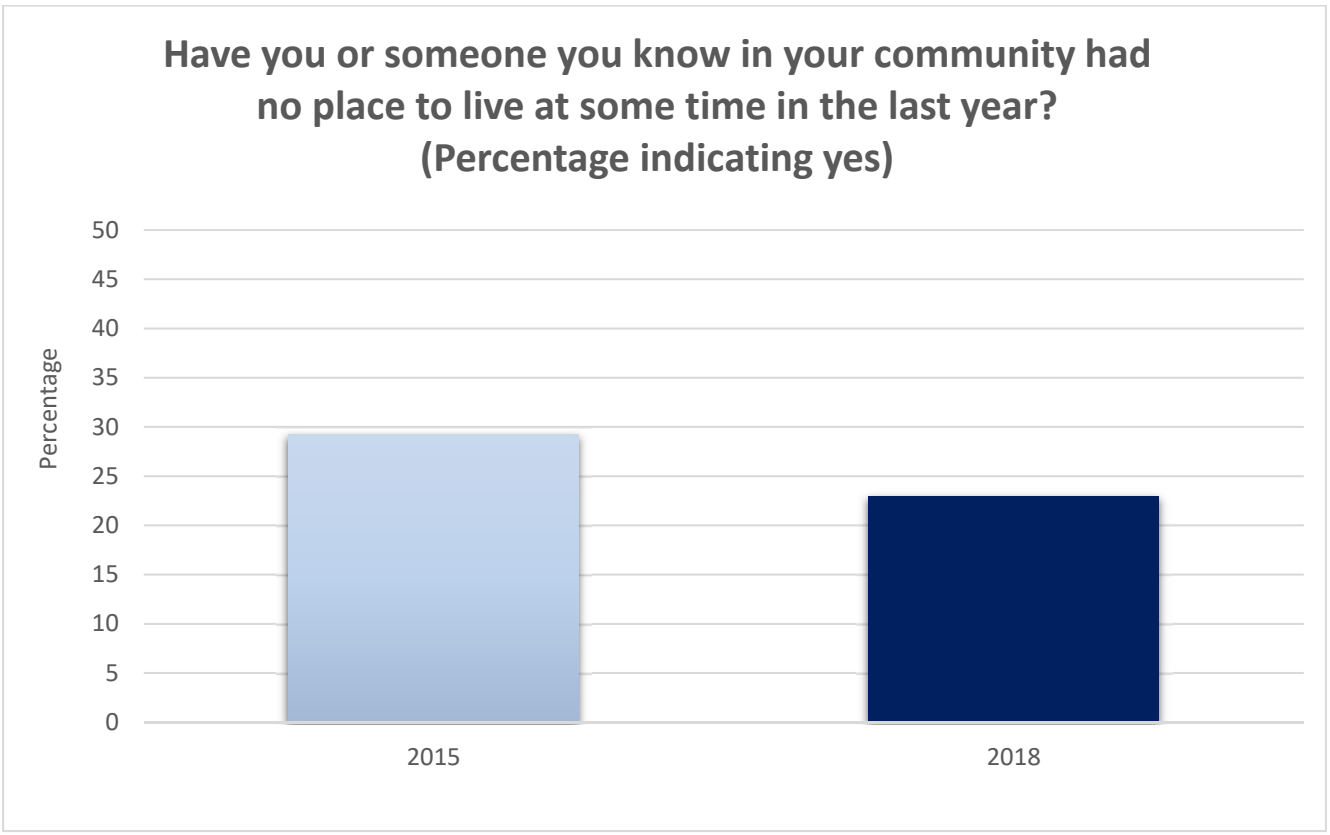
Survey Data: Housing & Homelessness

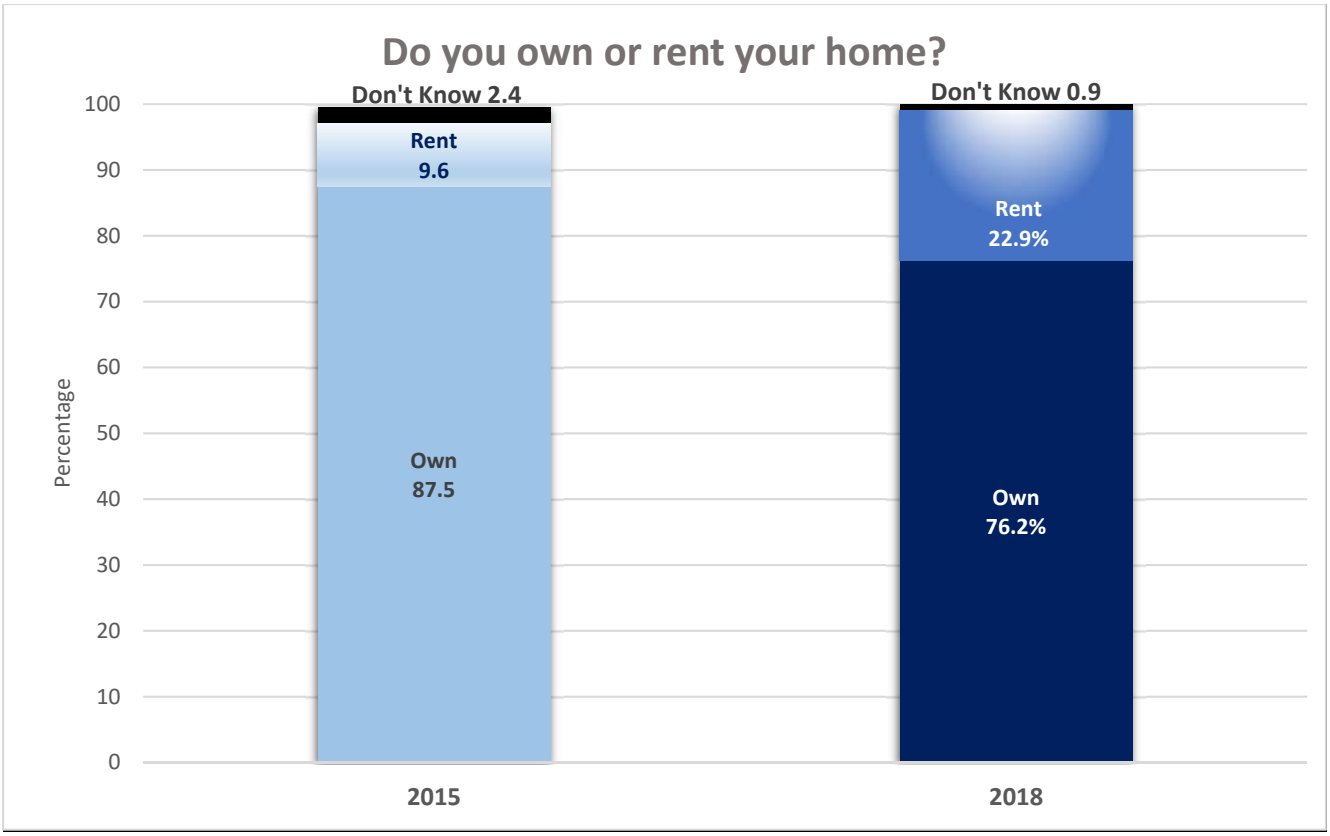
Community Survey Information

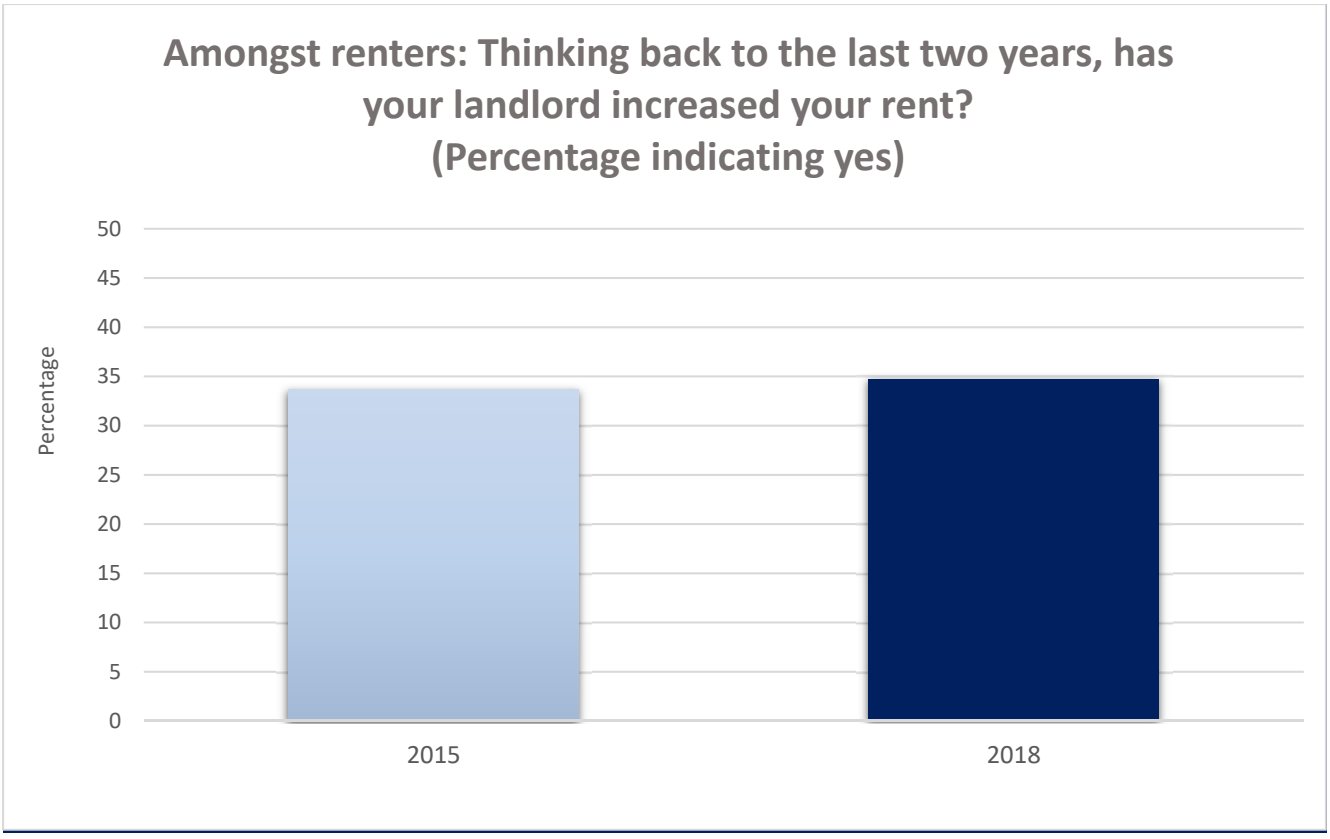


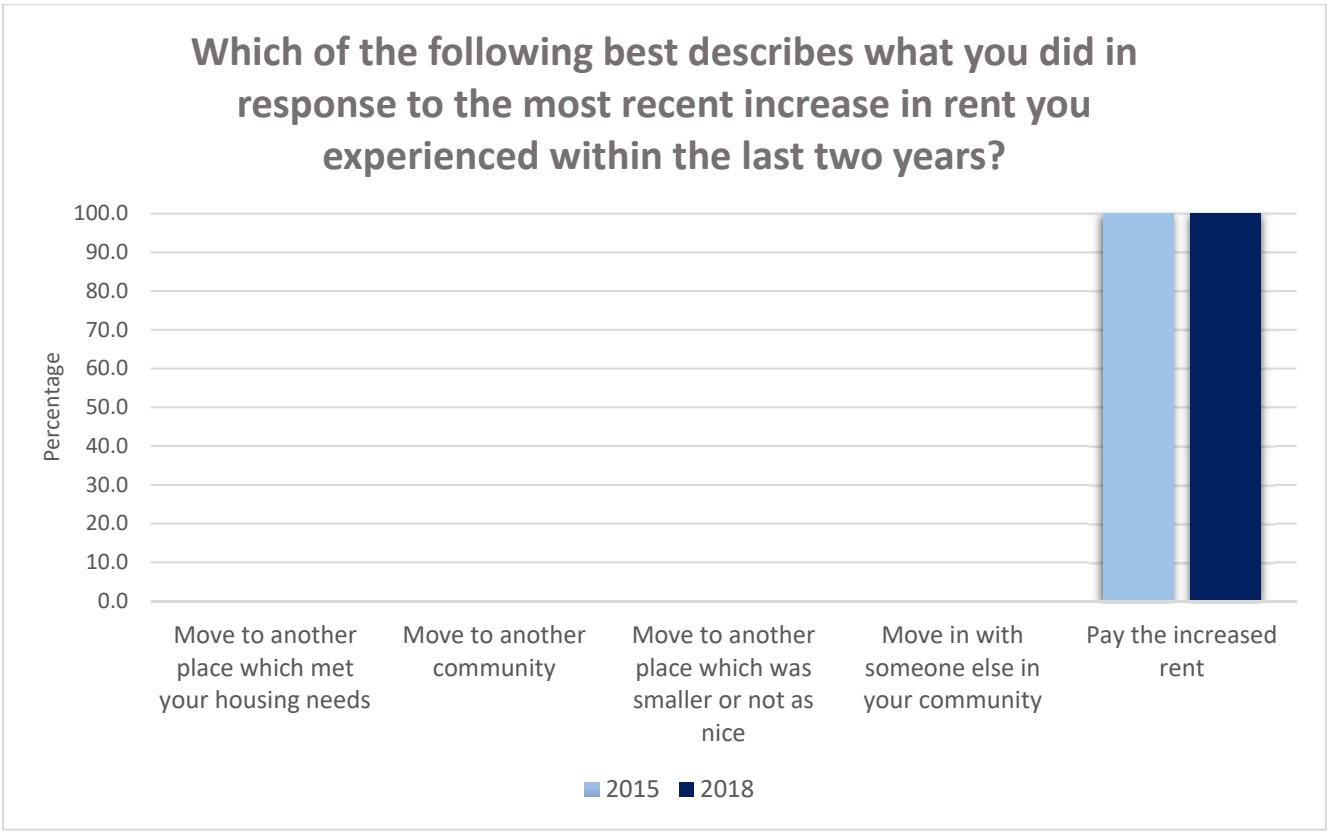


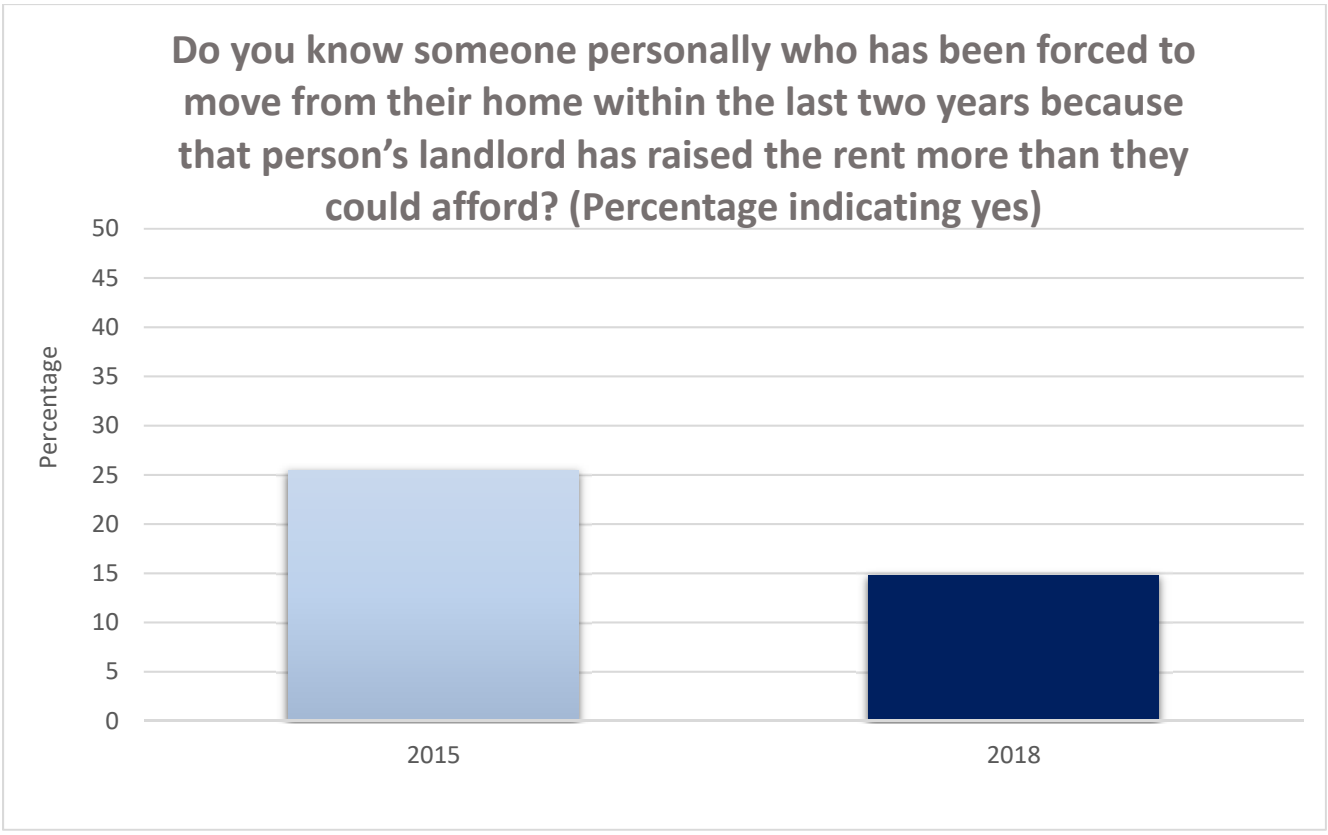

Have you or your family had difficulty finding the money to pay for the costs of heating, electricity, or water at any time in the last year? (Percentage indicating yes)
Percentage
50
45
40
35
30
25
20
15
10
5
0
2015
2018

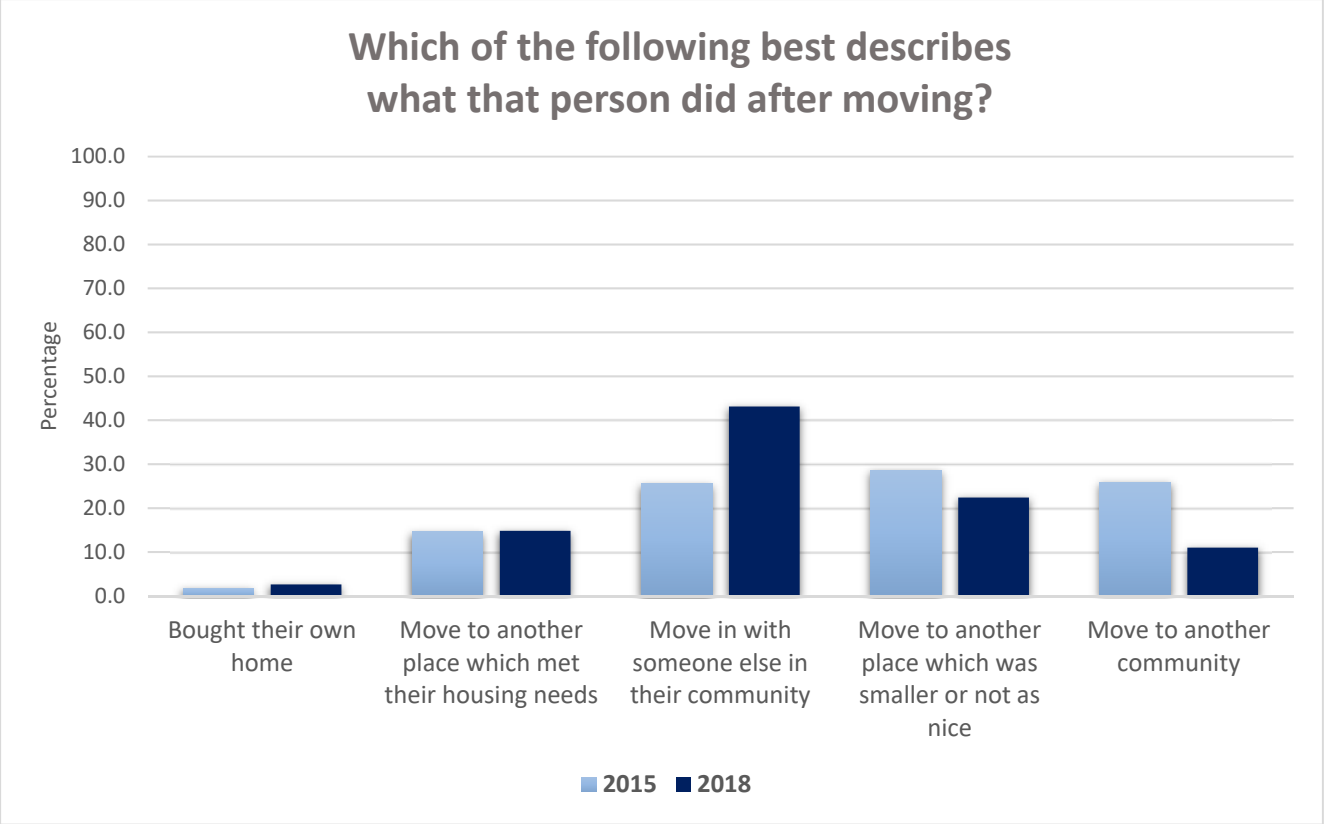

Have you or someone you know in your community had no place to live at some time in the last year? (Percentage indicating yes)
Percentage
50
45
40
35
30
25
20
15
10
5
0
2015
2018


Do you own or rent your home?
Don't Know 2.4
Don't Know 0.9
Rent
9.6
Rent
22.9%
Own
87.5
Own
76.2%
Percentage
100
90
80
70
60
50
40
30
20
10
0
2015
2018

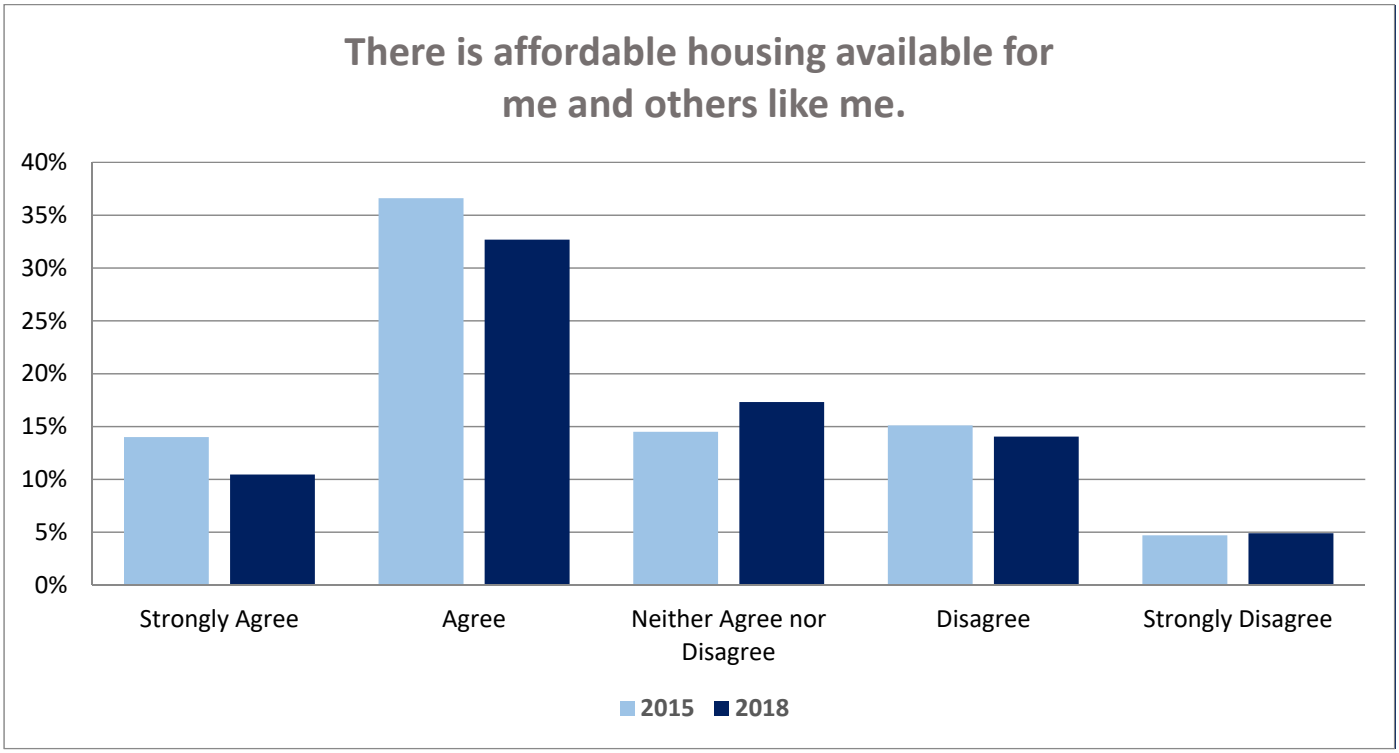

Amongst renters: Thinking back to the last two years, has your landlord increased your rent?
(Percentage indicating yes)
Percentage
50
45
40
35
30
25
20
15
10
5
0
2015
2018


Which of the following best describes what you did in response to the most recent increase in rent you experienced within the last two years?
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Move to another place which met your housing needs
Move to another community
Move to another place which was smaller or not as nice
Move in with someone else in your community
Pay the increased rent
2015
2018


Do you know someone personally who has been forced to move from their home within the last two years because that person's landlord has raised the rent more than they could afford? (Percentage indicating yes)
Percentage
50
45
40
35
30
25
20
15
10
5
0
2015
2018



Customer Survey Information



Have you or your family had difficulty finding the money to pay you mortgage or rent at any time in the last year?

	2015	2018
Yes	37.4%	**15.6%**
No	59.2%	**78.4%**
I Don't Know	3.4%	**5.9%**

Have you or your family had difficulty finding money to pay for the costs of heating, electricity, or water at any time in the last year?

	2015	2018
Yes	41.7%	**14.8%**
No	55.0%	**79.9%**
I Don't Know	3.3%	**5.3%**

Have you or someone you know in your community had no place to live at some time in the last year?

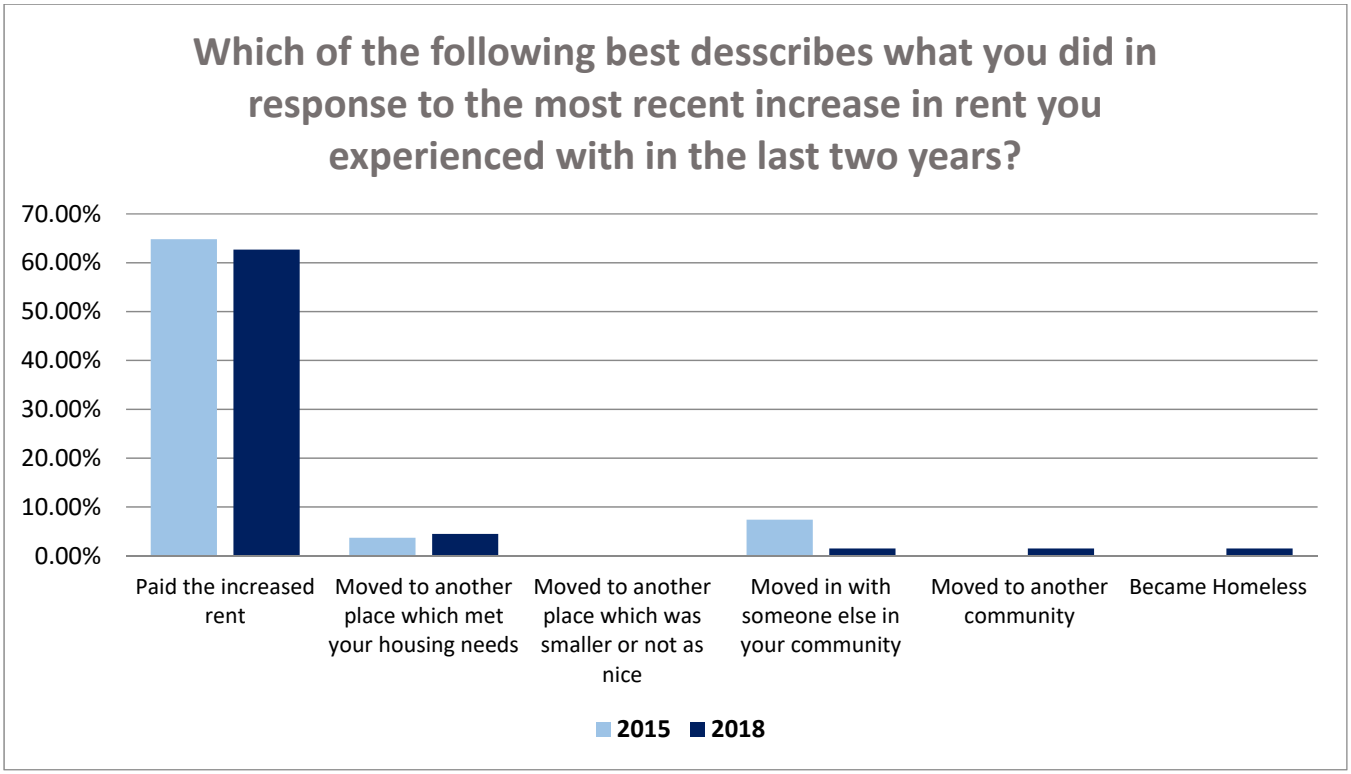
	2015	2018
Yes	14.9%	**17%**
No	66.3%	**61.4%**
I Don't Know	18.8%	**21.6%**

Do you own or rent your home?

	2015	2018
Rent	45.6%	**22.9%**
Own	51.7%	**76.2%**
I Don't Know	2.8%	**0.9%**

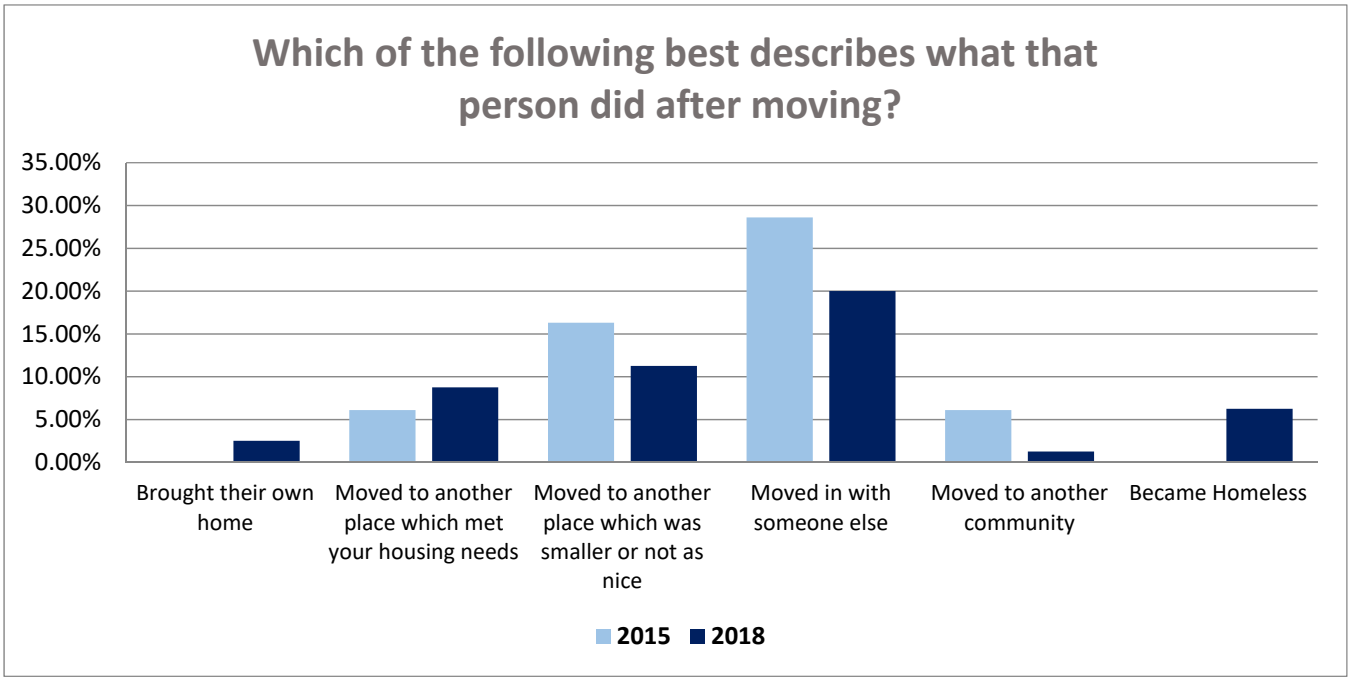
Amongst renters: thinking back the last two years, has your land lord increased your rent?

	2015	2018
Yes	42.0%	**36.5%**
No	54.5%	**54.2%**
I Don't Know	3.4%	**9.4%**



Do you know someone personally who has been forced to move from their home within the last two years because that person's landlord has raised the rent more than they could afford?

	2015	2018
Yes	17.8%	**16.7%**
No	72.8%	**72.9%**
I Don't Know	9.4%	**10.5%**



Medical and Dental Care

The medical and dental care needs of Clinton County residents were addressed by the community survey, customer survey, partner survey, and several focus groups. Care for low-income customers, children and youth, homeless, former inmates, seniors, and residents of rural communities were of interest to focus group participants. Four main themes emerged from the data: medical care affordability and availability; dental care availability and affordability; special needs of children, youth, and seniors; and special needs of vulnerable populations.

Medical Care Affordability & Availability

A major issue discussed by focus group participants involved the affordability and availability of medical care, and accessibility to medical professionals. The overarching concerns are two-fold: the shortage of providers and affordability of care. In Clinton County there are only 1.9 physicians and assistants for every 1,000 residents; the state average is more than 3.9 providers per 1,000 residents. Nearly 16 percent of Clinton County Medicare recipients receive assistance due to a government-certified disability, not because they have reached the age of 65. Those on Medicare Disability often need a higher level of medical, dental, or mental health-related care.

Over 9.5 percent of Clinton County residents remain uninsured. Focus group members stated uninsured people tend to use the emergency rooms as their source of medical or dental care and often avoid arranging preventative care and routine follow-up visits. Also discussed was the alarming increase in substance abuse issues, which can complicate medical and dental care.

While 51 percent of community survey respondents said their doctor was their first choice for medical care; 33 percent stated they would rather use the emergency room. These rates mirror the results of the customer survey. For the one-third of the survey respondents who prefer to visit the emergency room, the motivations may be different. According to focus group participants, the survey respondents may choose to minimize an illness until it becomes acute and a visit to the emergency room is necessary or, they avoid arranging an appointment with a family doctor because of lack of medical insurance. Lack of transportation to and from medical care was also noted as problematic particularly for seniors, low-income families, and individuals with disabilities due to limited public transportation options.

Dental Care Affordability & Availability

Similar to medical care, dental care availability in Clinton County is below the state's rate. The number of dentists per 1,000 residents in the Clinton County is 0.88, while in Pennsylvania it is 1.26 per 1,000 residents. Yet, availability seems to be less of an issue than affordability. Twenty-eight (28) percent of community respondents and 35 percent of customers surveyed indicated they had not visited their dentist during the past year. When questioned about their reason for not seeing a dentist this past year, 56 percent of customers and 85 percent of community respondents cited lack of insurance or that they were unable to afford the visit.

Focus group members described the need to educate individuals, particularly young adults, about the benefit of visiting a dentist proactively and routinely. According to the focus group, the 25-45 age group tends to downplay the importance of preventative dental care. A related issue is the lack of commitment for follow-up dental care due primarily to unaffordability. The focus group discussed that patterns of dental neglect often results in a visit the emergency room. Lack of transportation to and from dental care can also be problematic particularly for seniors, low-income families, and individuals with disabilities due to limited public transportation options.

Special Needs of Children, Youth, & Seniors

Several focus groups indicated children may have more dental needs than medical problems; but many of those children fail to visit a dentist to get the care they need. Focus group members expressed concern that too many parents don't understand the importance of preventative dental and medical care. While there are general dentistry practices available for children, focus group participants stated there is a lack of more intense pediatric dentistry practices in Clinton County. Dental and medical problems can create barriers to academic success.

Focus group participants discussed that there are resources to provide routine medical and dental care for the elderly, but issues of accessibility for rural seniors and availability of providers who accept Medicare are important. Some seniors no longer drive and public transportation to rural locations is difficult. Even in cities, home-bound seniors have difficulty receiving needed care. Also discussed by the focus group participants was the lack of behavioral health services for seniors. Focus group participants identified a growing need for services for seniors who become drug- and/or alcohol- addicted.

Special Needs of Vulnerable Populations

The need for dental care for the homeless population was identified by several focus groups. Regarding medical care, many homeless individuals tend to go directly to the nearest emergency room with any health-related issue. People being released from incarceration were also identified as a population that needs special medical attention, particularly in the areas of mental health and substance abuse. The objective data highlights the mental health provider shortage in Clinton County with 0.05 psychologists per 1,000 residents; this is eight-times less than the state average. Additional mental health resources were noted throughout the focus groups to deal with the growing number of behavior and mental health issues facing vulnerable populations, including homeless individuals, former inmates, and low-income families.

Objective Data: Health & Nutrition

Health Care: Births

Most live births in Clinton County occurred with mothers 20-30 years of age, giving birth to 61.23 percent of all births. The second largest group is mothers 30-40 years of age, with 30.5 percent of births. Mothers over age 40 represent 1.42 percent of births in the county. Of interest are the number of live births by mothers under the age of 19, which is to 6.86 percent in Clinton County. Teen mothers are statistically less likely to continue education through high school and college, without which many may earn only low-income wages.

Birth by Females by Age Group, 2015

Report Area	Total Births	Mother Age Under 15	Mother Age 15-19	Mother Age 20-30	Mother Age 30-40	Mother Age Over 40	Age Unknown
Clinton County	423	0	29	259	129	6	0
Pennsylvania	140,727	68	7,172	69,401	60,185	3,884	17

Data Source: Pennsylvania Department of Health. Source geography: County. Data was compiled from Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2015. Data supplied by Pennsylvania State Data Center.

Health Care: Number of Infant Deaths and Death Rate

This indicator reports the rate of death of infants less than one year of age per 1,000 births. A high rate of infant mortality indicates the existence of broader issues pertaining to access to care and maternal and child health.

Birth by Females by Age Group, 2015

Report Area	Total Infants Deaths	Infant Mortality Rate (Per 1,000 Births)
Clinton County	10	4.7
Pennsylvania	5,248	7.4
United States	136,369	6.5

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source geography: County

Health Care: Persons Receiving Medicare

The table below shows the total number of persons receiving Medicare, arranged by number of people over 65 versus the number of disabled persons receiving Medicare.

Medicare Enrollment, 2012-2016

Report Area	Persons Over 65 Receiving Medicare	Disabled Persons Receiving Medicare	Total Persons Receiving Medicare
Clinton County	6,535	1,229	7,764
Pennsylvania	4,466,533	803,556	5,270,085
United States	49,775,028	8,768,041	58,543,069

Data Source: Centers for Medicare and Medicaid Services. 2012-16. Source geography: County. Data are collected from the Centers for Medicare and Medicaid Services using the Research, Statistics, Data & Systems tool by accessing the Medicare Enrollment Dashboard Data File, and using 2017 data published on March 12, 2018.

Health Care: Child Health Insurance Program (CHIP) Enrollment

Child Health Insurance Program (CHIP) enrollment is shown in the table below. Families who are at or above 200% of the FPL are required to contribute a payment based on a sliding scale for CHIP services.

Child Health Insurance Program (CHIP) Enrollment

Report Area	Total Enrollment	FPL Less than 208%	FPL 208% to 262%	FPL 262% to 288%	FPL 288% to 314%	FPL Greater than 314%
Clinton County	495	352	110	19	8	6
Pennsylvania	169,367	120,928	29,155	7,729	5,441	6,114

Data was compiled from 2016 Annual Report to the Legislature, Pennsylvania's Children's Health Insurance Program. Data supplied by Pennsylvania State Data Center.

Health Care: Uninsured Population

The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Uninsured Persons, 2012-2016

Report Area	Total Population (for Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Clinton County	38,933	3,709	9.53%
Pennsylvania	12,579,598	1,000,216	7.95%
United States	313,576,137	36,700,246	11.7%

Data Source: US Census Bureau, American Community Survey. Source geography: Tract

Health Care: Medicare and Medicaid Providers

The total number of institutional Medicare and Medicaid providers, including hospitals, nursing facilities, federally qualified health centers, rural health clinics and community mental health centers for Clinton County, Pennsylvania and the nation is shown below. According to the U.S. Department of Health and Human Services, there were 10 active Medicare and Medicaid institutional service providers in Clinton County in the 1st quarter of 2018.

Institutional Medicare and Medicaid Providers, March 2018

Report Area	Total Institutional Providers	Hospitals	Nursing Facilities	Federally Qualified Health Centers	Rural Health Clinics	Community Mental Health Centers
Clinton County	10	2	3	0	2	0
Pennsylvania	2,838	258	694	256	74	8
United States	73,554	7,153	15,635	8,350	4,246	142

Data Source: US Department of Health Human Services, Center for Medicare Medicaid Services, Provider of Services File. Source geography: County

Physicians

The table below shows the number of physicians and physician assistants. There are 1.87 physicians per 1,000 persons in Clinton County; across Pennsylvania the average is 3.92 physicians per 1,000 persons.

Physicians and Assistants, September 2017

Report Area	Medical Physicians / Surgeons	Medical Physician Assistants	Osteopathic Physicians / Surgeons	Physicians / Assistants per 1,000
Clinton County	30	35	9	1.87
Pennsylvania	72,168	14,124	13,932	3.92

Data Source: US Census Bureau, American Community Survey. Pennsylvania Bureau of Professional and Occupational Affairs. Source geography: County

Dentists

The table below shows the number of dentists and dental hygienists. There are 0.88 dental professionals per 1,000 persons in Clinton County. The Pennsylvania average is 1.26 dental professionals per 1,000 persons.

Dentists Professionals, September 2017

Report Area	Dentists	Dental Hygienists	Dental Professionals per 1,000 Persons
Clinton County	15	20	0.88
Pennsylvania	16,200	16,066	1.26

Data Source: US Census Bureau, American Community Survey. Pennsylvania Bureau of Professional and Occupational Affairs. Source geography: County

Nurses

The table below shows the number of nurses. There are 13.98 nursing professionals per 1,000 persons in Clinton County. Across Pennsylvania the average is 19.41 nursing professionals per 1,000 persons.

Nurses, September 2017

Report Area	Registered Nurses	Practical Nurses	Registered Nurse Practitioners	Clinical Nurse Specialists	Nurses per 1,000 Persons
Clinton County	293	254	7	0	13.98
Pennsylvania	375,048	100,004	20,650	386	19.41

Data Source: US Census Bureau, American Community Survey. Pennsylvania Bureau of Professional and Occupational Affairs. Source geography: County

Psychologists

The table below shows the number of psychologists serving Clinton County as well as all of Pennsylvania. There are 0.05 psychologists per 1,000 persons in the report area. The Pennsylvania average is 0.43 psychologists per 1,000 persons. The table does not reflect the other types of mental health therapists and clinical counselors.

Psychologists, September 2017

Report Area	Psychologists	Psychologist per 1,000 Persons
Clinton County	2	0.05
Pennsylvania	10,972	0.43

Data Source: US Census Bureau, American Community Survey. Pennsylvania Bureau of Professional and Occupational Affairs. Source geography: County

Therapists & Chiropractors

The table below shows the number of physical therapists, occupational therapists, and chiropractors serving Clinton County and Pennsylvania. There are 0.88 physical therapy, occupational therapy, and chiropractor professionals per 1,000 persons in Clinton County. The Pennsylvania average is 1.83 physical therapists, occupational therapists, and chiropractors per 1,000 persons.

Therapists & Chiropractors, September 2017

Report Area	Physical Therapists	Occupational Therapists	Chiropractors	Therapists / Chiropractors per 1,000 Persons
Clinton County	20	5	10	0.88
Pennsylvania	24,806	14,428	7,476	1.83

Data Source: US Census Bureau, American Community Survey. Pennsylvania Bureau of Professional and Occupational Affairs. Source geography: County

Special Health Professionals

The table below shows the number of dietitian-nutritionists, optometrists, doctors of podiatric medicine, and speech pathologists for Clinton County and Pennsylvania. There are 0.28 special health professionals per 1,000 persons in Clinton County. The Pennsylvania average is 1.09 special health professionals per 1,000 persons.

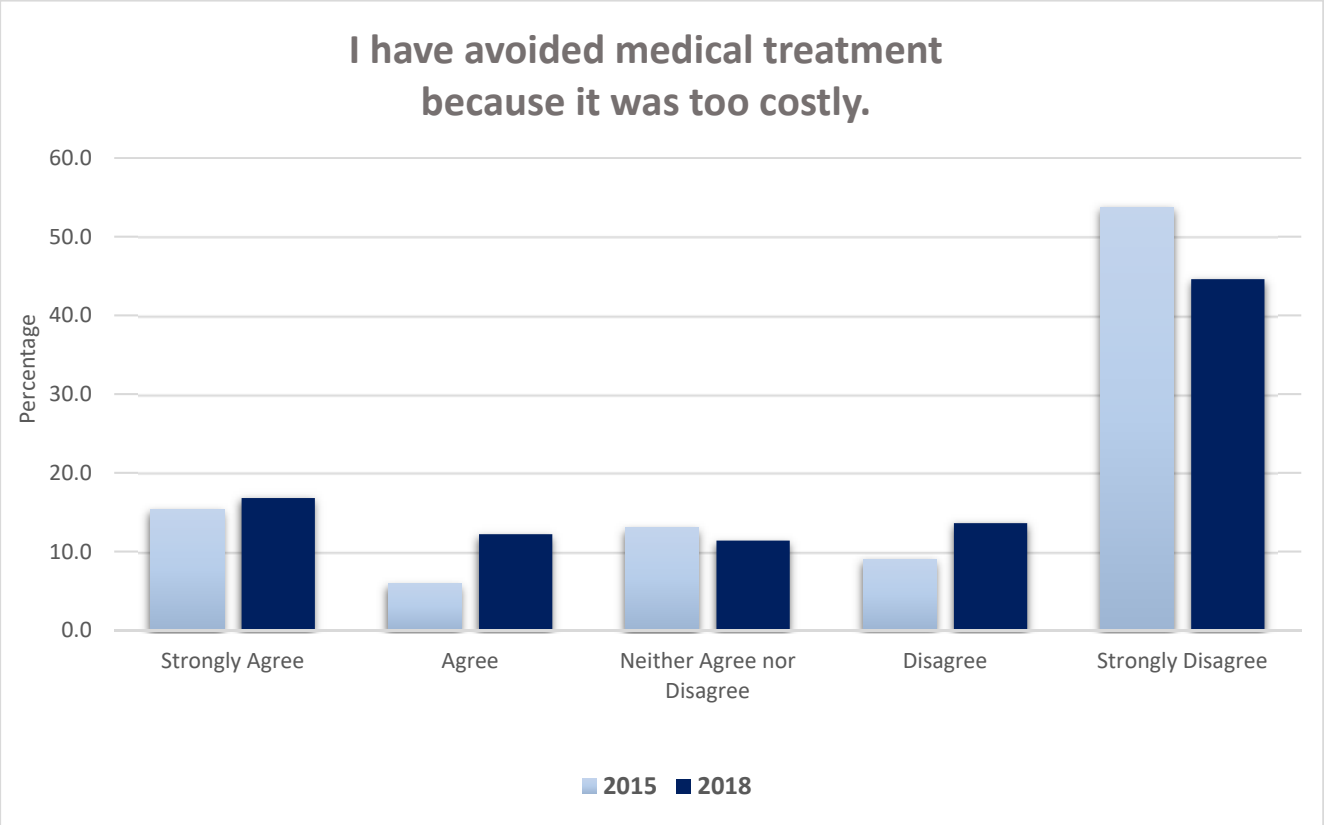
Special Health Professionals, September 2017

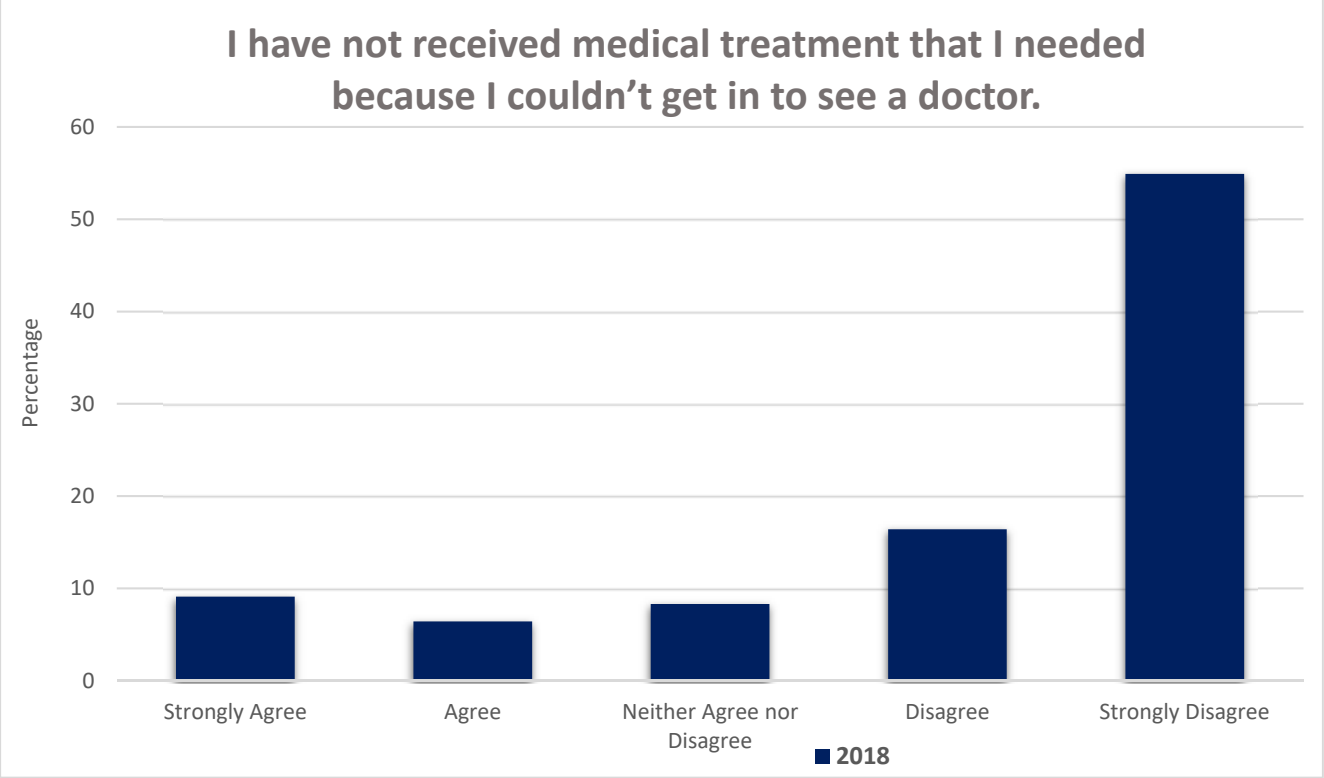
Report Area	Dietitian-Nutritionists (LDN)	Optometrists	Doctors of Podiatric Medicine	Speech Language Pathologists	Special Health Professionals per 1,000 Persons
Clinton County	6	1	1	3	0.28
Pennsylvania	7,516	4,030	2,504	13,926	1.09

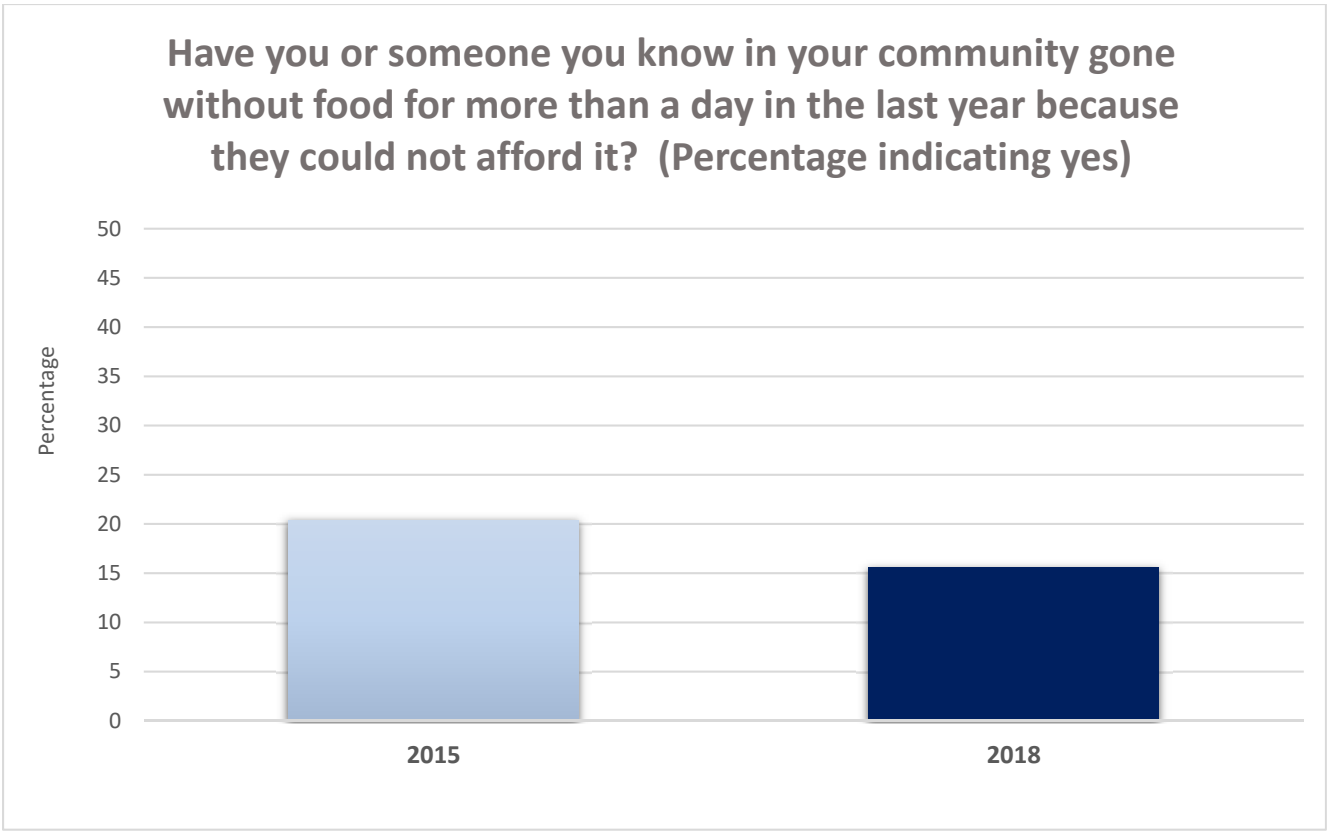
Data Source: US Census Bureau, American Community Survey. Pennsylvania Bureau of Professional and Occupational Affairs. Source geography: County

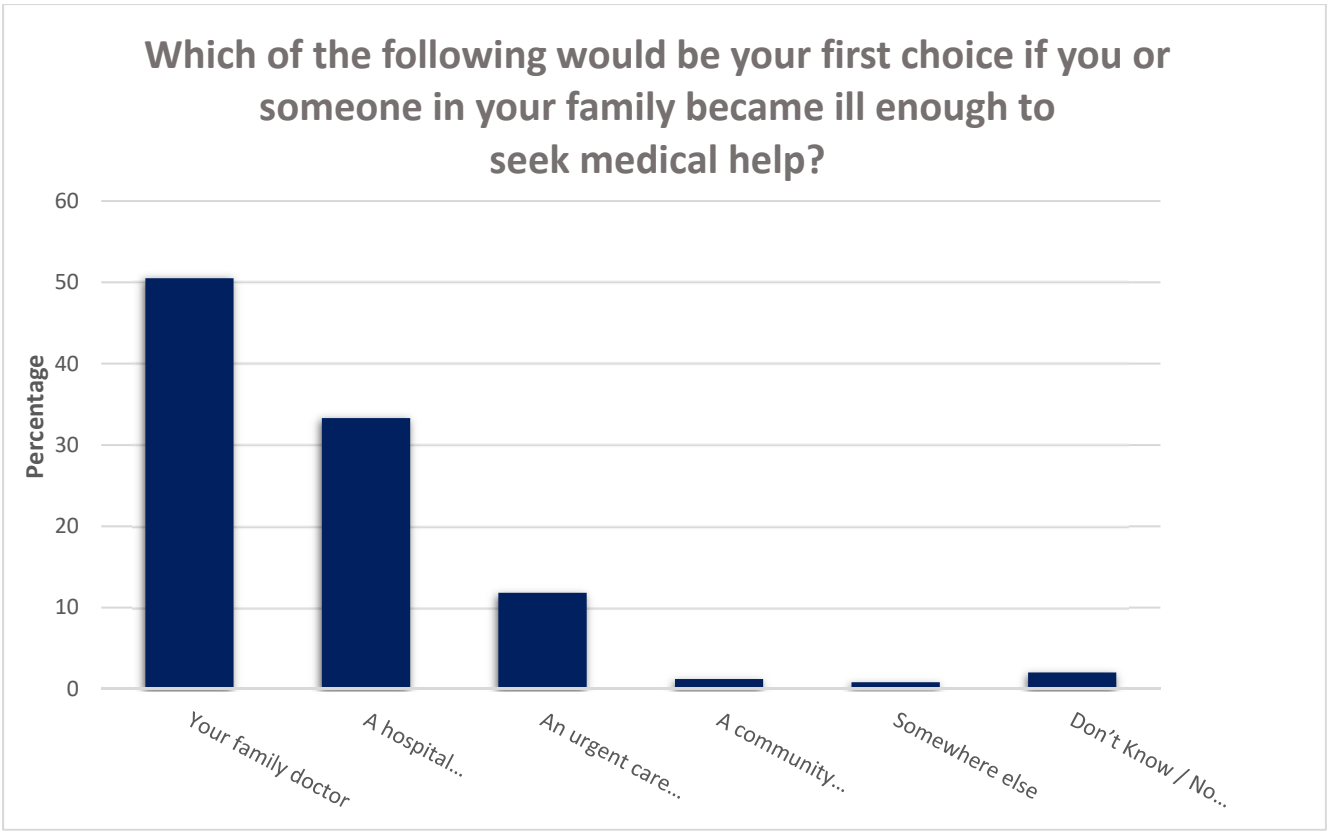
Survey Data: Medical and Dental Care

Community Survey Information



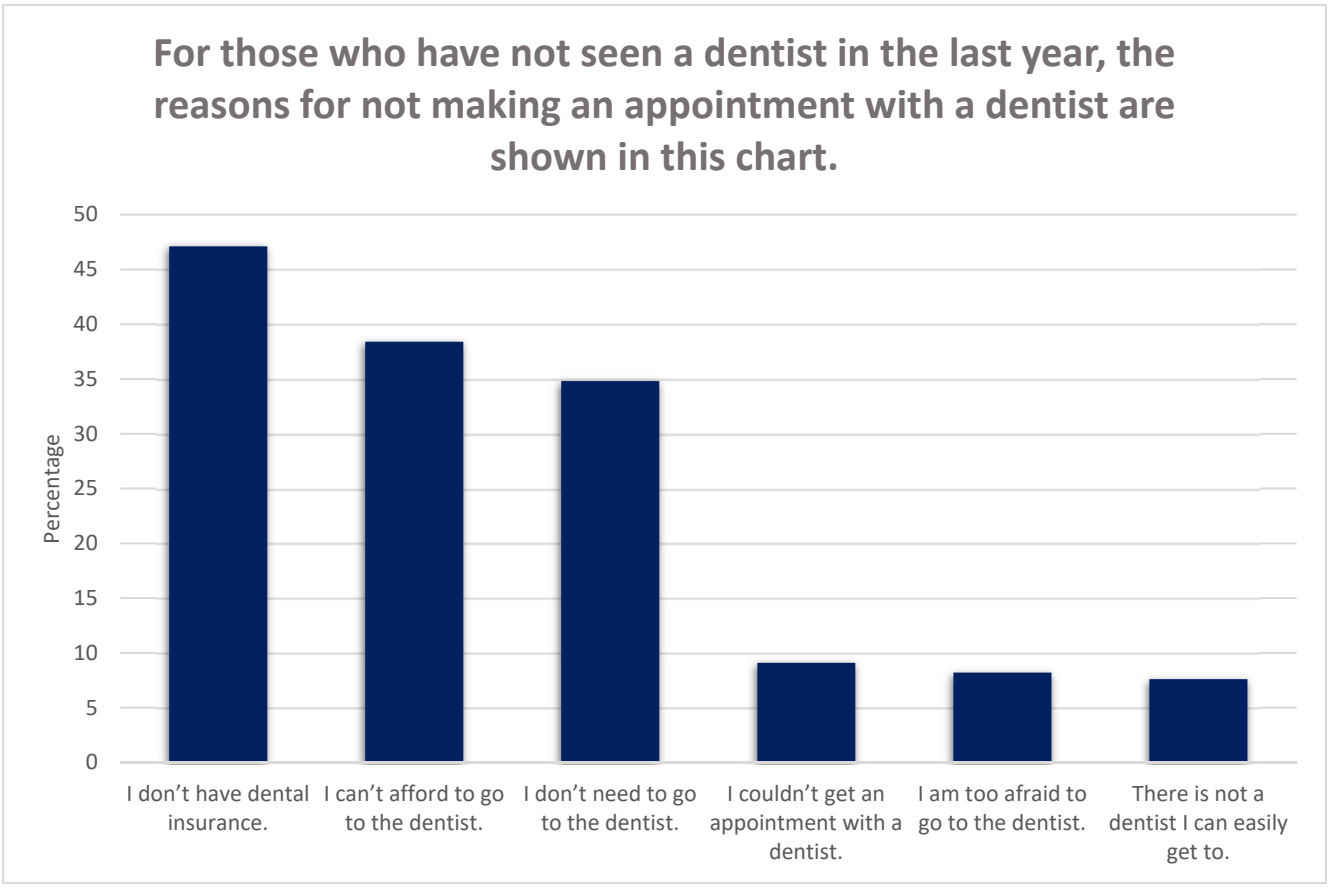



Have you or someone you know in your community gone without food for more than a day in the last year because they could not afford it? (Percentage indicating yes)
Percentage
50
45
40
35
30
25
20
15
10
5
0
2015
2018

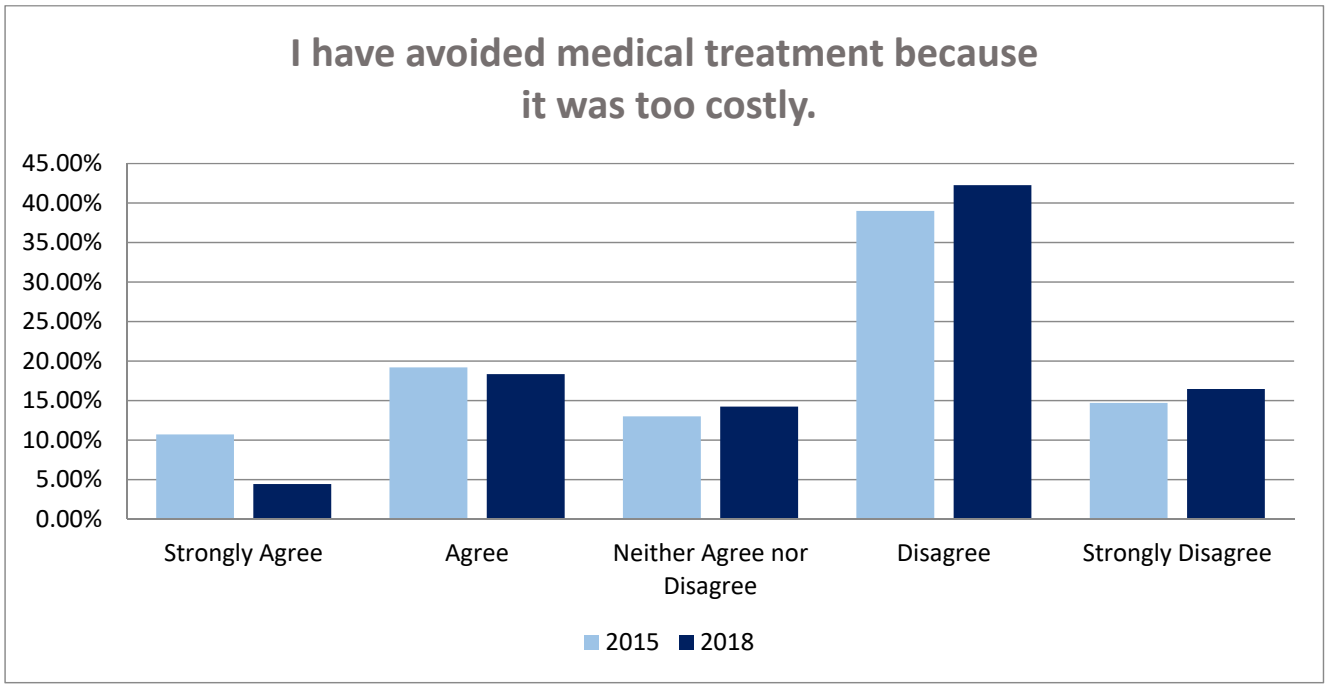

Which of the following would be your first choice if you or someone in your family became ill enough to seek medical help?
Percentage
60
50
40
30
20
10
0
Your family doctor
A hospital...
An urgent care...
A community...
Somewhere else
Don't Know / No...

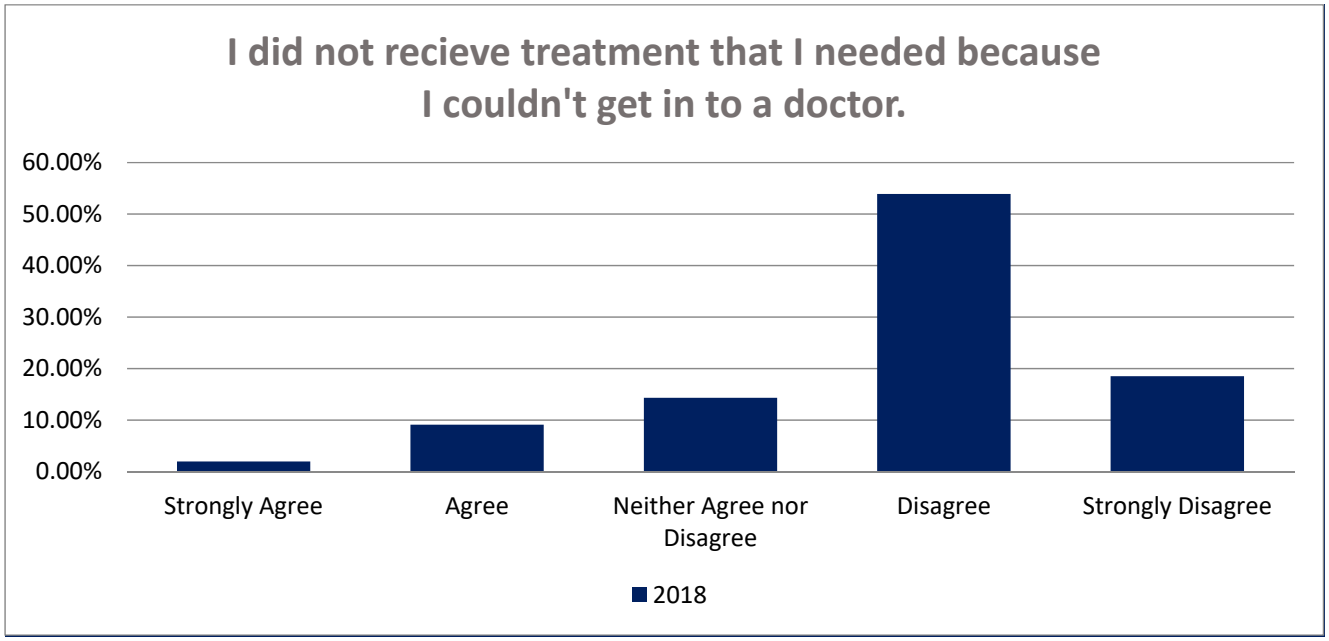
Have you gone to the dentist in the last year?

	2018
Yes	**72%**
No	**28%**
I Don't Know	**0%**



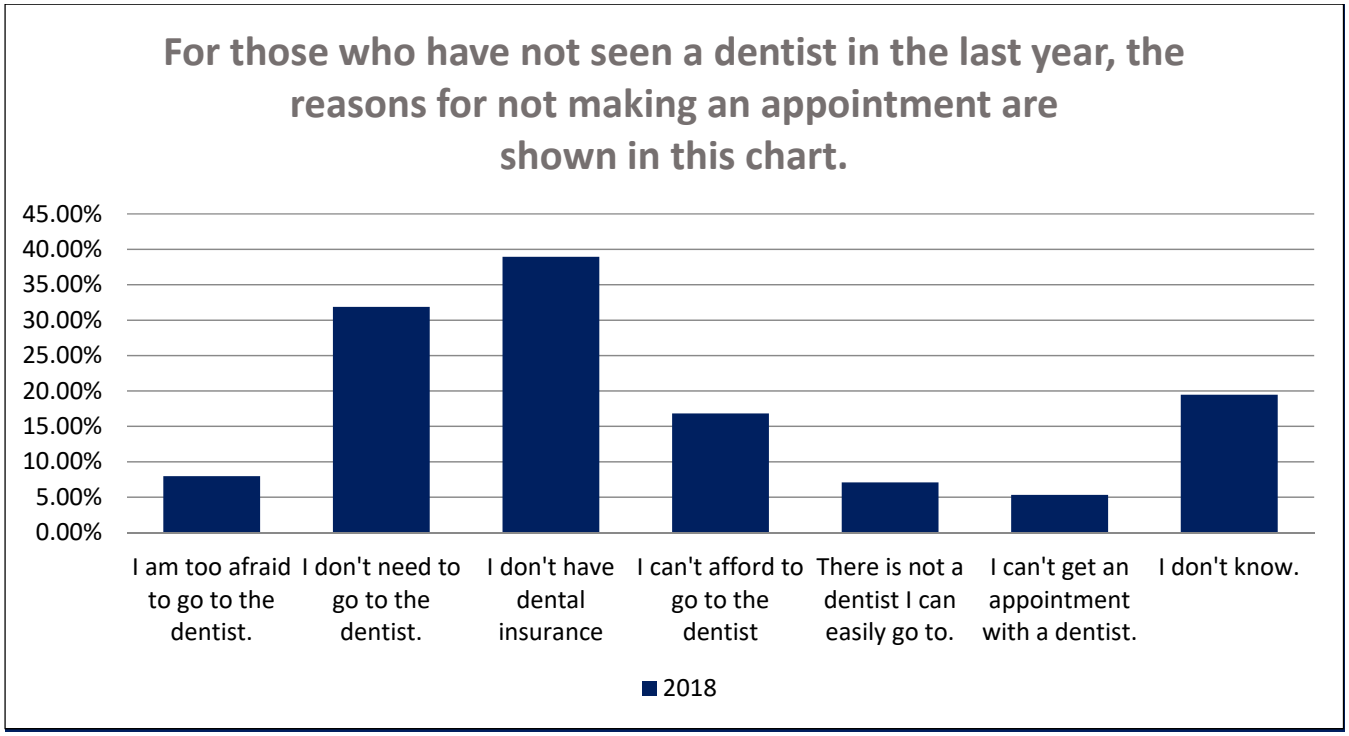
Customer Survey Information

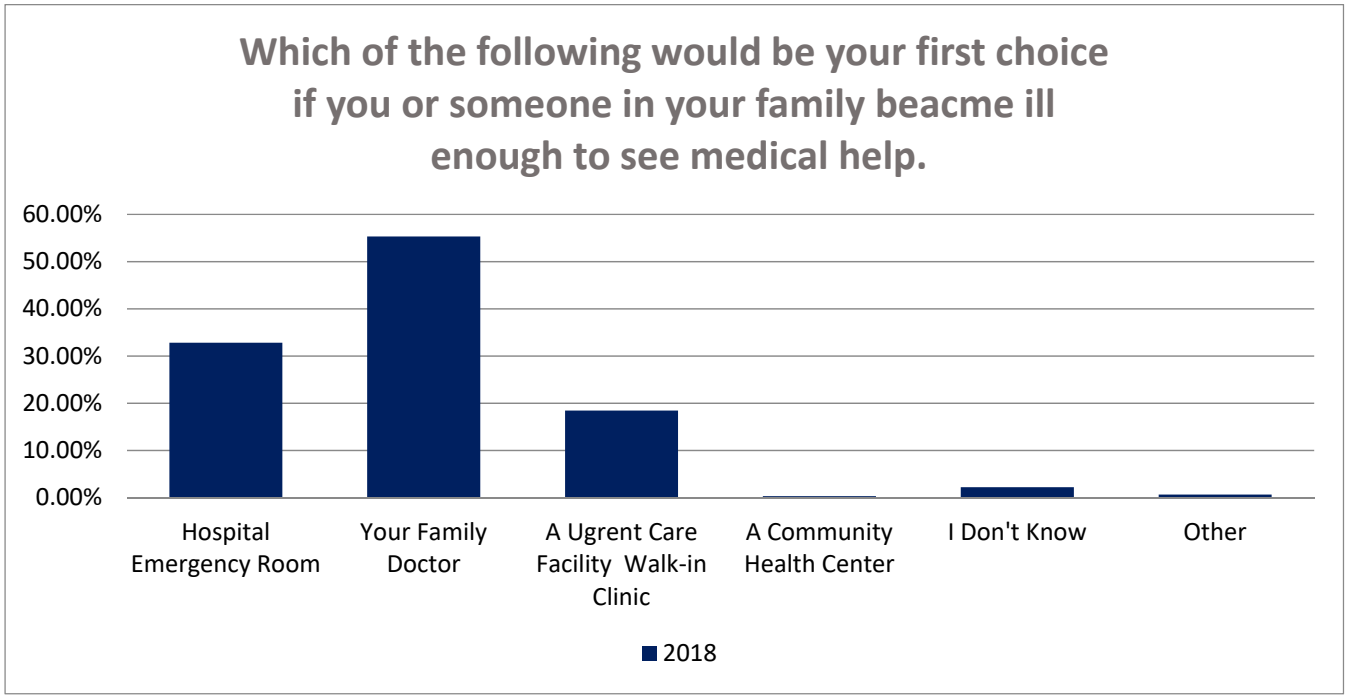




Have you gone to the dentist in the last year?

	2018
Yes	**64.5%**
No	**34.6%**
I Don't Know	**0.9%**





Have you or someone you know in your community gone without food for more than a day in the lat year?

	2015	2018
Yes	17.2%	**10.1%**
No	63.3%	**62.6%**
I Don't Know	19.4%	**27.3%**

Seniors and Persons with Disabilities Support Services

Clinton County's rapidly aging population is generating an increased need for senior services. The baby boomer generation is now reaching their senior years. Unlike past generations, today's seniors communicate differently and pursue a more active lifestyle. Traditional senior centers need to be responsive to this change and develop dynamic programming to provide new experiences to fit into seniors' busy schedules. Clinton County focus group participants discussed how a greater awareness of services for persons with disabilities can enhance their quality of life. From the objective data, multiple survey responses, and focus group inputs, eight main themes emerged: awareness of protective services; human resource demands; medical affordability issues; dementia and mental health issues; affordable housing and aging-in-place; impact of drugs; services for persons with disabilities; and services for seniors.

Awareness of Protective Services

As discussed by focus group participants, the general public seems to have a lack of awareness of the degree and extent of elder abuse in its many different forms throughout Clinton County. Moreover, there appears to be a reluctance by some abused seniors to report their situation due to embarrassment or fear of reporting an abusing caregiver they otherwise depend upon. Fifty-seven (57) percent of community survey respondents indicated that services for elder abuse and scam prevention are lacking. Focus group participants discussed a need for increased number of adult protective service investigators. The focus group also described the unintended consequence of changes to elder abuse laws that have led to some instances of over-reporting and how it affects staff capacity.

Human Resource Demands

According to focus group participants, retention of staff serving seniors and persons with disabilities is a major concern. The group shared that this high rate of staff turnover results in communication gaps between provider agencies. The challenge of determining the most effective way to retain qualified and committed staff to improve both consistency and continuity was discussed. The group also expressed concern about the shortage of nurses to support the aging population.

Medical Affordability Issues

Respondents to the customer survey indicated in-home nursing care is still lacking in Clinton County, while the community respondents indicated in-home nursing care was more available than in 2015. Focus group participants explained seniors who want and need in-home nursing care often lack the insurance or personal funding to obtain them. The group also highlighted another issue involving insurance that impacts both seniors and the disabled. If an individual obtains federal SSI/SSD, they more than likely forfeit state medical assistance. The problem is that there is typically a two-year gap with no medical coverage until they become eligible to receive Medicare. The group discussed the need to consider allowing new SSI/SSD recipients to retain their current insurance during that gap period. Focus group participants also described the need for more affordable caregiver services, such as support for meals, and occasional respite for families.

Dementia & Mental Health Issues

Focus group participants discussed the increasing number of seniors with dementia, a situation that has overwhelmed the insufficient number of memory care facilities available in Clinton County. According to focus group participants, dementia is an issue that often goes undiagnosed for years. The challenge involves finding better avenues to reach and identify seniors who are entering the early stage of dementia so that help can be provided when first needed. Beyond dementia, the issue of hording by seniors was described as an area of increasing concern. Many seniors are homebound and cannot obtain the mental health services they need; so, issues go untreated.

Aging-In-Place & Affordable Housing

Focus group participants cited the lack of affordable housing for seniors as a lingering issue. For seniors, affordable housing works best when it includes one-floor living, access to amenities, low utility costs, and no yard to maintain. Rather than move into an assisted living facility or independent housing arrangement, many seniors prefer to age-in-place in their own home. Often this requires home modifications to make a house safe and accessible for a senior. The focus group participants discussed that programs to help pay for home accessibility modifications so that seniors can stay in their homes have a long waiting period between enrollment and receiving services. Seniors may need modifications completed in a more immediate timeframe. Beyond these structural changes to their home, many seniors also require additional support services, such as personal hygiene assistance, to age-in-place successfully.

While focus group participants described how more rentals are available in Clinton County and that there has been an increase in the number of low-income qualified senior housing units, demand for those units still outpaces the supply. It was noted that for middle-income seniors seeking active living communities or continuing care retirement communities, the choices in Clinton County are quite limited.

The Impact of Drugs

Similar to the rest of the Clinton County population, seniors have been impacted by the proliferation of substance abuse. Focus group participants discussed the difficulty in finding drug and alcohol rehabilitation centers geared specifically to seniors. This problem is further complicated by the reluctance of family members to push the addicted senior to seek rehabilitation services. Focus group members also discussed the difficulty that visiting nurses have regarding the misuse of prescription drugs.

Services for Persons with Disabilities

Both the community and customer survey respondents moderately agreed that adequate services are being provided to persons with disabilities. Of the services lacking in Clinton County, community respondents indicated transportation and abuse/scam prevention as the top two issues. On the same topic, customer respondents cited accessible housing and transportation as concerns. Services for children with disabilities ranked was noted as an important issue facing Clinton County. The focus group participants discussed the need to improve the outreach and education efforts to inform the public about available services for persons with disabilities.

Services for Seniors

Focus group participants discussed the issues related to timing to get a senior into the Medicaid Home and Community-Based Waiver Program once released from a medical care facility. The focus group also indicated a lack of weekend transportation as a major issue affecting the quality of life of seniors. Three particular transportation-related needs were emphasized: transportation of veterans to the closest Veterans Affairs Medical Center: more transportation access available to rural communities, and transportation of seniors requiring weekly dialysis support.

Objective Data: Seniors and Persons with Disabilities

Seniors in Poverty

Population and poverty estimates for persons age 65 and up are shown below. According to the American Community Survey (ACS) 5-year data, an average of 7% of people aged 65 and up in Clinton County lived in a state of poverty during the survey calendar year. The poverty rate for Clinton County seniors living in poverty is less than the national average of 9.3%.

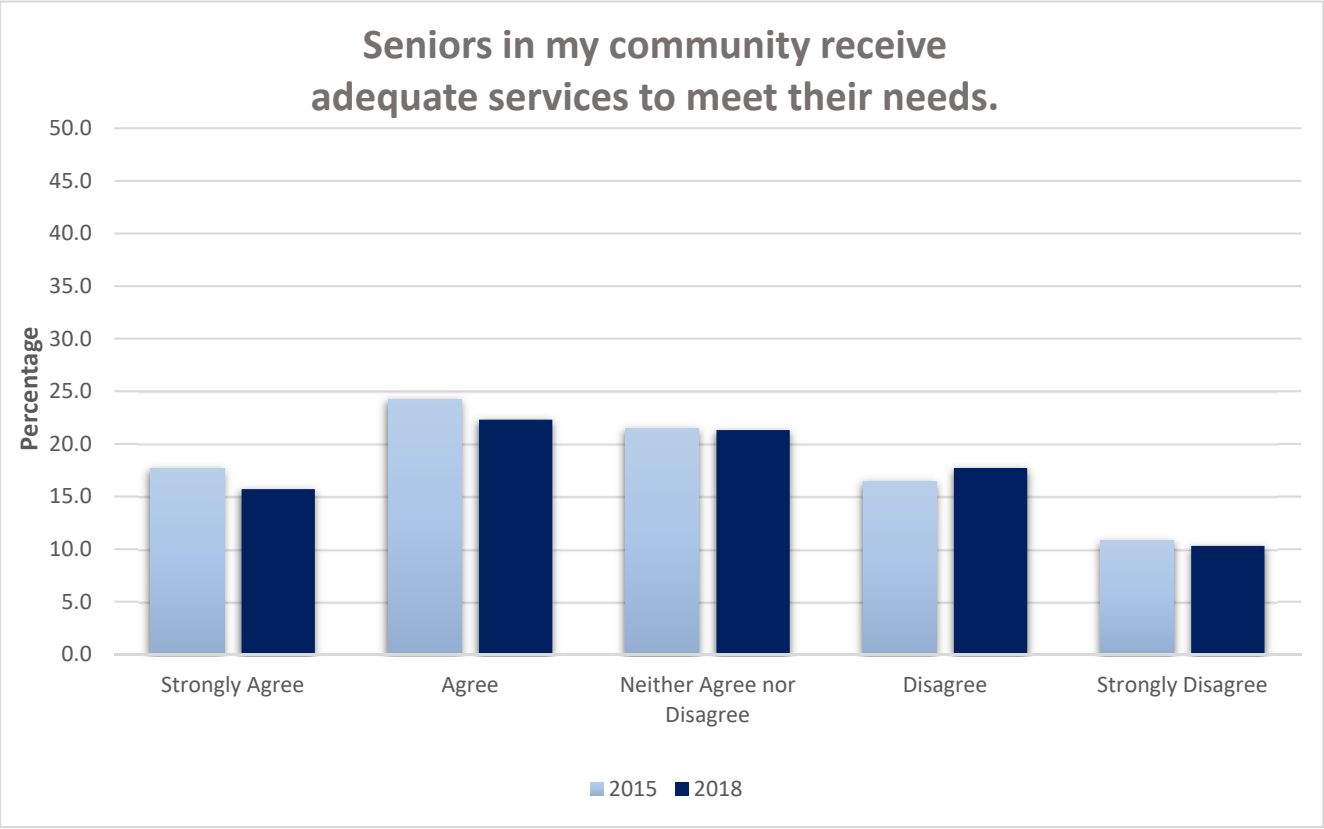
Seniors in Poverty, 2012-2016

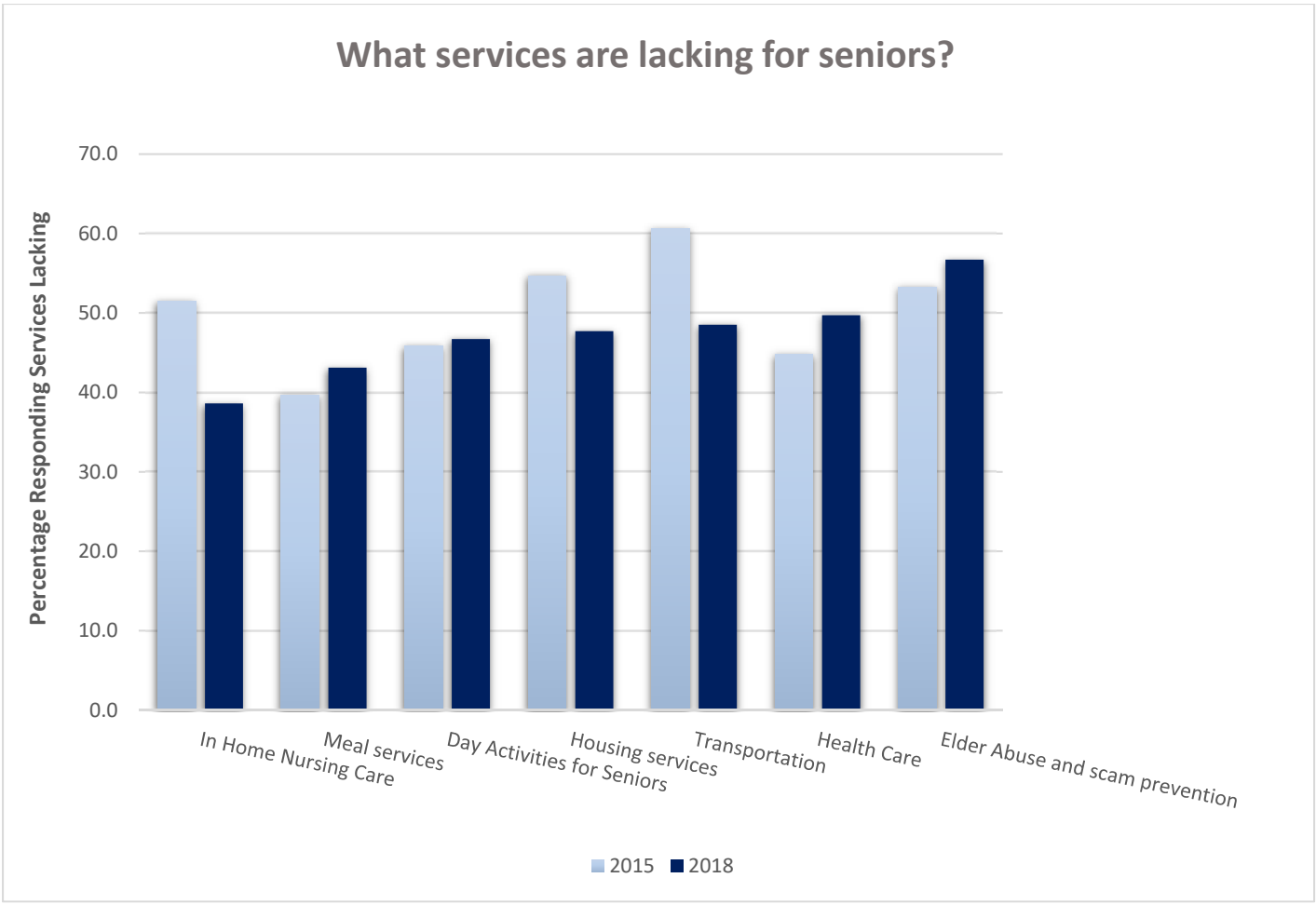
Report Area	Ages 65 and Up Total Population	Ages 65 and Up In Poverty	Ages 65 and Up Poverty Rate
Clinton County	6,599	462	7%
Pennsylvania	2,053,348	166,651	8.1%
United States	44,874,586	4,195,427	9.3%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Survey Data: Seniors and Persons with Disabilities

Community Survey Information: Seniors

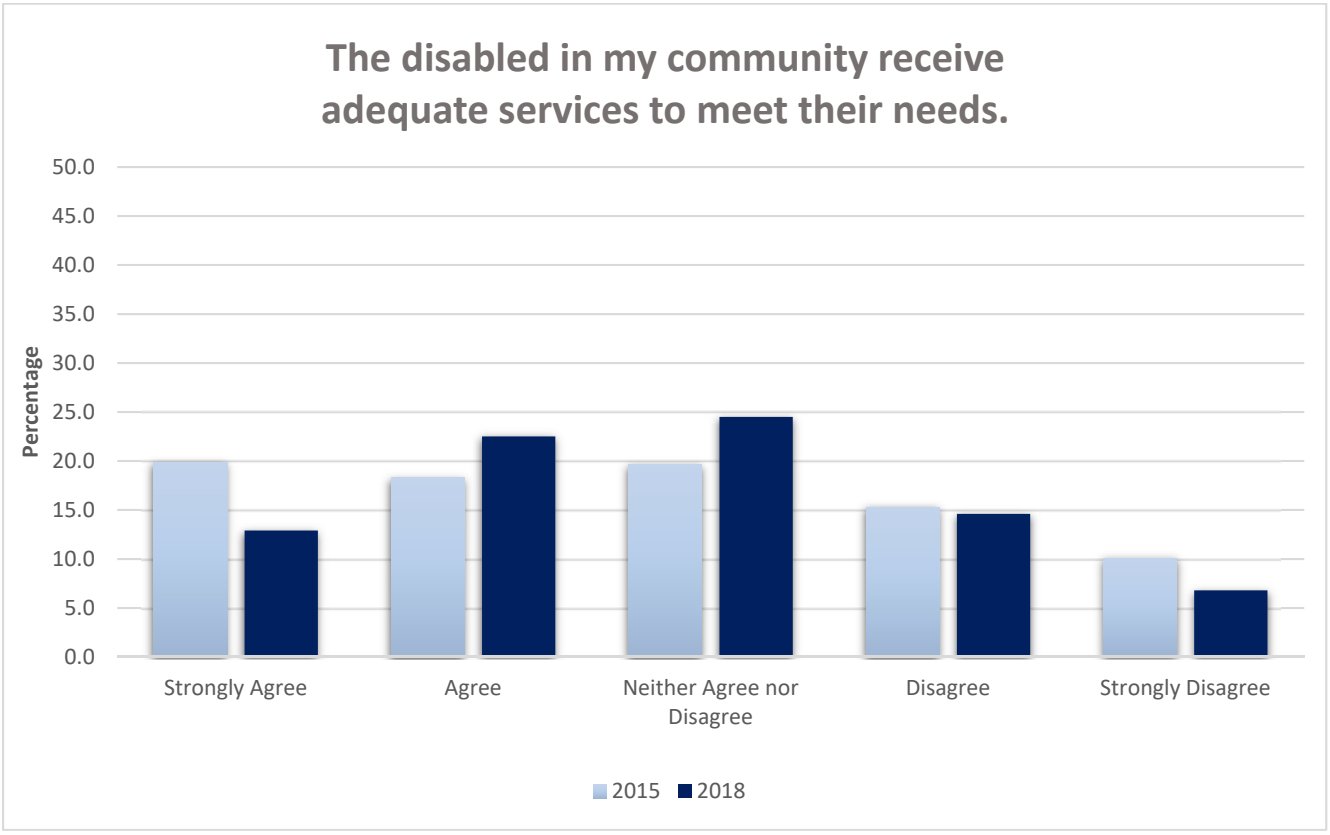


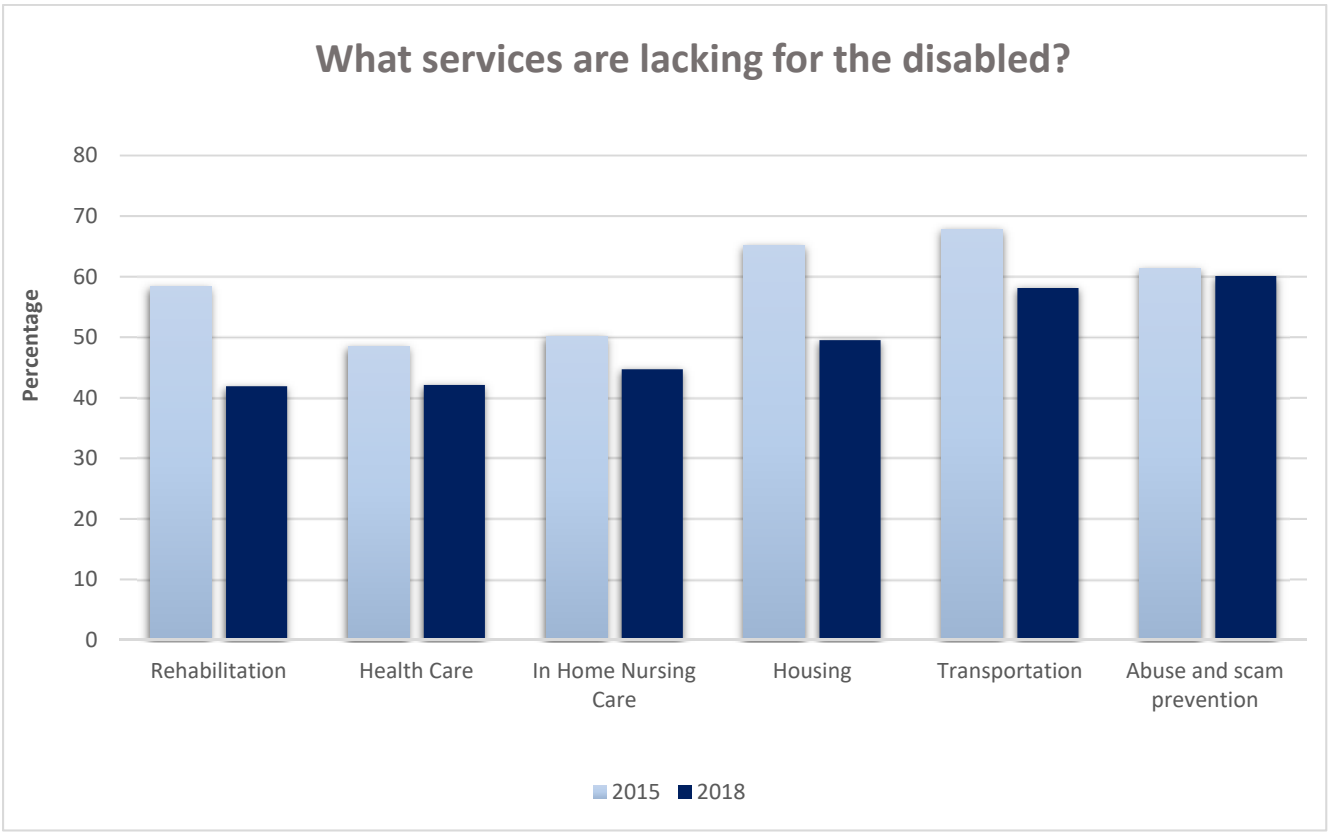


Do you provide any assistance for an elderly relative in Clinton County?

	2015	2018
Yes	22.8%	**20.8%**
No	76.9%	**79.%**
Don't Know	0.3%	**0.2%**

Community Survey Information: Persons with Disabilities





Are you or anyone in your household disabled?

	2015	2018
Yes	18.2%	**18.1%**
No	81.3%	**81.9%**
Don't Know	0.4%	**0.0%**

Those who indicated there was someone with a disability in their household were also asked:
What is the approximate age of that individual?

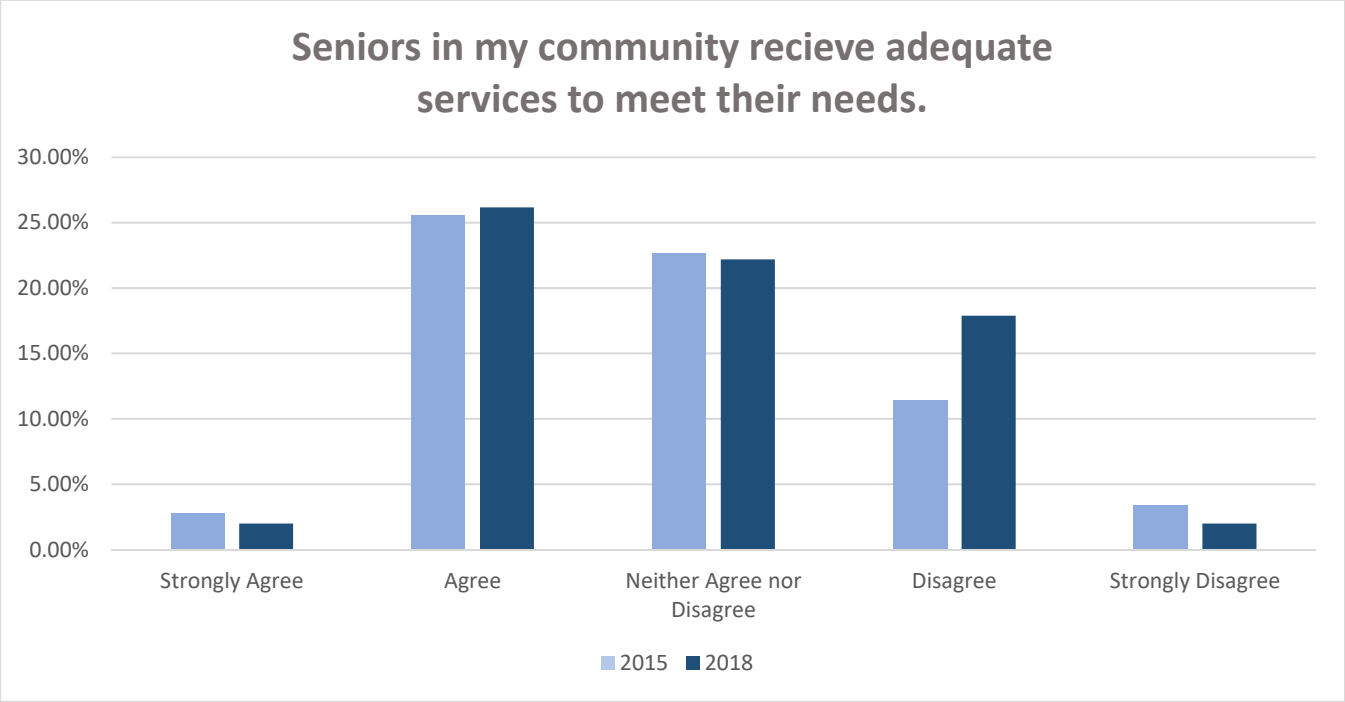
	2015	2018
Under 18	2.2%	**0.0%**
18-64	54.0%	**71.7%**
65+	43.8%	**28.3%**

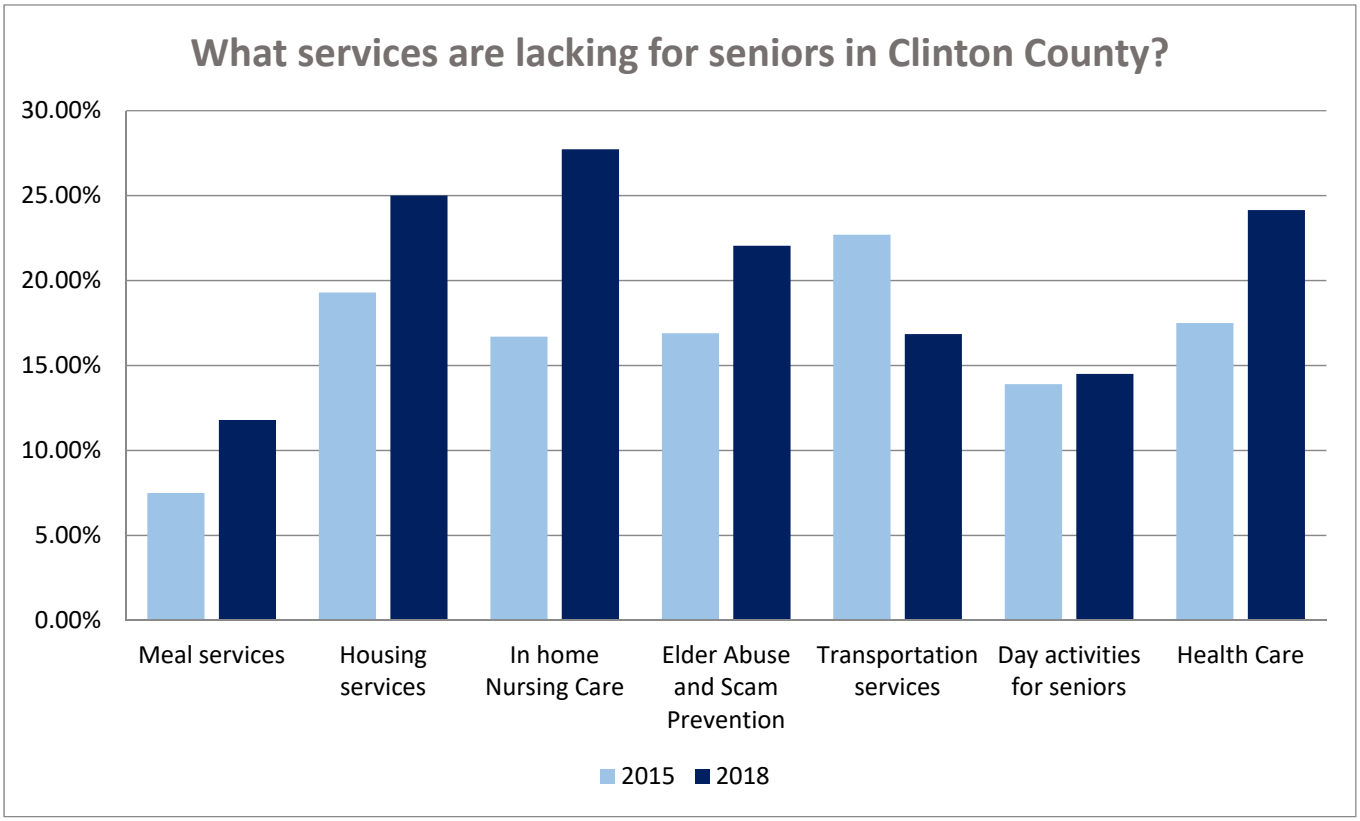
Does that person have a physical or mental disability? (Percent responding yes to each option)

	2015	2018
Physical	78.6%	**82.5%**
Mental	22.2%	**22.1%**

Survey Data: Seniors and Persons with Disabilities

Customer Survey Information: Seniors

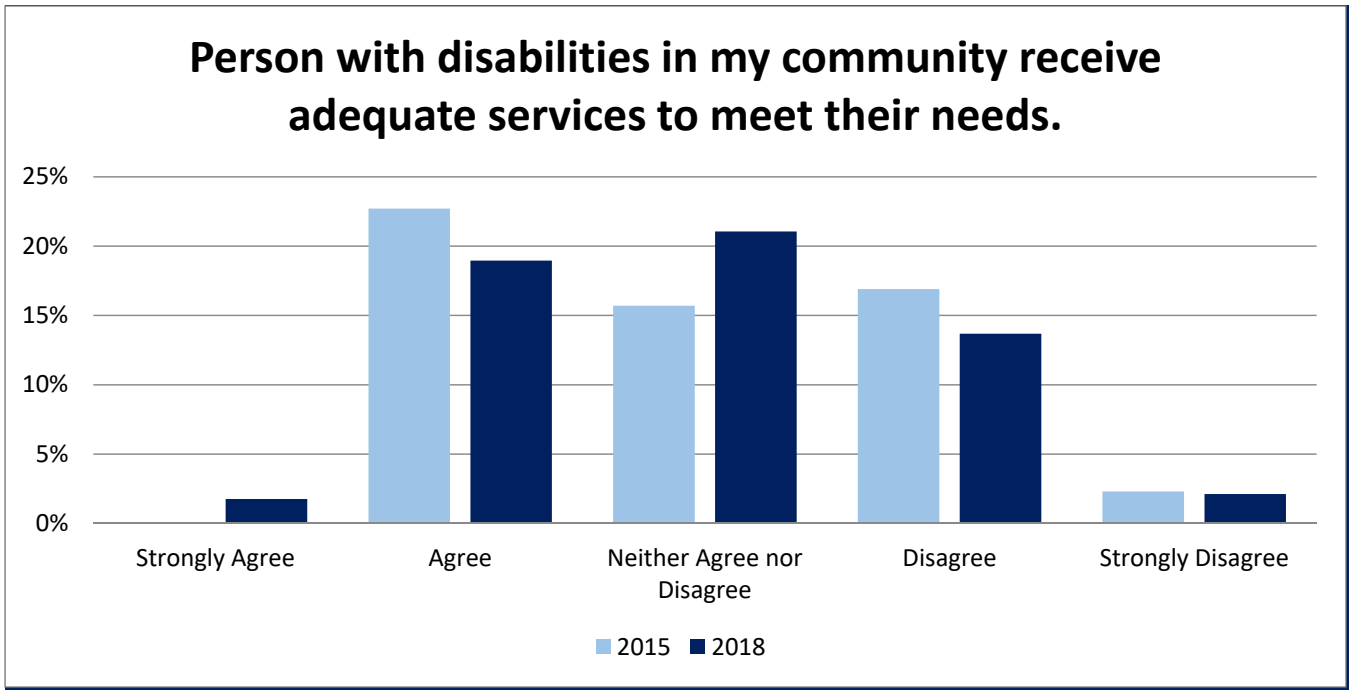


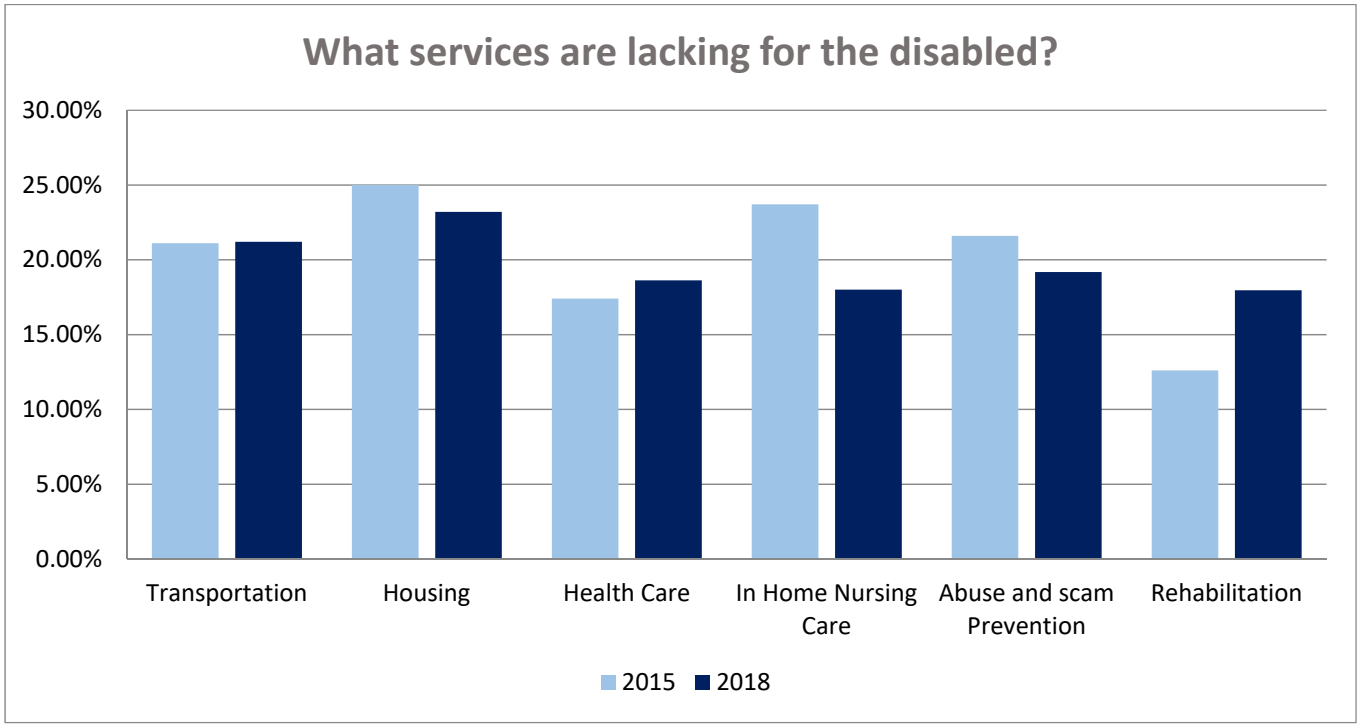


Do you provide any assistance for an elderly relative in Clinton County?

	2015	2018
Yes	12.1%	**13.6%**
No	84.4%	**84.4%**
I Don't Know	3.5%	**1.9%**

Customer Survey Information: Persons with Disabilities





Are you or anyone in your household disabled?

	2015	2018
Yes	24.4%	**22.2%**
No	73.3%	**77.2%**
I Don't Know	2.3%	**0.6%**

What is the approximate age of the individual?

	2015	2018
Under 18	2.2%	**10.2%**
18-64	54.0%	**45.8%**
65 +	43.8%	**54.2%**

Does that person have a physical or mental disability? (Percent responding yes to each option)

	2015	2018
Physical	78.6%	**70.5%**
Mental	22.2%	**26.3%**

Demographics

The following section provides demographic data across a range of topics useful in evaluating community needs. Of note are data indicating that income levels in Clinton County fall below state and national averages across family sizes. Relatedly, the County's poverty rates as well as poverty rate growth between 2000 and 2016 exceed that of Pennsylvania and the nation.

Objective Data: Population

Population Change

Population change within the report area from 2000-2016 is shown below. During the thirteen-year period, total population estimates for Clinton County grew by 4.28%, increasing from 37,914 persons in 2000 to 39,536 persons in 2016.

Population Change, 2012-2016

Report Area	Total Population, 2016 ACS	Total Population, 2000 Census	Population Change from 2000-2016 Census/ACS	Percent Change from 2000-2016 Census/ACS
Clinton County	39,536	37,914	1,622	4.28%
Pennsylvania	12,783,977	12,281,054	502,923	4.1%
United States	318,558,162	281,421,906	37,136,256	13.2%

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2012-16. Source geography: County

Age and Gender Demographics

Population by age and gender within Clinton County is shown below. According to the American Community Survey (ACS) population estimates for the report area, the female population comprised 51.44% of Clinton County, while the male population represented 48.56%.

Population by Gender, 2012-2016

Report Area	0 to 4		5 to 17		18 to 24		25 to 34	
	M	F	M	F	M	F	M	F
Clinton	1,045	1,048	3,059	2,948	3,045	3,346	2,175	1,943
Pennsylvania	365,819	348,779	1,019,170	970,500	625,422	604,441	827,446	806,846
USA	10,154,024	9,712,936	27,455,869	26,289,609	16,044,240	13,252,337	21,899,150	21,498,757

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Population by Gender (continued), 2012-2016

Report Area	35 to 44		45 to 54		55 to 64	
	M	F	M	F	M	F
Clinton	2,090	2,106	2,446	2,447	2,464	2,566
Pennsylvania	754,817	760,642	888,389	916,121	856,591	905,747
USA	20,182,692	20,365,708	21,415,016	22,045,450	19,310,203	20,751,539

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Population by Gender (continued), 2012-2016

Report Area	Over 64		18 to 64	
	F	M	F	M
Clinton	2,702	3,749	12,220	12,408
Pennsylvania	811,266	1,215,859	3,952,665	3,993,797
USA	18,244,716	25,876,504	98,851,301	99,913,791

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Race Demographics

Population by race and gender within Clinton County is shown below. According to ACS population estimates, the white population comprised 96.45% of Clinton County, black population represented 1.64%, and other races combined were 1.92%. Persons identifying themselves as mixed race made up 1.13% of Clinton County's population.

Population by Race, 2012-2016

Report Area	White		Black		Native American		Asian	
	M	F	M	F	M	F	M	F
Clinton	18,539	19,491	435	210	12	42	114	127
Pennsylvania	5,094,147	5,308,596	680,760	729,803	13,115	11,832	192,673	209,306
USA	115,461,098	118,195,980	19,220,550	21,021,268	1,288,198	1,309,619	7,882,217	8,732,408

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Report Area	Native Hawaiian		Mixed race		Hispanic / Latino		Not Hispanic / Latino	
	M	F	M	F	M	F	M	F
Clinton	10	5	178	268	327	210	19,056	19,943
Pennsylvania	2,083	2,380	142,263	143,505	430,715	412,449	5,824,327	6,116,486
USA	279,671	280,350	4,862,948	4,889,999	27,904,147	27,294,960	128,861,175	134,497,880

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Household Types

The U.S. Census Bureau estimated there were 14,710 households in Clinton County in 2016.

Household Types, 2016

Report Area	Total Households	1 person		2 People	
		Count	Percent	Count	Percent
Clinton	14,710	3,881	26.38%	5,590	38%
Pennsylvania	4,961,929	1,467,333	29.57%	1,719,962	34.66%
USA	117,716,237	32,595,486	27.69%	39,674,011	33.7%

Data Source: US Census Bureau, American Community Survey. Source geography: County

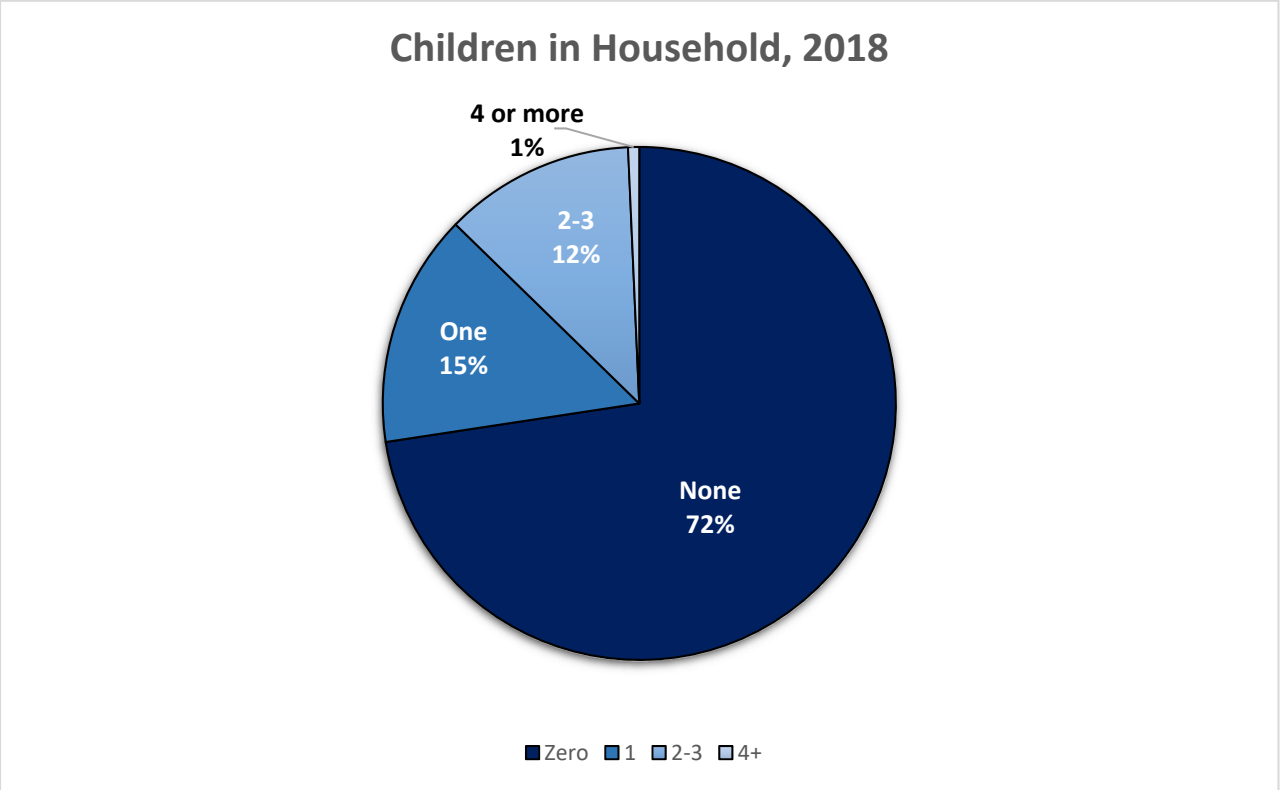
Household Types (continued), 2016

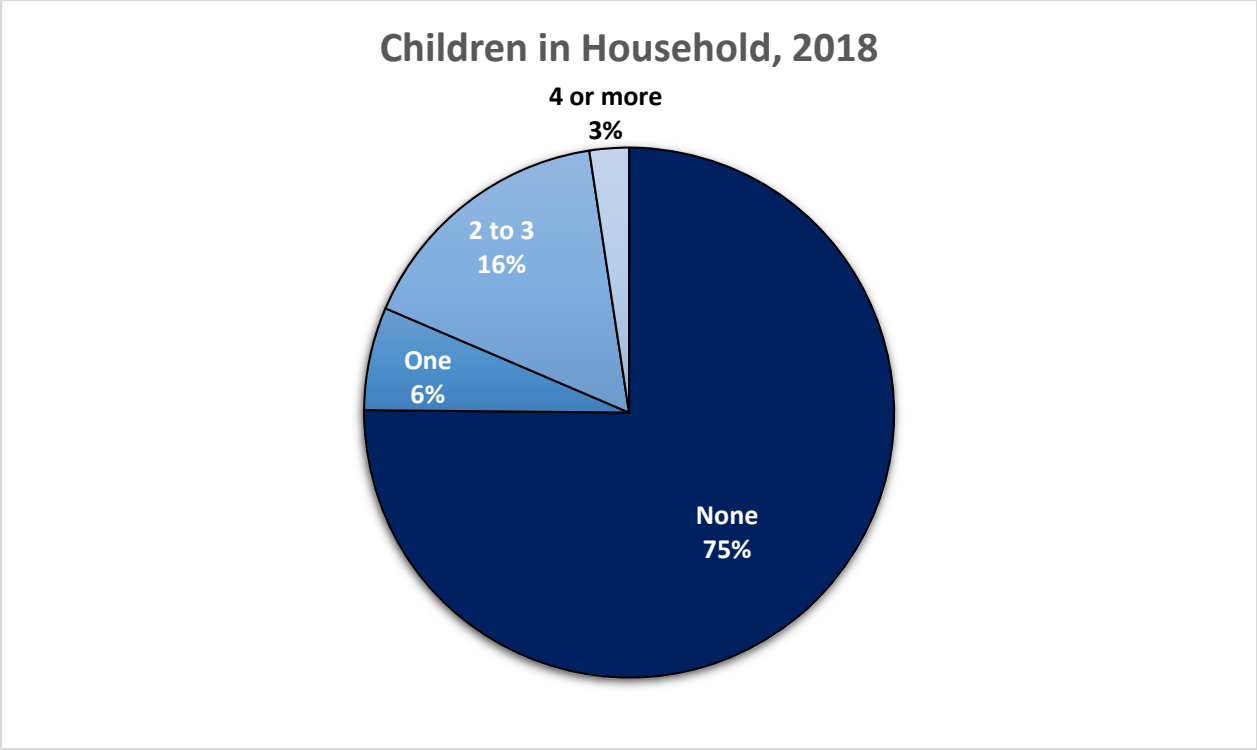
Report Area	3 People		4 People		5 or More People	
	Count	Percent	Count	Percent	Count	Percent
Clinton	2,239	15.22%	1,865	12.68%	1,135	7.72%
Pennsylvania	771,280	15.54%	608,541	12.26%	394,813	7.96%
USA	18,539,570	15.75%	15,387,938	13.07%	11,519,232	9.79%

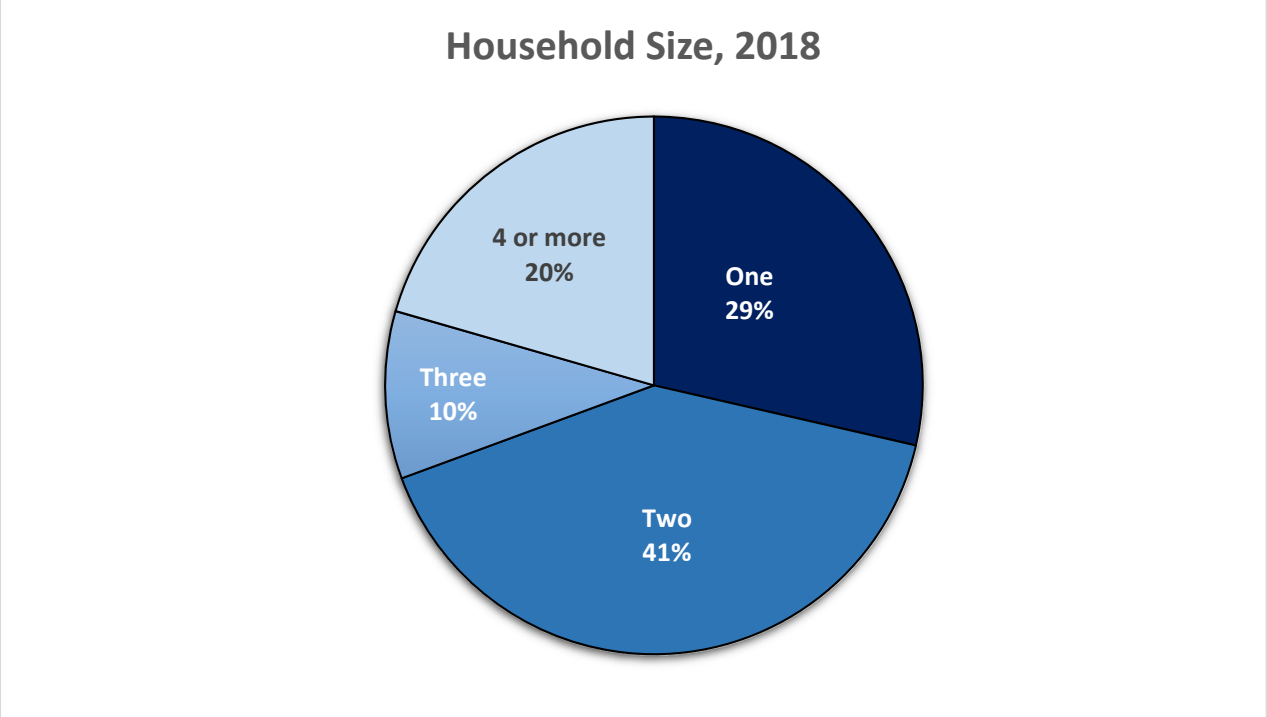
Data Source: US Census Bureau, American Community Survey. Source geography: County

Survey Data: Population

Community Survey Information




Children in Household, 2018
4 or more
3%
2 to 3
16%
One
6%
None
75%


Household Size, 2018
4 or more
20%
One
29%
Three
10%
Two
41%

Objective Data: Income

Wages

Average weekly wages for Clinton County during the period July - September, 2017, are provided in the table below. Wage and employment figures are shown for Clinton County. The average federal government weekly wage is $1,117, which compares to the average state and local government weekly wage of $1,024.5 and the average private weekly wage is $753.

Weekly Wages, September 2017

Report Area	Total Employees	Avg Weekly Wage	Federal Employees	Avg Federal Government Weekly Wage	State/Local Employees	Avg State/Local Government Weekly Wage	Private Employees	Avg Private Weekly Wage
Clinton County	13,152	$787	148	$1,117	2,164	$1,024.5	10,840	$753
Pennsylvania	5,836,506	$1,002	97,125	$1,396	582,740	$1,080.5	5,156,641	$990

Data Source: US Department of Labor, Bureau of Labor Statistics. Source geography: County

Income Levels

Three common measures of income are Median Household Income, Per Capita Income, and Average Income based on U.S. Census Bureau estimates. These measures are shown for Clinton County in the below table. The average income for earners in Clinton County is $30,202. The Census Bureau defines an earner as someone age 15 and older that receives any form of income, whether it be wages, salaries, benefits, or other type of income.

Income Levels by County, 2012-2016

Report Area	Median Household Income	Per Capita Income	Average Income Per Earner
Clinton County	$47,163	$22,084	$30,202
Pennsylvania	$54,895	$30,137	$41,219
USA	$55,322	$29,829	$42,837

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Census Tract

Median Family Income by Family Size

The table below shows median household income by family size. The Pennsylvania average for a household of 3 is $75,526 and national average is $68,625.

Median Household Income by Family Size, 2012-2016

Report Area	Household of One	Household of Two	Household of Three	Household of Four	Household of Five	Household of Six	Household of Seven
Clinton County	$21,463	$52,336	$61,299	$68,720	$65,048	$62,250	$74,479
Pennsylvania	$27,343	$61,459	$75,526	$86,965	$83,862	$79,480	$76,126
USA	$29,162	$62,214	$70,766	$81,844	$75,347	$71,600	$74,443

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

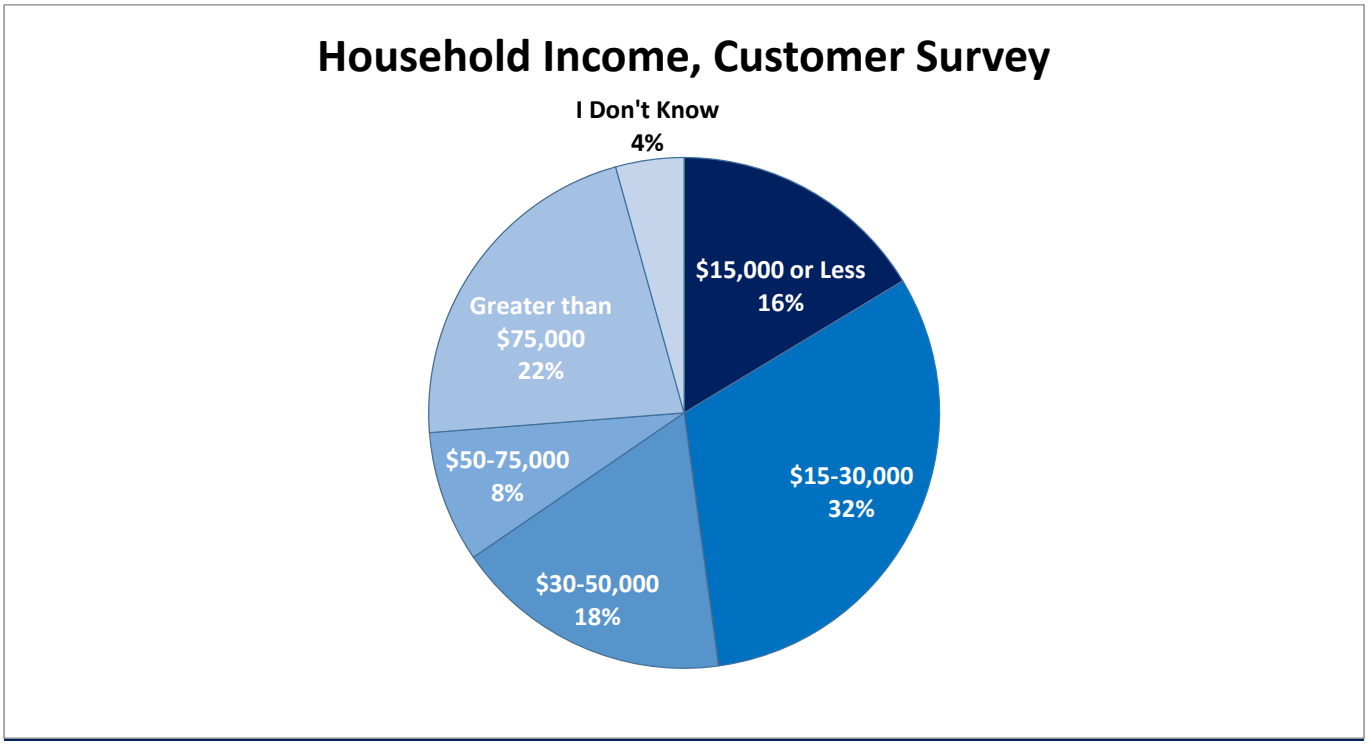
Survey Data: Income

Community Survey Information

What was the total income of all persons in your household over the past year for all household members?

	2018
$15,000 or less	**16.4%**
$15-30,000	**31.5%**
$30-50,000	**17.6%**
$50-75,000	**8.3%**
Greater than $75,000	**21.9%**
Refused	**4.6%**
Don't Know	**4.3%**

Customer Survey Information



Objective Data: Poverty

Poverty is a chronic challenge for Clinton County. In 2010, the Census Bureau listed Clinton in the bottom 5-percent of all Pennsylvania counties in terms of per capita income. Moreover, between 2000 and 2016, Clinton County's poverty rate has grown by six percent. That is more than twice the national rate for the same metric. More than ever, social services are essential to the quality of life of Clinton County citizens.

Poverty: Federal Poverty Income Guidelines

The Federal Poverty Income Guidelines (FPIG) below are issued every year by the Federal Department of Health and Human Services (HHS) and are the measure used from determining financial eligibility for all federal and many states programs. The FPIG is the same for all 48 contiguous states and the District of Columbia. The FPIG is a slightly different, simplified version of the poverty thresholds used to measure poverty for statistical purposes. In most communities, a family would need to earn twice, or 200% of the amount identified for their family size in the FPIG guidelines to achieve stability, and in some communities that number is closer to 3 times or 300 percent.

Federal poverty income guidelines, 2018

Report Area	Family/ household Size	Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8
Pennsylvania	Poverty Guideline	$12,140	$16,460	$20,780	$25,100	$29,420	$33,740	$38,060	$42,380

Services, D. o. (2018, January 18). Annual Update of the HHS Poverty Guidelines. Retrieved from Federal Register the Daily Journal of the United States Government

Poverty Rate

The table below shows the total population estimates for all persons in poverty for Clinton County. According to the American Community Survey (ACS) 5-year averages, 17.25% of all persons in Clinton County lived in a state of poverty during the 2016 calendar year. The poverty rate for all persons living in Clinton County is greater than the Pennsylvania average of 13.32%.

Poverty Rate (ACS), 2012-2016

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Clinton County	37,308	6,436	17.25%
Pennsylvania	12,369,671	1,647,762	13.32%
United States	310,629,645	46,932,225	15.11%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Poverty Rate Change

Poverty rate change in Clinton County from 2000 to 2016 is shown below. According to the U.S. Census Bureau, the poverty rate for the area increased by six percent in Clinton County, compared to a national increase of 2.7%.

Change in Poverty Rate, 2000-2016

Report Area	Persons in Poverty 2000	Poverty Rate 2000	Persons in Poverty 2016	Poverty Rate 2016	Change in Poverty Rate 2000-2016
Clinton County	4,245	11.8%	6,543	17.8%	6%
Pennsylvania	2,271,853	9.48%	3,179,169	12.87%	3.39%
United States	31,581,086	11.3%	44,268,996	14%	2.7%

Data Source: US Census Bureau, Small Area Income Poverty Estimates. 2016. Source geography: County

Objective Data: Education

Education: Free and Reduced Lunch Program

The table below shows the number of students eligible for the Free and Reduced Lunch Program in the 2015-2016 school year. The figures below include public, and private schools. There are 2,2830 students eligible.

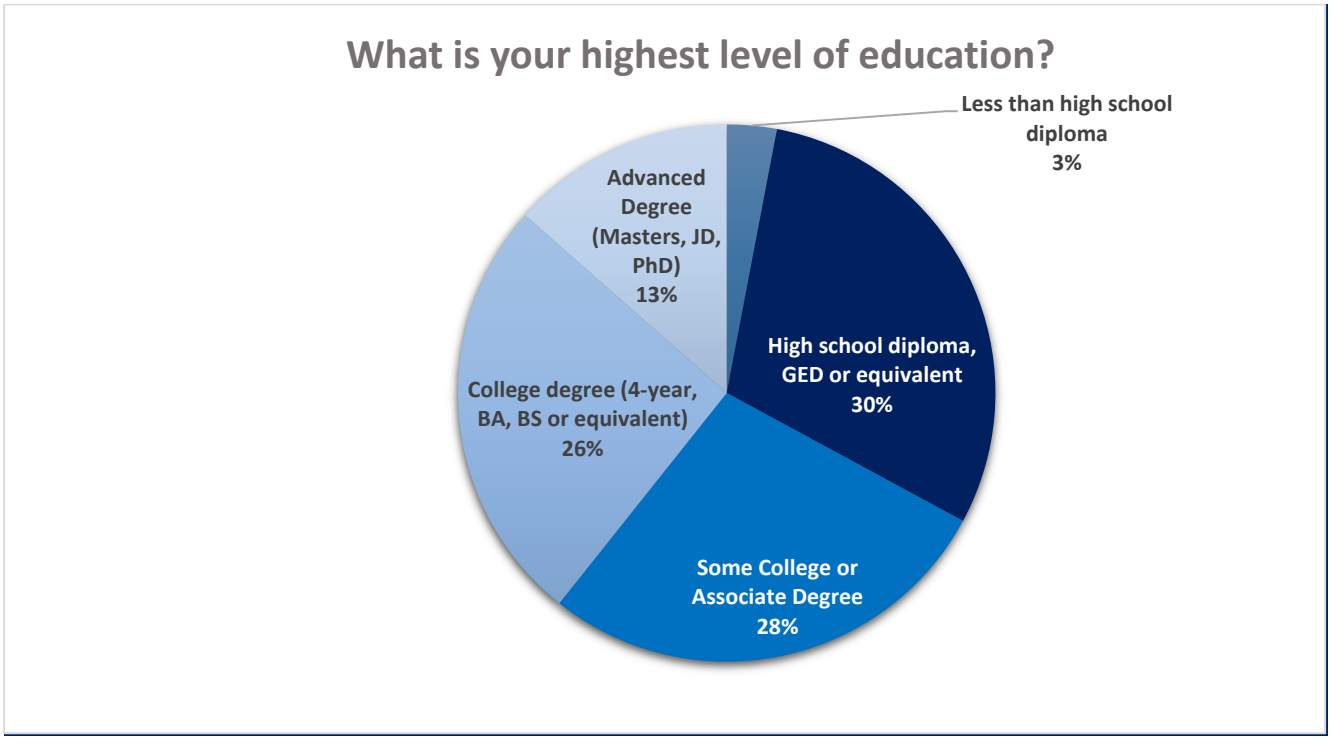
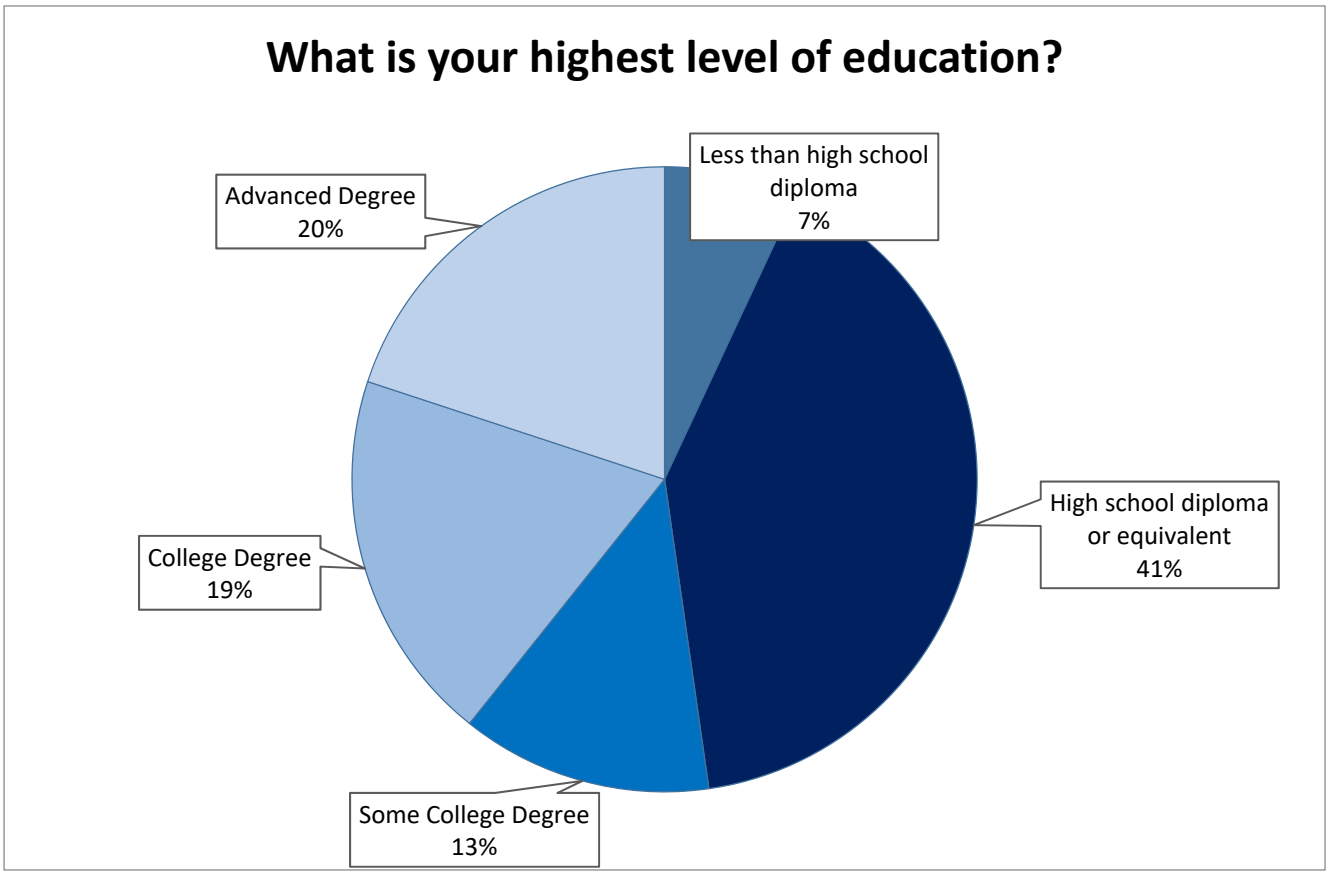
Students Participating in the Free and Reduced Lunch Program (Lunch Only), 2015-2016

Report Area	District	Type	Enrollment	Free Lunch Eligible	Free Lunch Enrollment	Reduced Lunch Eligible	Reduced Lunch Enrollment	Free and Reduced Lunch Enrollment
CLINTON	KEYSTONE CENTRAL SCHOOL DISTRICT	Public School	3,985	2,028	50.89%	222	5.57%	56.46%
CLINTON	SUGAR VALLEY RURAL CS	Public School	461	232	50.33%	48	10.41%	60.74%
CLINTON	Lock Haven Catholic School	Private School	187	23	12.30%	12	6.42%	18.72%
Statewide			1,751,081	845,729	48.30%	53,941	3.08%	51.38%

Data Source: Pennsylvania Department of Education. Source geography: County

Survey Data: Education

Community Survey Information



Customer Survey Information