

A STUDY OF SOCIAL CONDITIONS IN FAYETTE COUNTY, PA

This study was conducted by the Fayette County Human Service Council, Inc.
Research and Development Committee
Through a grant from the
Fayette County Office of Human and Community Services

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October 7, 2005

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Executive Summary

The purpose of this study was to generate current valid data and to disseminate useful findings concerning social conditions that can be used by those who create and implement programs to address specific challenges faced by local citizens and communities. This study represents the first large scale, mixed methodology study of the social conditions of the people of Fayette County. The three methods used were a mass-mail quantitative survey, qualitative focus groups, and ethnographic life history interviews focusing on the everyday life experiences of persistently poor people in the county.

Summary of Research Findings:

Demographic characteristics of survey respondents closely correspond to recent census data in major sociological categories that would be important to our analysis. In the main categories such as gender, age distribution, educational attainment, race/ethnicity, and marital status were more or less equivalent with census categories aggregated from 2000 Fayette county census. This also confirms, at least across these indicators, the reliability and validity of our research methodology for the survey sample. Because of selection bias, the distribution of low income people was somewhat lower than the formal census categories for income distribution. This problem of moderate under-representation of the poor is common among large scale surveys conducted in the United States, particularly in impoverished rural regions of the country.

The Survey asked participants to rank 32 service-related issues on both the importance of the issue as well as the satisfaction with efforts to address the issue on a 5-

point Likert scale. All 32 issues were considered important or very important by the respondents. There was consensus that all issues are important to the community. In addition, none of the 32 issues received a mean ranking that would indicate satisfaction with the way issues are being addressed in the community.

The issues most challenging to survey participants, focus group members, and interviewees include a wide range of health care concerns that encompass all age groups and concern both affordability and availability. Other important issues include safety concerns, inability to afford necessities, transportation, crime, employment (or lack thereof), and service availability. By contrast, people were most satisfied with services provided outside the traditional human service delivery system like church activities, community supports, and schools.

Based on conceptual findings derived from each respective research methodology, variant subgroups of the poor, or a typology of poverty, began to emerge from the data. This typology can be broadly characterized as ranging from the working poor who are not eligible for most forms of assistance but who work multiple low-paying jobs without benefits, to the poor who have a home but rely on some form of assistance from the government, to the most destitute who revolve in and out of homelessness. Evidence for the feminization of the poor, was particularly salient in that among the poorest households in the survey, there are twice as many female as male heads-of-household.. Gender and income were the two most significant demographic characteristics when looking at differences between survey respondent groups.

Policy Implications:

Several policy implications can be drawn from these findings. The local community struggles with a very high proportion of households in or near poverty, many headed by women with several children, and it is likely that this group may be under-represented both in our survey results and possibly the census. Many people struggle in their daily existence with a bundling of social problems linked to persistent poverty, and for these individuals the psychosocial stressors are abundant. It is also typical for many of these people to revolve in and out of various services, oftentimes utilizing many different resources concurrently which stresses the availability of resources. This population of hard to treat individuals needs to be more closely monitored and may need an aggregate of services not typically utilized at the present. With this in mind, we recommend a “one-stop-shopping” human service delivery model, monitored by a highly qualified intensive case manager with small caseloads and the ability to access services from an array of diverse agencies. This would be not only cost efficient in the long term for the region, it would also streamline services which are already over-utilized and lead to better client and community outcomes.

Interviewees and focus group participants reported a generally negative impact of welfare reform. This was particularly problematic for participants being served by the homeless shelters in the region. Working poor participants formerly receiving public assistance may be in worse shape than before, because they are resigned to low wage work that does not provide health insurance and cannot support a family at a living wage. Many of these individuals have poor work histories, few economic and social supports,

and an array of personal and social problems which make them at particular risk for falling into the gaps between social service systems. We recommend more closely monitoring this high risk subgroup, and providing more targeted employment training and job support. This would include health insurance, transportation, childcare, and facilitation to better paying work that would allow for long term, meaningful life outcomes.

The results also point to the need for human service consumers, particularly those at highest risk, to be involved as stakeholders in the development of services which best serves their short and long term needs. Current efforts to coordinate inter-agency funding and client management, perhaps by setting up a system where client tracking across all utilized services can be based on one numerical identifier, incorporate consumer input for process and outcomes. Supporting this ongoing effort would not only empower consumers, but it would also provide cost savings by reducing the bureaucratic inefficiencies which are inherent in the present system. Staff burnout, which is also a significant problem in the present service delivery system would also be ameliorated by this process. A more user friendly service delivery model would be an unintended consequence of this process. A recurrent theme in our qualitative research related to the depersonalization and anger that interviewees experienced at the hand of overstressed human service employees.

If successful, the participatory nature of these efforts will gain the support to reform programs to create a more effective, broader based service delivery system; the resulting social change in the community could contribute to breaking the cycle of persistent poverty.

History of the Study

The Fayette County Human Service Council, Inc. was founded in 1976 as a professional membership organization to improve the quality and delivery of health, human, and education services in Fayette County. The Council's mission includes research, education, partnership, and advocacy. Since the early 1990's, the Human Service Council has played an integral part in coordinated agency and community efforts to address poverty in Fayette County. Our collective focus was sharpened by three poverty summits convened by Representative Peter Daley in 1993, 2001, and 2005. Following each summit, members of the Human Service Council led the community in continuing the discussion on poverty.

In 2002, the Council brought together representatives from human services, private business, academia, and government for the conference, "Poverty: Whose Job Is It?" During this conference and the discussions that followed, the Human Service Council and its Research and Development Committee realized information gaps were preventing us from addressing poverty in a meaningful way. Without a thorough understanding of the persistence of poverty locally, new programs and initiatives will not generate long-term solutions any better than have past and current service interventions.

Fayette County leads the state in many negative socio-economic indicators. However, Census and other like information only provide raw numbers that identify the status of residents. Information collected by most service providers is specific to existing services, and fails to represent the condition of the broader population, particularly those who are not consumers of human services. They do not give any insight as to how the

economically stressed population actually lives when faced with such challenges. The mixed methodology method used in this study provides some insight. It also suggests that more focused, purposive research on specific populations could yield additional insight.

Fayette County, PA

Fayette County, in the southwestern corner of Pennsylvania, lost its leading industry, coal mining, shortly after World War II and entered a long period of economic and population decline. It is widely acknowledged as one of the poorest counties in the state, and leads the Commonwealth in several negative socio-economic indicators (Pashek Associates, 2003). According to the 2000 Census, the county's population is 148,644, with a high percentage of female and elderly headed households. In addition, 18% of people in the county are below the poverty level, compared to 11% for Pennsylvania as a whole. According to the 2000 U.S. Census, 45% of the households in the county made \$25,000 or less, while 24% of adults over 18 had not finished high school. While Fayette County experienced an economic revival in the 1990's that brought new employment, it consists mostly of temporary low paying jobs that do not provide a living wage or adequate benefits, with retail sales, tourism, and human service direct care jobs as the largest growth industries (Beaver & Cohen, 2004).

A recent regional survey (Survey/Analysis of Non-Profit Organizations Tri-County Area Fayette-Greene-Washington Counties Executive Summary. 2001) suggests that employment opportunities are at the root of the problem. In addition, this survey supports our contention that it is important to examine poverty and related indicators, and to identify

community assets that can be brought to bear on the problem with a focus on how agencies can better serve people in poverty:

“There are significantly more organizations and resources directed to assist the distressed population than to address the root cause of poverty and unemployment. No one can argue the need to help people that are in distress. But many of the communities in the study area have been distressed for more than forty years, and remains so today. Despite the large amount of both public and private funds directed to assist them, the problem still exists.... To address the root causes and reverse the generational chain of poverty, more resources need to be directed to provide employment opportunities, establish meaningful and effective career training, and raise per capita income levels in order to provide means of self-sufficiency and increase self-esteem.” (Survey/Analysis of Non-Profit Organizations Tri-County Area Fayette-Greene-Washington Counties Executive Summary. 2001, p. 50).

As the Survey/Analysis of Non-Profit Organizations Tri-County Area Fayette-Greene-Washington Counties Executive Summary (2001) suggests, neither the long history of human service intervention nor the increase in the number of low paying jobs has had much effect on the socioeconomic status of the county’s poor people. Many families have been in and out of public assistance.

Partly because of the county’s high percentage of elderly and poor families, human service agencies are among the largest employers in the county, and they provide mostly low-paying jobs. Many of the human service workers are themselves among the poorest paid professionals in their field. Many experience burnout due in part to a lack of any substantial improvement in the lives of those they serve. This widespread burnout has contributed to a perception common among human service workers that many service recipients are not really trying to improve their lives. This perception, in turn, results in behavior that has reinforced a sense of stigma associated with being a service recipient.

Such perceptions lead to ambivalent attitudes and misunderstandings between the poor population of Fayette County and the working poor human service providers, with most of these human service providers being native to the county.

The service delivery system in Fayette County is attempting to meet the healthcare, human service, and other quality of life requirements of people in the area, but it is fragmented in terms of multiple service providers and funding sources. It appears that partly because of the fragmentation of programs and funding sources, and partly as a result of the misunderstandings prevalent among recipients and service providers, that existing programs have not fully succeeded in meeting program participant needs.

Purpose of the Study

The purpose of this study was to generate current valid data and to disseminate useful findings concerning social conditions in Fayette County, PA that can be used by organization leaders and policy makers in creating and implementing programs that address the specific challenges faced by citizens and communities in the county. By identifying people's level of satisfaction with the current availability of services, the results can also be used to assist these organizations in collaboratively planning programs that address the needs of families and communities, as well as focusing program priorities and achieving excellence in program delivery. Finally, this information can also be used to promote coordination and collaboration among government entities, economic development organizations, educational entities, and human service agencies.

The information obtained through this research will contribute to efficiencies of service that, along with other current economic revitalization efforts, will empower the community to break the cycle of poverty and improve the quality of life. To date, there has been no systematic effort to obtain and understand the perspective of people in Fayette County, who have the biggest stake in the answer to these questions.

Understanding the perspective of the working poor, the county's largest stakeholder group, will help to dispel unfavorable attitudes and misunderstandings that contribute to the lack of positive outcomes. Although other surveys have been conducted locally, the data collected in this study provides broader information about people's daily living conditions and their interactions with their families, their communities, and local service providers. Additionally, a more substantive understanding of specific subpopulations is emerging from the ethnographic component of the study. This survey provides valuable information about the severity and systemic barriers of poverty. Data on what happens to agencies and the people they serve provides important information both for advocates and policy setters, and contributes to more effective and efficient provision of services.

Theoretical Foundations

There are three theories currently used in the fields of anthropology, sociology, and psychology to explain the reasons for poverty: the structural approach, the culture of poverty theory, and most recently, the theory of social relationships. While it is beyond the scope of this report to give a complete discussion of each theory, a brief discourse is in order.

The structural approach emphasizes the economic forces at the local, national, or even global level (Duncan, 1999). For example, the national decline in manufacturing, which has resulted in many blue collar jobs leaving the country because of mechanization or for places where labor costs are cheaper, was prefigured in Fayette County when the coal and then the steel industries declined. This theory emphasizes the way capitalism results in an unequal distribution of resources.

The culture of poverty theory was formalized in the 1960s by anthropologist Oscar Lewis who argued that people living in poverty establish an adaptive culture which allows them to cope with poverty. Lewis believed that this dysfunctional culture is taught, and it is internalized by the age of six. The cultural aspects addressed by Lewis were attitudes, values, and belief systems. He wrote that, once indoctrinated into this style of maladaptive living, nothing could change one's position in life (Lewis, 1966). Critics suggest that the culture of poverty theory is another way to "blame the victim," putting the blame for poverty on those who are poor. Conservative social theorists and policymakers who accept the culture of poverty theory suggest that no social policy will reduce poverty because of the self-destructive attitudes and values of the poor.

The most recent theory used to explain the reasons for poverty is the theory of social relationships. This theory views culture not as a system of values that guide our behavior, but rather as a "tool kit" of skills and habits: symbols, stories, rituals, and world-views (Swindler, 1986). Our tool kits are shaped by our experiences, the relationships we have, and the community context in which they occur. This theoretical insight has guided the work of those who expect schools to compensate for the lack of experiences and roles available to the poor; and those who stress the role of community

and neighborhood revitalization to broaden available life options. According to this theory, poverty cannot be ended as long as the poor are isolated in communities with high rates of joblessness, in deteriorating neighborhoods, and the accompanying opposition and stigmatization by the mainstream culture. This was the primary theoretical orientation guiding the researchers in the present study.

The concept of “social capital” emerged from the theory of social relationships. Social capital exists where social relationships are based on trust. It forms the civic culture in the community. When community relationships are formed historically by exploitation and corruption (coal “patches,” company stores, scarce jobs, corrupt local politics), cultural tool kits contain distrust and greed. Under these circumstances, participation in an open, honest political system or fair competition for jobs is not even an option, and change is thwarted. Poor people learn that the way to get along is to accept the way things are and do what is expected of them.

However, social capital can be created (Putnam and Feldstein, 2003). Robert Putnam has written extensively on the results of isolation, and the main trends of his theory can be traced in his works (*Bowling Alone, Making Democracy Work, Better together: Restoring the American Community*). At the neighborhood level, it can start with people knowing each other and looking after each others’ children. At the community level, it can be created by participation in organizations: churches, sports and school activities, scouts and other youth activities, mutually beneficial business groups. Contributions to social capital can and are occurring as people begin to more actively participate in community activities. It is our observation that such activities have been fostered by community leaders and have begun to flourish in Fayette County in recent

years. We hope that this momentum can lead to actions that will contribute to breaking the cycle of dependability and vulnerability of the poor. The participatory methodology of this research is intended to contribute to this buildup of social capital.

Another theoretical orientation related to the theory of social relationships is capacity-focused development. Capacity-focused development consists of mapping the assets, rather than the needs, of individuals, families, and communities (Kretzmann and McKnight, 1993). The shift from a deficits-based perspective to an assets-based perspective leads to increased options and empowerment that will have an effect on the quality of life. As the personal experiences and informal supports of human service consumers are more valued, their perception of stigma will be reduced and their experiences of poverty will be ameliorated. As these changes occur, some will adopt more productive strategies and abilities to deal with the complexities and consequences of persistent poverty.

Method

Following the 2002 Fall Conference, the Research and Development Committee shifted its short-term focus from coordinating efforts to planning and implementing this study of poverty in Fayette County. In order to accomplish their goals, the Committee decided to conduct a comprehensive survey to determine how people in Fayette County, and especially those in poverty, really live their daily lives. The survey included attitudinal and demographic measures. The survey was not designed to measure awareness of, use of, or satisfaction with any specific service in the county.

Focus Groups and the Survey

To provide preliminary information and assist in survey design, focus groups were held with geographically diverse audiences. These focus groups led the committee to identify some overarching areas of concern throughout the county, including: shelter, housing and utilities, lack of employment opportunities, problems with health care and nutrition, inadequate access to affordable or convenient transportation, safety, and lack of healthy activities for young people. The survey draft was completed using the information gathered from the focus groups. The survey was pilot-tested by members of the Research and Development Committee with their various constituencies. Input from pilot-testing shaped the final survey design.

In designing the survey, there a choice was made between conducting the survey with a convenience sample in conjunction with service delivery organizations and a mass mailing to a random sample of the entire population of Fayette County. The decision was made to use a random sample, as this would give us a broader picture of social conditions.

In order to support costs for survey distribution and incentives for participants, the Human Service Council sought funding from the Fayette County Office of Human and Community Services through the Human Services Development Fund. Following the receipt of funding, the survey distribution process began. In addition, the Research and Development Committee sought and received approval from the Penn State Office of Research Protection Institutional Review Board for the final survey instrument and accompanying methodology.

Unfortunately, Fayette County traditionally struggles with mail surveys. Getting a response rate high enough for validity has been challenging for many groups. To address this challenge, the Research and Development Committee provided an incentive system with distributed surveys to encourage participation. Originally, each survey was mailed with a coupon that could be redeemed for a \$10 grocery gift certificate. Surveys were bulk-mailed to 1,000 randomly selected households throughout Fayette County. Approximately three weeks after the original mailing, a reminder postcard was sent to those receiving surveys, emphasizing both the importance of the survey and the incentive to complete it. The original mailing (followed by reminder postcards) netted 158 completed surveys. The Human Service Council was not satisfied with the original rate of return at 17%.

From the first mailing to 1,000 households, 63 surveys were returned as undeliverable. To generate additional responses, the survey was again delivered to households on the original list of 937 deliverable addresses that had not responded to the first mailing. In the second mailing, the \$10 gift certificate was included in the envelope with the survey. The second mailing netted 149 additional surveys, yielding a total response of 307 (an increase of 94% from the initial response). Based on 937 households contacted, the total number of survey participants was 307 (a response rate of 32.8%).

This project was funded by the PA Department of Welfare Human Service Development Fund. This fund is used to expand existing services for which counties are responsible, for coordinating services, and for specialized or generic services. To meet these requirements, results of this project must be used by the county to guide delivery

and coordination of services. Specific outreach and evaluation efforts are planned to ensure this outcome.

A conference to discuss preliminary results of this project was attended by more than 50 local professionals. These people will receive notice of this report, as will all members of the Fayette County Human Service Council and county service providers. A media conference with local and regional media invited will expand the audience to the general public. All interested parties can access this full report on the website of the Fayette County Human Service Council (www.fayettehumanservicecouncil.org). Not only will we monitor visits to the survey page of the website, we will ask those who download the report to provide contact information. With this information, we will conduct follow-up activities to determine if people read the report, if they shared it with others (both within and outside of their organization), and how they have used the report. We expect the information in this report to influence program planning and creation, funding applications, and human resource opportunities.

Ethnographic Interviews

Richer detail supporting survey results was obtained through ethnographic life histories of working poor and non-working poor people in Fayette County. Qualitative research such as this is particularly effective at providing rich descriptive detail that is outside the domain of survey-based research. In this case, the ethnographic life histories will help untangle the complexities of persistent poverty and its consequences on individuals, families, and the greater community of Fayette County.

Qualitative researchers usually employ a variety of data collection techniques, a process known as triangulation. Triangulation involves the collection of information from a diverse group of individuals and settings, using an assortment of methods such as interviews, observations, taking of field notes, and document review (Merriam, 2001).

We used several “gatekeepers” who provided the research team with key informants who would be willing to allow us entry into their world. These gatekeepers worked for several of the county agencies that provide services to those in need. We used the gatekeepers’ knowledge of and relationships with the individuals whom they serve in order to gain entry into an environment that would otherwise been closed to us.

Contact information for 20 individuals was provided to the research team. These individuals were identified by the gatekeepers as “hard to serve” members of the community. Because the gatekeepers selected the individuals whom we interviewed, the sampling technique used is referred to as purposeful sampling. This sampling technique is based on the assumption that the researcher wants to “discover, understand, and gain insight” (Merriam, 2001, p. 61) into a specific group. It is therefore most important that the sample be one from which the most can be learned.

These 20 individuals permitted the researchers to enter their domain, vicariously sharing their experiences and perceptions. We wanted to conduct a naturalistic inquiry, defined by Egon Guba as a “discovery-oriented approach that minimizes investigator manipulation of the study setting and places no prior constraints on what the outcomes of the research will be” (as cited in Patton, 2002, p. 39). It was our desire to get as close as possible to these 20 individuals in order to gain a deeper understanding of their lived

experiences. In the initial analysis of these interviews, several themes emerged. Those themes are discussed in the Discussion section of this report.

Findings

Focus Groups

Focus groups were held in late 2003 and early 2004 at diverse locations throughout the county: Snowden Terrace (Brownsville), City Mission (Uniontown), Rendu Services (Dunbar), and with Fayette County Community Action's Connellsville GED class. These groups represented, respectively, residents of public housing, the homeless, the elderly, and the working poor.

Facilitators of the first focus group at Snowden Terrace dealt with an embittered group. Dunlap Creek Village had been an identifiable community with many families residing there for more than 10 years. After the Housing Authority determined it would tear down the community and move 15 to 20 families to Snowden Terrace, residents felt disenfranchised. Comments included: "poor people are getting screwed," and "they act like they don't know what we're talking about." In addition, one resident noted, "the people who make the rules here have probably never been here."

According to a Housing Authority representative attending the session, Dunlap Creek Village was chosen for demolition because the location was more attractive to a developer. Residents asked, "What about us?" Dunlap Creek Village was recently rehabilitated. Some residents noted that tearing the facilities down was a waste of government money. Comments from residents about Snowden Terrace included: "This place needs a lot of work," "why did you move me over here," and "we were forced to

move.” People expressed anger and resentment toward the decision-makers and noted they were not involved in the process.

Residents engaged in heated discussion around the issue of transportation and how it relates to other service issues for low-income people. People know about the public transportation system and have used it; however, they do not feel it is responsive to their needs. One resident said, “Transportation needs to reach us people who really need it.” Neither school buses nor fixed-route public transportation comes to the area. The closest school bus stop is approximately one mile away, and the closest fixed-route bus stop is located a few miles away in downtown Brownsville. Young children and senior citizens are especially challenged to walk such a distance. Safety concerns were also voiced. The road leading to the bus stop is isolated, and some residents along the roadway have dangerous dogs.

Residents recognize that people are uncomfortable coming to their community. One resident described it as a “phobia.” However, most of those in the group also felt that problems in the project are caused by outsiders. “The people running down the place are the people who come in to buy and sell (drugs).” They also noted the same dealers who frequented Dunlap Creek Village have moved to Snowden Terrace. This criminal element is the cause of many problems with outside agencies, including the housing authority, according to residents. According to residents, these agencies do not seem to be concerned with the safety of the residents who live there. Many felt the agencies are more concerned about their (agency employee’s) “kids” or others like them getting shot in the projects. This comment illustrated a race and class division between those who live in the “projects” and those who are on the outside.

The second focus group was held at City Mission, a homeless shelter in Uniontown. One concern voiced by participants was the shelter's restrictions. For instance, upon entering the shelter, one family was separated with the mother ending up in one shelter, and her son and daughter ending up in other shelters. In addition, the shelter does not admit persons convicted of a felony.

Participants reported they couldn't live on a minimum wage. Sometimes it is more beneficial for the individual not to work and maintain his/her medical card. One person said "you don't get anywhere by working; if you do nothing you get more." Those working minimum and low wage jobs do not earn enough income to afford decent housing. Most of the mission's residents cannot rely on family and friends to help them out. Some discussed being put out of families' and friends' homes.

When asked "How do human services help you?" participants responded that Mental Health and Drug and Alcohol services are responsive to their needs. Many of the clients are mentally ill or have learning disabilities. Programs such as the St. Vincent de Paul Store, the Salvation Army, and Fayette County Community Action are helpful.

When asked, "What do you need to leave the shelter?" participants at the City Mission said they needed job skill / work training, as well as help in the following areas: completing applications, life skills, and budgeting. Also important to successfully leaving the shelter are better public transportation, professionals who will treat them with respect, and employment. Many have to leave the area to get jobs.

The third focus group was held at the office of Rendu Services (an organization providing health services free of charge throughout Fayette County). Most of the participants were women from the Dunbar area, and the average age of participants in

this focus group was about 50. Participants reported that the economic situation was getting worse and available jobs are in low-paying fields with no medical benefits. One participant said she cannot work, pay for daycare and transportation, and still make it worthwhile. Participants agreed that because the job market was so weak, the work ethic among younger people was nonexistent. They stated that the prospect of furthering one's education was nonexistent, considering the prohibitive cost of education even with grants and loans, and with no guarantee of a job that would take one out of poverty.

Participants also expressed concern for themselves and others they know who go without food. Sometimes even the children must go without food.

Getting transportation that works with a new job schedule can be difficult. In addition, some complained the bus is often late, causing problems both with employers and service providers such as doctors. Because they live in a rural area, transportation is important.

A big concern was that costs of medications were going up monthly, and healthcare costs were rising as well. Some in the group had no healthcare or were on a long waiting list for adult basic healthcare. No one in the group seemed to have dental insurance, and all who wore glasses said some family member had purchased glasses for them.

Most of the women in this group were on fixed incomes and the money they received was already allotted to bills. As prices steadily climb, at least one woman in the group felt sure she would have to sell her trailer and move to a smaller place. Rising heating costs concerned all in this group, as did the implementation of a new sewage bill in this small community. They also identified a need for elderly residents to get

assistance in the form of household chores; many need lawns mowed and sidewalks shoveled as well as “handyman” type jobs done.

All seemed to agree that drugs were a problem in their area, but everyone seemed to feel relatively safe where they were. There is no local police force, and participants seemed to think that the State Police were not responding as fast as they could to complaints, unless bodily harm was involved.

On the positive side, the group seemed to agree upon what was good among the services they used. All had praise for the Food Bank and Community Action. All were thankful for the help they got from the US Department of Health and Human Services Low Income Home Energy Assistance Program (LIHEAP), and it seemed as though all utilized the program. Often, the women said they didn’t know what they would do without these services sometimes, except go hungry. All of the women in this group were concerned with helping others, some even as advocates.

The last focus group was held with members of a Community Action GED (high school equivalency) class. Our intent was to examine the issues faced by persons attempting to make the transition from dependence on public assistance to self-sufficiency. Participants in this focus group are actively working to break the cycle of poverty. One is striving to become an American citizen. Another is working to become a Community Nursing Associate (CNA). One has attempted to make her public housing community a safer place by drawing the attention of authorities to its problems, and although not successful she is planning to relocate to a community where her family will be safer.

Access to transportation was difficult for all participants. Participants rely mainly on other members of their household for transportation. Two participants live within walking distance of most of their destinations; one uses a shopping cart from the supermarket to bring groceries to her apartment. For all participants, transportation options are limited, with consequences for their ability to become self-sufficient through employment.

Demographic Characteristics of Survey Participants

The survey contained two distinct sections. One that addressed detailed demographic characteristics of respondents. The remaining section asked respondents to identify both their perceptions of the importance of and their satisfaction with 32 community issues previously identified through focus group discussions. Throughout our discussion of survey results, analyses and related percentages are based on valid responses (with missing data excluded), unless otherwise noted.

The random sample generated for the survey resulted in a group that, in terms of demographics, closely mirrors that of the county based on the 2000 Census. We asked respondents to identify various demographic characteristics for the head of the household, including: age, gender, race or ethnicity, primary occupation, highest level of education completed, and marital status.

Reported age of for head of household ranged from a low of 17 to a high of 90, with an average age of 51.48 years. The median age was 50, while the median age of Fayette County residents is 40.2 years (which includes children as well as adults). In

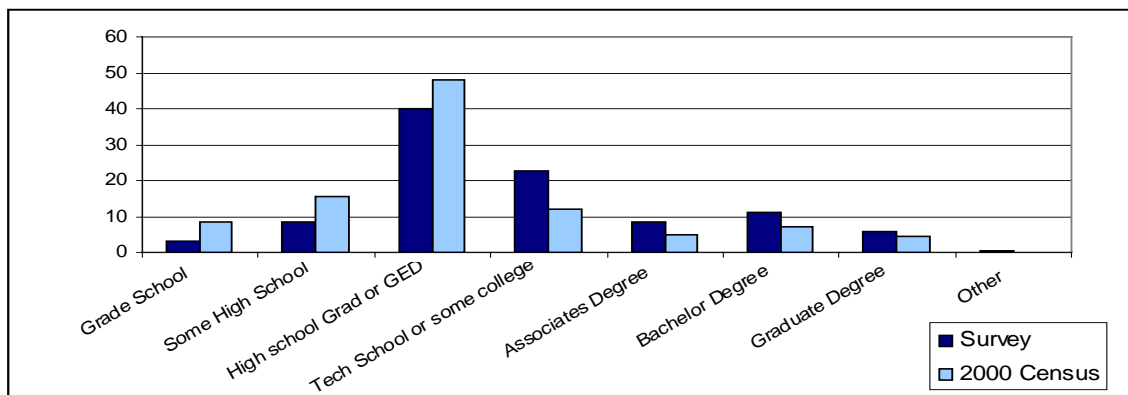
terms of gender, however, both the 2000 Census and heads of household in our survey have a population that is about 50/50 (male=150, female=152, missing=5).

The pattern for race was also similar to that of the county. More than 95% of both the county population and heads of household in the survey sample is white (N=292 or 97%). Also, unlike other areas of the country and state, we have very few Hispanic residents in Fayette County.

Education, Computers, and Internet Access

Survey respondents were asked to identify the highest level of education completed by the head of the household. Table 1 shows the highest level of education attained by heads of household. Heads of household in the survey skew slightly higher than the 2000 Census population in the area of educational attainment. Of those reporting highest level of education, most heads of household (N=121 or 40.2%) completed high school or a GED. Ten heads of household (3.3%) have a grade school education, while slightly under half the heads of household in the sample have gone beyond high school (N=143 or 47.6%). Only 50 heads of household in the sample have completed four-year college degrees (16.6%).

Table 1. Highest level of education attained by head of household.



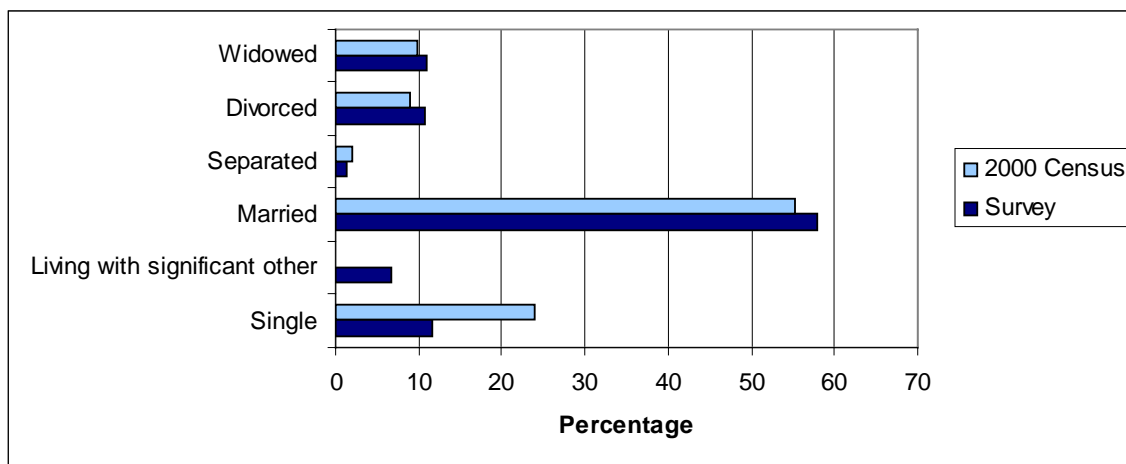
Low levels of education within the sample may have contributed to some of the challenges in getting survey responses, especially considering the length of the survey. The research and development committee was concerned about education levels and literacy when we designed and distributed the survey. The survey was designed with a Flesch-Kincaid reading level of 5.7 (corresponding to a 5th grade reading level). Flesch-Kincaid reading levels are based on the average number of syllables per word and the average number of words in a sentence, and are given in a grade level format.

A majority (N=203 or 67.7%) of those responding to a question about personal computers indicate they have a computer in their home. More than half (N=171 or 57%) indicated they have Internet access; however, we are unable to assess if all of these respondents have access in their homes. It is worth noting that a portion of respondents with no computer in their home reported that they do have Internet access. This is made possible through public access points, such as the public library, employment, and the like. According to a study from the Center for Rural Pennsylvania, this is on par with other rural areas in Pennsylvania.

Households

Table 2 depicts marital status for heads of households. In Fayette County, our propensity for marriage closely resembles that of Pennsylvania and the United States. Most heads of household in our survey are married (N=173 or 57.9%). While the Census measures single, married, separated, divorced and widowed, we added an additional category to our survey, “living with significant other.” The number of heads of household living with a significant other accounts for only 7% of our sample (N=21), while 10.7% of the heads of household in the sample are divorced (N=32).

Table 2. Marital status for head of household.



Housing

Like the measurements of the 2000 Census, the majority (N=229 or 75.8%) of respondents to our survey report living in their own homes. With most homes built before 1940, this does not necessarily indicate wealth for residents. Other living

situations included rentals (N=58 or 19.2%), living with family (N=9 or 3.0%) and “other” (N=6 or 2.0%). Although the survey included a category for “temporary housing,” no respondent used this option.

Six respondents (2%) indicated their living quarters lacked an adequate bathroom (defined as having hot and cold running water, tub or shower, and a flush toilet), kitchen facilities (defined as having a sink with running water, a refrigerator, and a stove or oven), or a telephone. It is worth noting that none of these six respondents lacked all of the above.

Seventeen respondents (N=5.6%) reported having one or more utilities shut off in the past year. Given the local economic situation, this Table might appear to be low. The 2000 Census points out that alternate home energy sources, including wood-burning stoves and kerosene heaters, are commonly used to replace or supplement utility-based energy sources throughout the county. In addition, programs like the US Department of Health and Human Services Low Income Home Energy Assistance Program (LIHEAP) and the Pennsylvania non-profit Dollar Energy Fund help low-income households afford heating costs.

In general, the majority of our population is not transient. More than 3/4 of survey respondents have lived in the same home for the past three years (N=234 or 78.3%). Most who have moved in the past three years have done so only once (N=52 or 17.4%). Of those who have moved, most indicated they did so in response to a change in employment or family situation, such as the birth of a child. Few respondents reported moving because of affordability challenges or foreclosure.

The Research and Development Committee was concerned with the problem of overcrowding in living spaces. Overcrowded living spaces are defined as those in which there are more than three people per room, excluding kitchen and bath. In general, overcrowding does not appear to be a pervasive problem. More than 83% of respondents (N=251) indicated they had at least four rooms in their household, not including kitchen and bath. The number of people living in the home ranged from a low of one to a high of eight persons. A comparison of the number of individuals residing in the house to the number of rooms (excluding kitchen and bath) showed that none of our respondents is living in overcrowded living spaces. Only 7.1 percent (N=21) reported a ratio greater than one person per room, with the highest ratio at 1.67 persons per room. Thus, even the few households with eight or more residents would not be considered overcrowded. There are always exceptions to the general situation, however.

Data analysis on housing provides a useful look at housing affordability in the county. In our survey, the mean monthly housing cost was \$335, with a median monthly cost of \$300. In addition, the mean monthly utility cost was \$223, with a median monthly cost of \$200.

According to the US Department of Housing and Urban Development, the generally accepted definition of affordability is for a household to pay not more than 30 percent of its annual income on housing. A precise measure of housing affordability is not possible with data from this survey for two reasons. First, household income was recorded in predetermined categories rather than exact dollar amounts. Second, the individual completing the survey was not necessarily the head of household or the person who pays the bills, and therefore may not have had accurate information about household

income and housing expenses. Nonetheless, a rough estimate of housing affordability can still be made.

Of the households returning the survey, 250 completed information for both the cost of housing and household income, both required for an estimate of housing affordability. Seventy-two households (28.8%) reported incomes between \$20,001 and \$40,000, 86 (34.4%) reported incomes between \$20,001 and \$40,000, while 92 (36.8%) reported annual incomes of \$40,001 or more. Twenty-one of those households (8.4%) reported housing expenses in excess of 30% of annual household income, outside of the limits for affordability. Of the 21 households exceeding affordability limits, 17 reported an annual income of \$20,000 or less. Thus, within this poorest group 17/72 or 23.6% are in housing that exceeds their ability to pay.

Employment

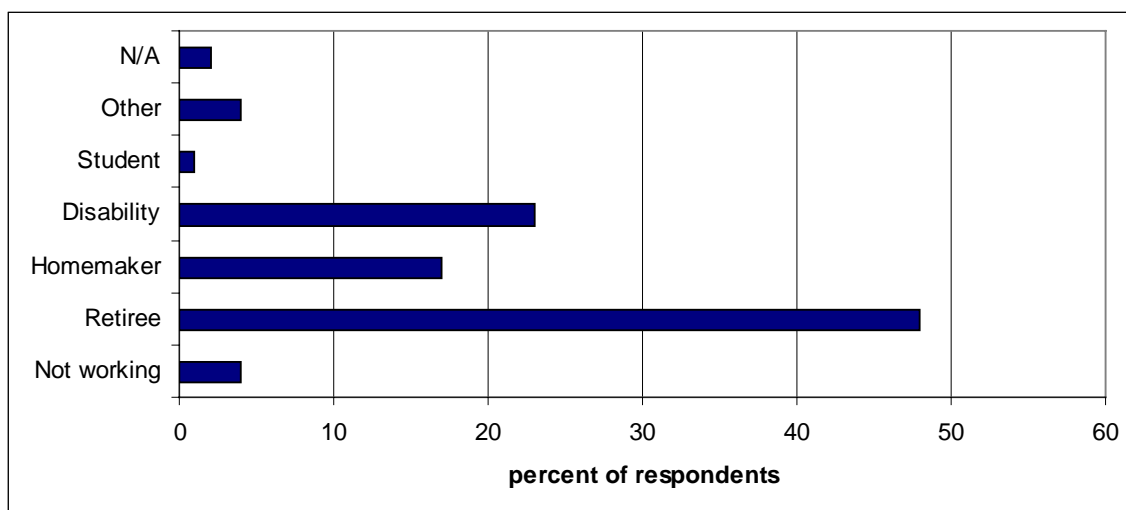
As of May 2005, Fayette County had 65,900 (not seasonally adjusted) people in the labor force with an unemployment rate of 7.1 percent (seasonally adjusted). This is higher than both the United States unemployment rate of 5 percent and the Pennsylvania unemployment rate of 4.8 percent.

More than half of respondents (N=164 or 54.3%) said they were currently employed at a job for pay. We also asked the primary occupation of the head of household. Of those who answered, 43.7 percent (N=131) reported working full-time, and 9 percent (N=27) of the heads of households reported working part-time as the

primary occupation. This leaves almost half of the heads of household out of the labor force.

Table 3 represents the primary occupations of those who identified occupations other than working for pay. It is worth noting that retirement (N=68) and disability (N=33) account for 71.1% of heads of household who are not employed.

Table 3. Primary occupation for heads of household not working for pay.



Transportation

According to the 2000 Census, about 11.5 percent of households in Fayette County have no vehicle. However, there are other ways to get around. More than 95 percent (N=282) of our survey respondents said they had a source of reliable transportation. Most of those (N=254 or 90.7%) use their own car. Respondents also

rely on public transportation (N=20 or 7.1%), family members (N=75 or 26.7%), friends (N=43 or 15.3%), and other alternative sources (N=9 or 3.2%).

Of respondents using public transportation, 16.7% (N=3) said rated their transportation as unreliable. With this newly available public transportation, only 11 respondents (4.3%) said they missed work more than 10 times in the past year due to a transportation problem.

Health Care and Benefits

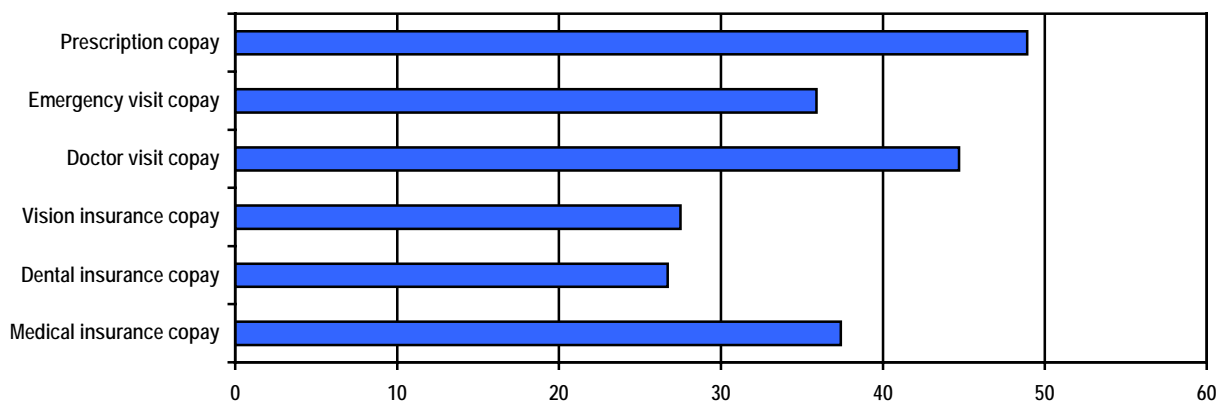
We asked respondents to identify which members of their household were covered by employer-provided benefits. Approximately 10 percent of respondents did not provide answers to these questions. Of those who did, 32 percent (N=89) said they had no employer provided medical benefits. The remaining 70 percent had some employer-provided medical benefit that covered either the employee alone (N=67 or 24.1%) or covered their family (N=122 or 43.9%). Similar numbers were recorded for prescription benefits.

Not surprisingly, the number of respondents reporting employer-provided dental or vision coverage was somewhat lower. Only about half of respondents to the employer-provided benefit question received dental (N=132 or 48.9%) or vision (N= 141 or 51.3%) benefits through their work.

Respondents receiving benefits were also asked about out-of pocket expenses, contributions to and co-payments related to these benefits (see Table 4 below). While approximately 275 answered questions about employer-provided benefits, around 200

answered the question about additional payments related to these benefits. Of those, 120 (57.4%) reported paying a monthly or annual fee for medical benefits, while 85 (40.3%) reported paying a monthly or annual fee for dental benefits. In addition, well over half indicated they are responsible for co-payments for office visits (N=139 or 65.6%) or prescriptions (N=154 or 72.6%). It is worth noting that the relatively low proportion of respondents reporting co-payments for vision or dental coverage (39.8% and 40.3% respectively) is likely a reflection of the lower proportion of respondents with vision or dental coverage.

Table 4. Percentage of respondents whose insurance coverage has co-payments.

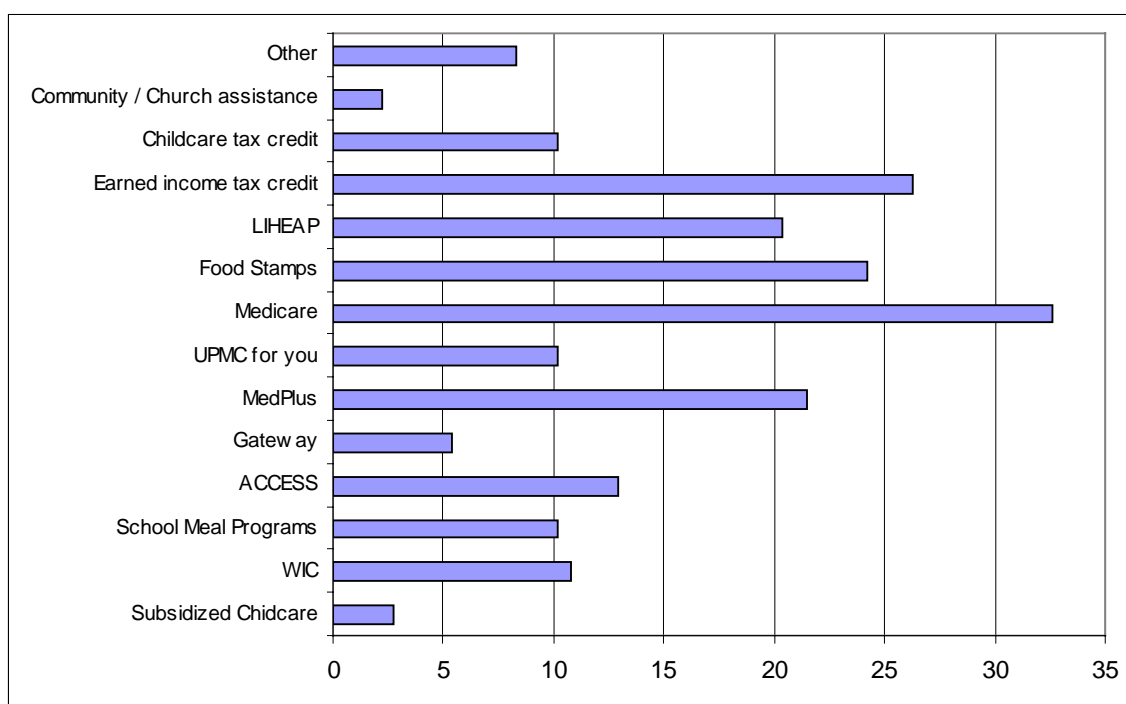


Assistance

Of the 307 survey responses, 186 reported using some form of assistance (60.6%). Response options in the survey included different types of assistance available in the county, as well as a catchall “other” category. Table 5 indicates the type of assistance used by those 186 households that identified using assistance. The single most common

form of assistance used by survey respondents was Medicare (N=61 or 32.6%). Other frequently reported forms of assistance include the Earned Income Tax Credit (EITC) (N=49 or 26.3%), food stamps (N=45 or 24.2%), MedPlus (N=40 or 21.5%), and LIHEAP (N=38 or 20.4%). Eligibility for most of these forms of assistance is based on income-level and family size.

Table 5. Percentage of respondents using assistance.



Responses to Community Issues

In addition to descriptive questions about individuals and households, survey respondents were also asked to examine 32 community issues and to identify how important they thought the issue was as well as to rate their satisfaction with efforts to

address the issue. Issues to be included were based on suggestions from focus groups.

Table 6 provides an example of the question format.

Table 6. An example of question format.

1. Identified Community Issue	
How important is this issue?	How satisfied are you with efforts to address this issue?
<i>Not important</i>	<i>Not satisfied</i>
1	1
2	2
3	3
4	4
5	5

Respondents rated both issue importance and satisfaction with efforts to address the issue on a 5-point Likert scale. Response options ranged from “not important” or “not satisfied” to “very important” or “very satisfied.” A list of all 32 issues is provided in Appendix A.

Measures of Importance

(moved to 1st paragraph) Each of the 32 issues was considered important by respondents. These issues relate to personal, family, and community desires. Services for children, adults and the elderly are all valued. No single population rises to a level of greater importance than any other population. This challenges the local service system to focus its efforts on initiatives that will be successful while addressing the multiple needs and desires of the community.

With regard to importance, each of the 32 issues addressed received mean ratings of 4 or above on a 5-point scale (where 1=not important and 5= very important), indicating a relatively high degree of perceived importance for each of the issues identified. Respondents achieved consensus on the issues with regard to importance; thus, there is implied agreement regarding the importance of all 32 issues in the community.

Mean Importance	Survey Statement
4.88	Health insurance is affordable
4.88	Prescription drugs are affordable
4.87	Health care is available for children
4.86	Health care is affordable for older adults
4.86	Local public schools are a good place for children to learn
4.85	People are safe in their homes
4.84	Health insurance is available
4.83	People are safe in their neighborhoods
4.83	Health care is available for older adults
4.8	Health care is affordable for children
4.77	People have enough money to pay their bills
4.76	Health care is available for working-age adults
4.75	People can afford enough nutritious food to feed themselves and their families
4.74	Health care is affordable for working-age adults
4.62	Training and/or education for employment are available
4.62	Older adults and people with disabilities can get help to stay in their homes
4.58	Training and/or education for employment are affordable
4.55	Services for unemployed people are available
4.52	People know about services available to them in the community
4.48	Safe housing is widely available
4.48	Quality childcare is available to all families that need it
4.47	People who may need special assistance can access public transportation
4.46	Services for mental health care are available
4.45	Services for mental health care are affordable
4.43	People can access human services when they need them
4.38	Safe housing is affordable
4.37	People who can't drive can get where they need to go with public transportation
4.3	Churches provide essential services to families and individuals in need
4.26	Older adults have access to social and recreational activities
4.21	Services for drug and alcohol abuse are available
4.17	Public transportation is available to and from work
4.17	Services for drug and alcohol abuse are affordable

Although all issues were ranked high on the importance scale, by examining the rankings we can evaluate the relative importance of the issues in regard to each other. Issues related to health care rank highest on the list of issues for importance. These are followed by issues related to safety, affordability of necessities, employment, services, and transportation. Local public schools remain important to all residents, not just those with children in the home.

Issues around transportation, drug and alcohol services, and mental health services are all among the least important issues relative to the 32 total issues. Although these issues showed the lowest mean importance on our survey, it is worth remembering they all received mean scores of at least 4 on a 5-point scale. Public transportation, drug and alcohol and mental health services are used by fewer people in the community compared to the issues ranked higher in importance like health care, schools, safety, and jobs. With rising costs of gasoline in response to world events, more people may be affected by transportation concerns and the relative importance of public transportation could rise. Other issues ranked comparatively low within the consistently high mean scores of each issue with regard to importance include elderly recreation, church services, safe housing, and access to human services.

The biggest surprise to investigators was the relatively low importance scores for drug and alcohol services (4.21 and 4.17). Community groups and individuals often complain of a pervasive drug problem in Fayette County at public meetings, school gatherings, through letters to the newspaper, and with election year platitudes. Service organizations have created plans to focus resources on parents and families affected with drug and alcohol problems. However, availability and affordability of drug and alcohol

services, while perceived as important, were rated as less important than almost 30 other issues.

Measures of Satisfaction

Although all issues were rated as important, the respondents reported being less than satisfied with efforts to address these issues. Mean scores for satisfaction with efforts to address the 32 issues ranged from 2.01 to 3.29 on a 5-point scale, with 1 = not satisfied and 5 = very satisfied. It is useful to note the discrepancy between mean importance ratings (all of which were between 4.00 and 5.00) and mean satisfaction ratings (all falling at or below 3.29). Only 8 of the 32 issues addressed (25%) received mean satisfaction ratings over 3.00. Thus, although there is some variation and a lack of consensus in satisfaction ratings, efforts to address these issues are generally rated as less than satisfactory.

The issues receiving the highest satisfaction ratings are diverse, with churches providing services receiving the highest mean rating (3.29). In fact, of the highest mean satisfaction rated issues, three of the top four are related to community-type services not direct human services: churches (3.29), social and recreational activities for elderly (3.16) and public schools (3.11).

Mean Satisfaction	Survey Statement
2.1	Health insurance is affordable
2.14	Prescription drugs are affordable
2.17	Health care is affordable for working-age adults
2.36	Health care is affordable for older adults
2.4	Health care is available for working-age adults

2.43	People have enough money to pay their bills
2.64	Health insurance is available
2.65	People are safe in their neighborhoods
2.76	People are safe in their homes
2.8	Health care is available for older adults
2.59	Training and/or education for employment are affordable
2.56	Services for unemployed people are available
2.85	Health care is affordable for children
2.71	Training and/or education for employment are available
2.88	People can afford enough nutritious food to feed themselves and their families
2.71	People know about services available to them in the community
3.09	Health care is available for children
2.71	Safe housing is widely available
3.11	Local public schools are a good place for children to learn
2.89	Older adults and people with disabilities can get help to stay in their homes
2.83	Quality childcare is available to all families that need it
2.79	Safe housing is affordable
2.79	People who can't drive can get where they need to go with public transportation
2.92	Services for mental health care are affordable
3.01	People can access human services when they need them
3.05	Services for mental health care are available
2.76	Public transportation is available to and from work
2.88	Services for drug and alcohol abuse are affordable
3.18	People who may need special assistance can access public transportation
3.01	Services for drug and alcohol abuse are available
3.16	Older adults have access to social and recreational activities
3.29	Churches provide essential services to families and individuals in need

Much of the human services work in the past few years has concentrated on awareness, availability and access to services. These efforts seem to have paid off in some small way for our respondents, given the somewhat higher satisfaction ratings for people needing special assistance accessing public transportation (3.18), availability of health care for children, mental health care and drug and alcohol programs (3.09, 3.05, and 3.01, respectively), and access to human services (3.01). It should be noted that these ratings, although among the highest satisfaction ratings, are only slightly above the midpoint on our 5-point scale, indicating moderate satisfaction at best.

Concerns about health care are paramount. Six of the 10 issues receiving the lowest mean satisfaction ratings involve health care. Respondents are particularly dissatisfied with the affordability of health care.

Issues with Greatest Difference: Mean Importance – Mean Satisfaction

T-tests were conducted on differences between importance and satisfaction ratings for all 32 issues. All were statistically significant at the level $p < .001$, (one-tailed). This provides further verification that the perceived IMPORTANCE of each issue is consistently higher than SATISFACTION with how the issue is addressed across all 32 community issues. Difference scores for the ten issues with the greatest discrepancy between importance and satisfaction are reported in Table 5 below.

Mean Difference	Survey Statement
2.78	Health insurance is affordable
2.74	Prescription drugs are affordable
2.57	Health care is affordable for working-age adults
2.5	Health care is affordable for older adults
2.36	Health care is available for working-age adults
2.34	People have enough money to pay their bills
2.2	Health insurance is available
2.18	People are safe in their neighborhoods
2.09	People are safe in their homes
2.03	Health care is available for older adults
1.99	Training and/or education for employment are affordable
1.99	Services for unemployed people are available
1.95	Health care is affordable for children
1.91	Training and/or education for employment are available
1.87	People can afford enough nutritious food to feed themselves and their families
1.81	People know about services available to them in the community
1.78	Health care is available for children
1.77	Safe housing is widely available
1.75	Local public schools are a good place for children to learn
1.73	Older adults and people with disabilities can get help to stay in their homes

- 1.65 Quality childcare is available to all families that need it
- 1.59 Safe housing is affordable
- 1.58 People who can't drive can get where they need to go with public transportation
- 1.53 Services for mental health care are affordable
- 1.42 People can access human services when they need them
- 1.41 Services for mental health care are available
- 1.41 Public transportation is available to and from work
- 1.29 Services for drug and alcohol abuse are affordable
- 1.29 People who may need special assistance can access public transportation
- 1.2 Services for drug and alcohol abuse are available
- 1.1 Older adults have access to social and recreational activities
- 1.01 Churches provide essential services to families and individuals in need

When there is a significant difference between importance and satisfaction ratings, respondents are identifying areas in which services are not meeting their needs or the needs of their communities. Paired sample correlations further show that for many issues, the correlation between importance and satisfaction is negative, meaning that as importance increases, satisfaction tends to decrease.

Areas in which the difference between importance and satisfaction were greatest include issues relating to health care, affordability, safety, and employment. In contrast, issues in which the difference between importance and satisfaction was lower indicate areas in which services are coming closer to meeting the needs of the people and their communities.

Churches play a strong role in our communities, and people are most confident in the services provided by them. With activities for older adults achieving some relative measure of meeting community needs, Fayette County may be well placed for continuing to meet the need as this population grows both in number and in percentage of population. Transportation services and satisfaction with those services have improved greatly since the human service community began to focus on this area in the early

1990's. The ubiquitous presence of the FACT busses in the more urban areas as well as aggressive marketing campaigns have surely increased people's awareness of the public transportation system.

In contrast to general health care and prescription coverage, services for drug and alcohol abuse as well as those for mental health care rank high on meeting expectations scale. This could be an indication of exceptional service as well as affordability, or it might be a reflection of fewer people using these services in the county. Professionals in these fields should consider these results carefully. In addition, specific attention should be paid to these results in future ethnographic interviews.

Comparing Ratings for Availability and Affordability

For eight of the 32 issues addressed, respondents rated the issue both with respect to availability and affordability. Differences in perceived importance of availability and affordability were compared using paired-samples t-tests. For three issues, this difference was statistically significant, with availability rated as more important than affordability: availability of health care for children ($t=3.211$, 299 df, $p=.001$), training/education for employment ($t=2.032$, 288 df, $p=.043$), and safe housing ($t=2.741$, 286 df, $p=.007$).

Differences in perceived satisfaction with availability and affordability were also compared using paired-samples t-tests. Here, the difference was statistically significant for seven of the eight issues where both availability and affordability were evaluated. For each of the following issues, respondents were significantly more satisfied with

availability than affordability: health care for older adults ($t=8.215$, $df=284$, $p<.001$), health care for working adults ($t=5.718$, $df=290$, $p<.001$), health care for children ($t=5.724$, $df=298$, $p<.001$), health insurance ($t=10.099$, $df=296$, $p<.001$), services for drug and alcohol abuse ($t=2.264$, $df=251$, $p=.024$), services for mental health ($t=2.965$, $df=258$, $p=.003$), and training/education for employment ($t=3.325$, $df=275$, $p=.001$).

An Examination of Education by Income and Gender

Further statistical analyses of the data provide more in-depth information to add to these findings. A series of cross tabulations was run to determine the relationships between poverty, as measured by household income, education level, gender, and age. The results are summarized in Tables 7, 8, and 9 below.

Table 7 shows the relationship between household income and highest level of education achieved by the head of household for the 268 participants who provided information on both items. Income categories were broken down fairly evenly into three groups: those households making \$20,000 or less (82 households), \$20,001 to \$40,000 (91 households), and \$40,001 or more (91 households). It was more difficult to collapse the educational levels into meaningful groups, with the largest number (105) of heads of household holding a high school diploma or GED, followed closely by those who attended technical school or hold an associate degree (89). While, as expected, those with the lowest educational levels have the lowest income, and those with the highest educations have the highest income, there was an unexpected result: The distribution of income by education shows no difference between high school graduates

and those with Technical School or Associate Degrees (a separate chi square using just these two groups across income categories is non-significant). Surprisingly, the educational level for those

Table 7. Household Income x Highest Level of Education for Head of Household

Household Income	Less than High School		High School Graduate		Technical School, Associate Degree		Bachelors Degree Post Graduate		Total	
	#	%	#	%	#	%	#	%	#	%
\$20,000 or less	20	71%	36	34%	21	23%	5	20%	82	33%
\$20,001 - \$40,000	5	18%	38	36%	38	43%	10	40%	91	37%
\$40,001 or more	3	11%	31	30%	30	34%	10	40%	74	30%
Total	28	100%	105	100%	89	100%	25	100%	247	100.0%

earning \$20,001 to \$40,000 was almost identical to the educational level for those earning \$40,001 or more. The results indicate further that you need at least a high school diploma, but that there is little difference between the financial rewards obtained with a diploma and those obtained with less than a 4-year degree. It is not clear whether this says more about the county's educational opportunities or job market.

Within the county, the industry mix retains some high-paying jobs that may potentially require less than a bachelors degree with Construction, Manufacturing, and Wholesale Trade being the largest employers in this group. The sectors with the highest

employment in the county as of the 2002 Economic Census are Health Care and Social Assistance (785,509), Retail Sales (661,993), and Accommodation and Food Services (382,019). Jobs in Accommodation and Food Service (\$1,230) and Retail Trade (\$1,662) have among the lowest average monthly earnings of all industry categories. Within Health Care and Social Assistance, those employed in Hospitals (\$2,469) are the only ones in the group earning more than the average monthly earnings of Fayette County full-time employees. That group represents about ¼ of employees in that field. Ambulatory Health Care Services (\$2,250), Nursing and Residential Care Facilities (\$1,558) and Social Assistance (\$1,278) comprise the other 75 percent of the sector.

The future for Fayette County employment does not indicate growth in higher paying sectors of the economy. Among the top ten industries ranked on the greatest number of new hires, eight of the ten are in industries paying less than the county average monthly earnings (Food Services and Drinking Places, Administrative and Support Services, Ambulatory Health Care Services, Nursing and Residential Care Facilities, General Merchandise Stores, Food and Beverage Stores, Social Assistance, and Motor Vehicle and Parts Dealers). Compared to the state, Fayette County's average monthly earnings of \$2,292 are less than that of Pennsylvania with average monthly earnings of \$3,108.

In the realm of education, four of the six school districts in the county are not yet meeting the adequate yearly progress required by the No Child Left Behind Act. These requirements include: a target of 90 percent or any improvement in school attendance, a target of 80 percent or any improvement in graduation rate, at least 45 percent of students testing proficient on the mathematics assessment, at least 54 percent

of students testing proficient on the reading assessment, and at least 95 percent of students must take the tests. The county has no community college and only one higher education institution, Penn State Fayette, The Eberly Campus.

Table 8 shows the relationship of gender of the head of house to household income. The results strongly support the feminization of poverty in Fayette County, with more that twice as many (56) females reporting living in households with less than \$20,000 than males, and males outnumbering females in the two higher income

Table 8. Household Income x Gender of Head of Household

Household Income	Female		Male		Total	
	#	%	#	%	#	%
\$20,000 or less	56	21%	27	10%	83	31
\$20,001 - \$40,000	38	14%	53	19%	91	34
More than \$40,000	38	14%	57	21%	95	35
Total	132	49%	137	50%	269	100%

categories. Women, on average, earn less than men in the United States with the Census Bureau reporting average earnings of women achieving about 2/3 of average men's earnings. When comparing the average monthly earnings of men (\$2,771) and women (\$1,855) in Fayette County, that same percentage (67%) holds true. This average, however, does not recognize the larger numbers of women in relatively lower paying jobs. In addition, the wage gap decreases among younger people and those with higher

education levels. Fayette County, with an older population than many areas, could be expected to have a higher wage gap.

An analysis of gender X income X education is again statistically significant for both males and females, although more strong for women (without violating any assumptions. The analysis for men skirts some of the assumptions about expected frequencies). Further results were obtained by obtaining point-biserial correlations for income and education, and partialling out the effects of gender. Interestingly, the inclusion of gender suppresses the relationship, although not in a big way. The relationship between income and education is $+.238$, and with gender removed it rises to $.254$.

Further information was obtained by t-tests for gender across the 32 issues. Although there is much consensus between the genders about the issues, most of the differences involved ratings of importance. The following is a summary of the significant differences:

Women rate the following more highly:

- Importance of availability of drug and alcohol treatment
- Importance of affordability of drug and alcohol treatment
- Importance of affordability of safe housing
- Importance of churches providing needed services
- Importance of availability of public transportation
- Importance of availability of mental health (marginal)
- Importance of affordability of training/education (marginal)
- Importance of availability of safe housing (marginal)

- Importance of quality child care (marginal)
- Importance of public transportation for people who can't drive (marginal)
- Satisfaction with schools (marginal)

Men rate the following more highly:

- Satisfaction with affordability of nutritious food
- Satisfaction with money to pay bills
- Satisfaction with people who need assistance access public transportation

It is interesting that women rated importance more highly and men rated satisfaction more highly, with the one exception of schools. Many of these results require directional hypotheses in order to be significant. Many results are not surprising. For example, women rating the importance of churches providing services more highly than men is not surprising given that women traditionally have been more invested in the spiritual well-being of families and communities. We can make a similar argument about women's concerns about the importance of childcare. Women's concerns about training are not surprising given the relatively lower pay and education among women.

Table 9 summarizes the relationship between age of head of household and household income. The results show that 39 percent of head of household age 65 and over are living in the poorest households, while an additional 41 percent live in households with an income between \$20,001 and \$40,000. These older adults also face the highest health related expenses, not all of which are covered by their insurance. Less than 40% of adults under age 65 have a household income of \$40,001 or more. This can be considered a gender issue as well as an age issue, because demographically the proportion of female-headed households increases as age increases.

Table 9. Household Income x Age of Head of Household

Income	Age 18-34		Age 35-44		Age 45-64		Age 65+		No Data		Total
	#	%	#	%	#	%	#	%	#	%	
\$20,000 or less	13	31.6%	18	34.0%	30	25.0%	20	39.2%	5	83.3%	86
\$20,001-\$40,000	13	31.0%	17	32.1%	40	33.3%	21	41.2%	0	0.0%	91
\$40,001 or more	16	38.1%	18	34.0%	50	41.7%	10	19.6%	1	16.7%	95
Total	42	100.7%	53	100.0%	120	100.0%	51	100.0%	6	100.0%	272

An Examination of Employment and Gender in Low Income Households

Variation by meaningful sociological subgroups can be used to further differentiate our community sample. Analysis was conducted on the effect of employment status and gender in poor and working poor households. Survey respondents provided information about their employment status, gender, household income, and the number of people in their household.

Households reporting per capita income less than or equal to \$5,000 were considered for the sake of subsequent analysis to be “poor”. Household income per capita income was derived by dividing household income by the number of individuals residing in the home. Based on this working definition of poverty, 54 households fit this criterion for poverty. Employment status of the head of household for those households meeting our definition of poverty is summarized in Table 10. It is worth noting that 24 of the 54

heads of households living in poverty are employed either full-time or part time, the working poor. Those who reported not working further identified their employment status as homemaker, retired, or student, or unemployed

Table 10: Lowest Per Capita Income x employment status

	Employed	Not Employed
Per capita income \leq \$5,000	24	30

Table 11 summarizes poverty status (poor versus not poor) by employment status and gender of the head of household. The feminization of poverty is evident here.

Although there are proportionately more male heads of households among the working poor, 9 of 14 (64 percent), there are proportionately more female heads of households among the non-working poor, 25 of 40 (63 percent). Not surprisingly, among those who are not poor, most heads of households are working, and the pattern between employed and not employed does not differ across genders.

Table 11: Lowest Per Capita Income by Gender

		Employed	Not employed	Total
Poor	female	15	25	40
	male	9	5	14
	Total	24	30	54
Not poor	female	52	36	88
	male	70	51	121
	Total	122	87	209

Grouping Issues into Factors

Data reduction techniques (such as factor analysis) allow researchers to take a large number of variables and reduce them to a smaller number of underlying factors. In

Table 12: Factor Analysis Rotated Component Matrix

People can access human services when they need them	.303	.178	.116	.293	.662
People know about services available to them in the community	.353	.091	.234	.234	.645
Health care is available for older adults	.705	.083	.226	.130	.187
Health care is affordable for older adults	.719	.160	.203	.075	.316
Health care is available for working-age adults	.743	.290	.157	.046	.280
Health care is affordable for working-age adults	.782	.245	.141	.032	.233
Health care is available for children	.763	.108	.197	.339	-.194
Health care is affordable for children	.804	.141	.132	.273	-.120
Health insurance is available	.616	.276	.268	.105	.344
Health insurance is affordable	.717	.299	.233	.039	.305
Prescription drugs are affordable	.611	.203	.362	.139	.198
Services for drug and alcohol abuse are available	.056	.191	.147	.862	.061
Services for drug and alcohol abuse are affordable	.109	.139	.199	.812	.220
Services for mental health care are available	.199	.320	.084	.689	.213
Services for mental health care are affordable	.269	.322	.107	.650	.357
Training and/or education for employment are available	.272	.573	.386	.137	.289
Training and/or education for employment are affordable	.327	.600	.366	.126	.302
Services for unemployed people are available	.295	.501	.410	.205	.310
Older adults have access to social and recreational activities	.321	.480	.240	.379	-.122
Older adults and people with disabilities can get help to stay in their homes	.398	.524	.336	.375	-.126
Safe housing is widely available	.330	.266	.622	.221	.160
Safe housing is affordable	.343	.369	.562	.288	.067
People are safe in their homes	.251	.211	.825	.020	.086
People are safe in their neighborhoods	.257	.183	.824	.114	.038
People can afford nutritious food to feed themselves and their families	.091	.242	.702	.230	.191
People have enough money to pay their bills	.271	.448	.563	.135	.246
Quality childcare is available to all families that need it	.338	.434	.396	.304	-.022
Churches provide essential services to families and individuals in need	.154	.390	.362	.402	-.135
People who may need special assistance can access public transportation	.120	.732	.218	.299	.033
Public transportation is available to and from work	.151	.753	.182	.216	.261
People who can't drive can get where they need to go with public transportation	.100	.713	.213	.310	.266
Local public schools are a good place for children to learn	.345	.527	.165	.040	-.064

Extraction Method: Principle Component Analysis.

Rotation Method: Varimax with Kaiser Normalization

the case of the 64 attitudinal variables (32 measuring perceived importance of issues and 32 measuring satisfaction with how these issues are addressed), factor analysis was used to explore the underlying factors accounting for the shared variance between (1) the 32 importance items, and (2) the 32 satisfaction items.

Both sets of items were analyzed using principal component analysis (PCA). Results for the 32 importance items were inconclusive. However, the 32 satisfaction items were reduced to five underlying factors. Several criteria were used to determine the optimal number of factors: the widely-used Kaiser criterion (whereby all components with Eigenvalues greater than 1 are included), the Cattell's scree test (recommending that components below the elbow of a scree plot be dropped), the variance explained criterion (explaining a maximum of variability with a set of parsimonious factors), and comprehensibility (the interpretability of the factor solution).

Based on these criteria, five factors were selected and rotated using a Varimax rotation procedure. The rotated solution, as shown in Table 13, yielded five factors: health care (accounting for 46.7% of the variance), support services (7.9%), physical and safety (5.6%), drug, alcohol, mental health and spiritual support (4.2%), and general awareness of services (3.6%). On the whole, these five factors account for 68% of the variability in satisfaction ratings. Perhaps the most striking finding is that satisfaction with drug, alcohol, and mental health services are interrelated and distinct from satisfaction with other health care issues (availability and affordability of health care, insurance and medication concerns).

Satisfaction data was recoded into five scales corresponding to the five factors (described above) derived from factor analysis. Subsequent analyses (independent

samples t-tests) were conducted on the scales to determine whether subgroups (based on gender, employment status, and poverty status) differed in satisfaction across these five areas.

Table 13: Five Factors Selected

Underlying Factor	Satisfaction Item	Satisfaction Rating
Health Care	Health care is available for older adults	.705
	Health care is affordable for older adults	.719
	Health care is available for working-age adults	.743
	Health care is affordable for working-age adults	.782
	Health care is available for children	.763
	Health care is affordable for children	.804
	Health insurance is available	.616
	Health insurance is affordable	.717
Support Services	Training and/or education for employment are available	.573
	Training and/or education for employment are affordable	.600
	Services for unemployed people are available	.501
	Older adults have access to social and recreational activities	.480
	Older adults and people with disabilities can get help to stay in their homes	.524
	Quality childcare is available to all families that need it	.434
	People who may need special assistance can access public transportation	.390
	Public transportation is available to and from work	.732
	People who can't drive can get where they need to go with public transportation	.753
	Local public schools are a good place for children to learn	.713
Physical and Safety	Safe housing is widely available	.527
	Safe housing is affordable	.622
	People are safe in their homes	.562
	People are safe in their neighborhoods	.825
	People can afford nutritious food to feed themselves and their families	.824
	People have enough money to pay their bills	.702
Drug, Alcohol, Mental Health, Spiritual Support	Prescription drugs are affordable	.862
	Services for drug and alcohol abuse are available	.812
	Services for drug and alcohol abuse are affordable	.689
	Services for mental health care are available	.650
	Churches provide essential services to families and individuals in need	.402
General awareness of services	People can access human services when they need them	.662
	People know about services available to them in the community	.645

No significant differences were obtained based on gender – both men and women reported similar low levels of satisfaction across all areas (scale means ranged from 2.44 to 3.03, on a five point scale). The only significant difference for employment status was for health care ($t(225)=-2.49, p=.013$), with those who are employed giving lower satisfaction ratings for health care than those who are unemployed (Employed: $M=2.34, SD=.90$; Unemployed: $M=2.65, SD=1.05$). For poverty status, those living in poverty reported marginally lower satisfaction with physical and safety issues than those not living in poverty, $t(217)=-1.35, p=.09$ (Poverty: $M=2.49, SD=.91$; Not living in poverty: $M=2.68, SD=.87$).

Discussion

Impact of Methodological Decisions

One of the strengths of this project has been the collaboration between the academic community, human service professionals and the broader community in an effort to study social conditions in Fayette County, building on years of work by local public officials and human service providers. Faculty members from Penn State Fayette The Eberly Campus, Indiana University of Pennsylvania, and California University of Pennsylvania, as well as Penn State Cooperative Extension Educators provided technical assistance. In keeping with the participatory nature of the research team, many of the people who participated in the design of this research were community volunteers and students.

Prior to receipt of the grant from the Fayette County Office of Human and Community Services, availability of adequate funding to conduct research was an issue. Following the receipt of funding, several changes had to be made to the survey design and the project took longer than planned. However, the results of this expanded design have allowed us to triangulate the findings from the survey, ethnographic interviews, and focus groups. This has allowed us to begin to develop a typology of poverty and its impact on individuals, families, and social conditions in Fayette County. As previously mentioned, our findings have serious implications for those who assist organization leaders and policy makers in creating programs that address the specific challenges faced by citizens and communities in Fayette County.

What Demographics Tell Us about Social Conditions

The validity of the results obtained from the random sample generated for this survey is underscored by the close correspondence of major sociological indicators (such as age, gender, and race) to results of the 2000 Census. The fact that survey respondents skew slightly higher than the 2000 Census population in the area of educational achievement indicates that persons with the lowest education levels are underrepresented in our survey. Education levels correlate with income; therefore, it is likely that we also underrepresented those who are consumers of human services. However, the views of these persons are represented in both the focus groups and ethnographic interviews. Thus, the mixed methodology of triangulating focus group, survey, and ethnographic interviews resulted in more accurate picture of social conditions.

The five percent of our respondents who reported living with family or other situations represent more than 3,000 households living outside the traditional home ownership or rental situation, based on the 2000 Census (which counts 60,047 households in Fayette County). It is helpful to remember that 3,000 households translates to several times that number of individuals. With 3/4 of survey respondents living in the same home for more than three years, many Fayette County residents may find it difficult to understand those few who are seriously challenged to find safe, permanent housing.

Our community is challenged because about one-half of our eligible residents are out of the labor force. In comparison, the labor force participation for the United States is about 66 percent. Our low labor force participation puts us in a difficult position for economic development, as well as for finding public and private funds to pay for needed services. Within the next ten to twenty years, the number of retirees is expected to grow. This will result in an even greater percentage of the population out of the labor force. Fayette County needs to prepare for this challenge by focusing on adults and the elderly in poverty as well as children. With increasing numbers of older adults and fewer working-age adults to support the economy, county services will be more stressed and stretched in the near future.

At first glance, one might be encouraged that only 8.3 percent of households in Fayette County have no vehicle. However, it is useful to remember that, of the 90.7 percent of households that do own a vehicle, for those households already struggling financially, the expense of owning and maintaining a vehicle is formidable. It is worth noting that we did not include walking or biking as possible responses for alternative transportation, although at least one respondent mentioned walking a form of

transportation. Within some of the more remote areas of the county, walking or biking would be challenging; however, we have more urbanized areas in which this is a more realistic alternative.

About 24 percent of participants in our survey identified at least one member of the household who has no medical benefits. This explains one reason why health insurance issues are of paramount concern to respondents. For the uninsured or underinsured, health expenses can consume a sizable portion of the household budget.

Fewer than 60 percent of respondents reported using public or faith-based assistance programs, although many did not respond to the questions related to assistance. Some people may be reluctant to report using assistance. Others may not use public assistance although they are eligible for such.

Understanding Community Issues

Satisfaction ratings were lower overall than importance ratings, with only handful of mean satisfaction ratings rising above the scale midpoint while mean importance ratings fell at the upper end of the scale (between 4.00 and 5.00). However, people are generally more satisfied with the availability of services in their communities than they are with affordability. Much of the human services work in the past few years has concentrated on awareness, availability and access to services. These efforts seem to have paid off for many of our respondents.

The low ranking of the importance of drug and alcohol issues could be an indication of a system that is doing its job well. If people do not see the need for these

services (no squeaky wheel), then the services might not be deemed to be important (don't get the grease). On the other hand, these results might also reflect a preference for punitive measures over treatment for drug and alcohol abusers. In addition, people who have not been touched directly by these issues may not see them as particularly important compared to other issues with which they have firsthand experience.

The statements with the greatest difference between importance and satisfaction are largely consistent with those statements receiving the lowest mean satisfaction ratings. This is to be expected considering all importance ratings were very high (between 4.00 and 5.00) while mean satisfaction scores rarely exceeded 3.00. Almost all of the high-ranking mean difference statements concern health care, and one concerns money. To put it another way, almost all concern money and one addresses access. In addition, safety remains a concern for many respondents.

Service providers might consider working on areas the community sees as most important and least satisfactory. Notice, too, that many of the services with which people are most satisfied are those available in their community through non-traditional service providers, such as churches and schools. Recognizing the level of concern as well as the level of dissatisfaction, these issues may provide an opportunity for service providers to partner with local businesses and consumers as advocates (not lobbyists) for changes in the system.

This suggests an important use for the findings discussed in this report—to serve as the basis for targeted research on change in community attitudes. Many of those participants whose voices are heard in this study seem to have a better concept of what is needed to change the system than do program staff and administrators. While programs

provide resources to deal with basic necessities such as food and health care, it appears that it is easy to “fall through the cracks” of this safety net. This discussion indicates that there is little prospect of systemic change until there is a change in attitudes within the service delivery system as well as in the larger community.

What We Learned From Focus Groups

As discussed in the Findings Section of this report (above), there are many faces of poverty in the county, and the consequences of poverty vary from group to group. The differences are based on geographic location, gender, age, race, education, employment status, and type of residence. However, there were some similarities. At every focus group, voiced concerns included: shelter, including housing and utilities; lack of employment opportunities; problems with health care and nutrition, including mental health and substance abuse; inadequate access to affordable or convenient transportation; safety; and lack of activities for youth.

Participants offered their views of welfare reform. “What went wrong is when they cut welfare. You get a job and are economically independent, but people are working so hard to make ends meet.” Many feel that they are in worse shape now than when they were on welfare, because there have obtained only minimum wage jobs that do not provide health insurance. Some in the group said the only way to get health insurance was to have a disastrous health incident (heart attack) or a chronic health condition (diabetes).

Participants also pointed out that most of the services, along with employment opportunities, are centrally located in Uniontown. With the transportation challenges

faced by local residents, they said these services “don’t apply to us.” It appeared that most residents were very aware of services available to them and how to obtain these services. They seemed to be challenged in obtaining the right services to meet their needs.

Other concerns raised by this group ran the gamut from reliable transportation to medical expenses. Focus group participants stated that the FACT bus is unreliable when trying to keep appointments. Some participants were concerned that teens and children have no place to play. Several lamented a system that penalizes those who are trying. Some acknowledged off the books (under the table) work. Medications are very expensive. One pregnant mother with three small children said she is on SSI for epilepsy and stopped taking her medication because of the cost. She receives only \$84 a month on SSI.

Those facilitating focus groups were unaware of the degree of poverty experienced by some of the participants, the depths to which poverty reaches, or the consequences to individuals and their families. According to one resident at Snowden Terrace, “They don’t care about the poor people.” The stigma attached to public housing causes phobia. As a result of this reputation, people don’t want their children traveling through housing projects on a school bus. In addition, the private carriers associated with the FACT system do not travel to many isolated rural locations. According to one participant, “they bypass this place like we have the plague.” The mandated move of public housing tenants to Snowden Terrace took many residents further from their jobs, health care providers, and other places of interest for residents. This has increased economic hardship, especially for those who rely on public transportation. Costs to use

the system have risen based on their new location. For many, paying for the bus was already a challenge. One resident asked, “How can I pay for the bus without enough work?”

Many discussions focused on the efforts of participants to improve their lives and those of their families. They face the barriers of lack of transportation to employment, loss of health care for themselves and their families if they become employed, and concern for their physical safety. However, many are actively seeking to overcome those barriers by participating in educational programs and developing realistic goals. They are receiving support from informal networks, such as family and neighbors, and formal support through the programs offered by Community Action, as well as public assistance and Medicaid. However, these formal supports can be lost before they achieve their goals of self-sufficiency if they exceed a minimal level of income because of program eligibility requirements.

One major disincentive for self-sufficiency is loss of health care benefits. One participant whose husband is her source of transportation is a heart transplant patient who suffers from seizures. The family has Medicaid health insurance, but could lose it if the participant becomes employed. Another participant had no health insurance coverage until she became pregnant; she now has medical and dental coverage. Before this, her parents helped her with medical expenses by “maxing out their credit cards” to make incremental payments on her medical bills. Both parents are working, one at a gas station and the other at a restaurant, but have no health insurance themselves. Another participant had health insurance through Medicaid but lost it when her husband became eligible for Veteran’s Administration benefits. She lost her husband and continues to be

uninsured, but is now on the waiting list for Pennsylvania's Adult Basic health insurance program. She was recently hospitalized and owes her doctor over \$1,000, which she is paying off at the rate of \$25 a month when she can.

Participants were also very concerned about their personal safety. One participant living in public housing fears break-ins. When she takes her young daughter to the playground, she must watch carefully because it is littered with syringes. Participants report violent crime and drug dealing out in the open. In many cases, there are no local police, only state police who are distant from the community. Another participant lived in public housing until someone entered her apartment and stole her checkbook. She became insecure because of the knowledge that someone would violate her privacy and steal from her. She now lives in a subsidized apartment building for seniors that has security, but she still lives in fear and won't go out at night.

There are very real challenges for those on fixed incomes. Health care problems only exacerbate these challenges. It is important to note that services in jeopardy due to budgetary constraints are used by these people as a means of survival. Finally, the poor are conscious of being viewed as "different" and in a negative light. At the same time, the poor are taking the lead in helping the poor in this area by providing informal assistance to their neighbors.

A contribution that researchers can make as human service professionals and educators is to discuss the social conditions in Fayette County, Pennsylvania on three levels—making policies that affect the lives of others, developing programs when we identify service gaps, and providing services to individuals and families living in the county. Often, we are made aware of the difficulties experienced by our clients because

of our interactions with them. When that occurs, it is our ethical responsibility to advocate for social change.

Human Service Concerns: Awareness, Accessibility, and Depersonalization

Although the survey results indicated some moderate satisfaction regarding awareness, accessibility, and utilization of county services, a different story was told by the 20 “hard to serve” key informants. It was quite evident from the conversations held with the key informants that they were not aware of the variety of resources available to them in Fayette County. As one participant put it, “I ain’t got no phone, no transportation. How am I gonna’ know?” Nor were the key informants knowledgeable concerning access to those services in which they were interested. They often commented on being sent from one agency to another as they attempted to access a service they needed. After several attempts to seek assistance, eight of the participants shared that they simply became frustrated and ceased to seek help. Those individuals who continued to search for services identified an abundance of barriers encountered in attempting to access services. They referred to these barriers as “hoops” through which they had to jump. One woman who utilized a variety of services talked about the human service “humiliation” she experienced. She described her experiences of being shuffled from agency to agency, sharing the same story time and again. She said she was made to feel shame and guilt for accessing needed services.

Many of the participants shared that they were treated with disrespect. They said they were “looked down upon” and “treated like animals.” “People talk down to me

because I have no formal education,” one participant stated, “but I am a woman who has lived experiences that has taught me more than any educational system.” Two other participants asked where they could find the “humanness and compassion” that human service professionals are supposed to show toward their clients. In fact, the most unsettling theme shared by the interviewees concerned their perceptions regarding human service professionals: “I feel like we [her family] are an imposition to my case worker.” “I’m just a number. I feel invisible at times. They don’t see me; they just see a number.” “I feel like cattle waiting to be herded into the barn.” Another interviewee stated “it appears to me that the system keeps us down. They [the human service professionals] disempower you; make you feel you need to be taken care of. No one believes in you or your abilities. Because of my experience, I have no desire to seek help from the human service profession. I would rather struggle by than to be belittled or talked down to.” Roughly, 70 percent of those interviewed related similar stories regarding disrespectful and insensitive interactions with one or more human service professionals.

Toward a Typology of Poverty

Data from both the ethnographic interviews and focus groups suggest the existence of several levels of poverty in Fayette County. The poorest of the poor are those individuals who live in homeless shelters, under the bridges, in alleys, and the like. They exist on day-to-day, moment-by-moment. Then, there are the poor who have a home and receive some form of assistance from the government. Finally, there are individuals we identified as the working poor. These individuals live just above the

economic guidelines established by the federal government. Therefore, they are not eligible for government assistance. Many work multiple jobs, most of which are low paying. They have no medical benefits for themselves or their children.

One widely used coping mechanism is downward social comparison. No matter what one's situation, one way to cope is to find a group that fares more poorly on some dimension. The use of this coping mechanism was evident as individuals described their own plight in such a way as to make the situation bearable, if not superior, to that of individuals they consider to have money. In many instances throughout the interviews, participants made statements indicating that they considered themselves richly blessed in "more weighty considerations" other than money. Family relationships and the safety of the family members were reported as a top priority of all those interviewed. It appears that participants measure happiness and satisfaction by standards other than money.

Subsistence and Survival Strategies

Having conducted both focus groups and one-on-one interviews, it became clear that professionals probably do not accurately understand the social conditions in Fayette County, particularly from the clients' perspectives. During an interview, one participant stated, "If you haven't lived in poverty, you can't begin to understand what it feels like." This statement, though succinct and simple, is the essence of the need for the researchers to venture into the environment of the poor living in Fayette County. This participant, along with the 19 other similarly situated individuals, shared with the researchers the "invisible pain" of poverty and, in so doing, helped break down stereotypes, assumptions,

and beliefs about people classified as the “poor.” As observers in this community, human service professionals can view the existent poverty in rundown homes, in lines at food distribution centers, by the dress of those we pass on the street or meet in discount stores, or by the homeless individuals who populate the shelters in the county. However, the emotional toll of poverty as it relates to any given individual or family remains hidden.

Oscar Lewis’ theory is prominent in discussions of poverty as it relates to social conditions (Ideal types of the ‘culture of poverty’ and its implicit alternative, n.d.; A structural theory of poverty, n.d.). However, it was not supported by the current research. Lewis held that individuals living in poverty adapt to and accept poverty as a lifestyle. The individuals we interviewed adamantly stated otherwise. One participant, who identified herself as a single parent, explained that every time she attempted to make what she viewed as significant changes in her lifestyle, she was “held down” by others in the professional service community. She indicated she was “goin’ to school” and “holdin’ down two jobs,” yet she was perceived as “worthless” because she required assistance. She and others whom we interviewed did not indicate an adaptation to living in poverty; rather, they spoke of taking steps to eliminate the need for assistance from public sources.

Relative to the discrimination theory (A structural theory of poverty. n.d.), the participants were vocal concerning the educational opportunities afforded their children by virtue of the school district in which they reside. There are six school districts in Fayette County. The participants identified only one of these school districts—Laurel Highlands—as being prestigious and desirable for educational and related reasons. It is worth noting that several local school districts (Frazier, Uniontown, and Connellsville)

actually have higher state rankings than Laurel Highlands. One participant stated that her son, an African-American youth, was told by his teacher that he would not “amount to anything” because he was black. She stated that the educational system of Fayette County is oppressive with respect to people of color.

Several of the participants also discussed the private schools in the county. They stated that they did not have the economic resources needed to send their children to these “elite” schools. They were particularly outspoken concerning the opportunities offered by Geibel High School (a Catholic school which is the only large private high school in the community), stating that it is an elite school to which the “rich” in Fayette County send their children.

While several of the interviewed individuals indicated that they are labeled as living in poverty according to government standards, they also stated that they did not perceive themselves as being impoverished. Many of the participants shared with us that they are “rich” in many different ways that are not measured by the federal government. This leads us to examine three different definitions of poverty—the economic definition established by federal government guidelines; the societal definition of poverty, which is a social construct; and the individual definition of poverty established by those individuals who have been classified, either economically or socially, as living in poverty.

Another observation of the interviewees is that people in Fayette County, like many Americans, equate success with property ownership. Approximately nine of the people we interviewed fell below the federal poverty guidelines. However, they owned property and expressed that such ownership placed them on a level with other, more

affluent individuals. It appears that, in some ways, ownership of property is a substitute for other types of capital, such as income or education. One informant alluded to the importance of property when he said, “As long as I have a place for my family . . .” Surprisingly, another form of “capital” identified by the interviewees was the debris collected on their properties: “If you can help someone out with a car part you can get something else of value for yourself.”

There *is* some downward shift social comparison even in an area where poverty is higher than average. Many people in poverty do not consider themselves to be in abject poverty. Two interviewees, neither of whom were eligible for the food stamp program, indicated they were “hardly living plush lifestyles” but felt their stories were not as compelling as “really poor people.” Although neither family reported having any “luxuries or savings,” they indicated they were “just out of the woods by a hair.” Several interview participants stated that the worst part about being poor here in Fayette County compared to the big cities are the difficulties associated with living in a rural area, including traveling long distances for shopping, isolation, and poor road conditions. In fact, one of the key informants met the interviewer at a location other than their home stating that the interviewer would not be able to “navigate the road.” The same individual’s property was separated from the road by a creek and needed a bridge to gain entry to the property. Instead, they improvised by using an old flatbed truck to cross the creek.

A final finding of the ethnographic interviews relates to the social survival skills of the impoverished in Fayette County. All 20 participants stated that life events can throw one into poverty. One woman stated: “One minute I’m privileged and the next

minute I'm standing in a food line." Many survive by "robbing Peter to pay Paul;" that is, they will pay only those bills that they see as being necessities (e.g., rent, utilities, and food). Many of the adults "do without" so that their children can have better lives than they did, thus shielding their children from the daily struggles associated with living in Fayette County. Those interviewed reported having many sleepless nights in which they ponder how they will "make ends meet." They also find ways of escaping from the demands of daily living: "In order for me to escape reality, I don't mind having a few drinks." They reported that the financial strains they undergo cause fights between couples and within families; this situation has had a direct impact on the children in these families.

Are human service programs viewed as contributing to an improvement in the quality of people's lives? Do service recipients view the human service delivery system as having helped them, their families, and the community in which they live deal with the complexities of persistent poverty and its consequences? The data indicate that human service programs do both, to a limited extent. The data seem to support Stone's (1997) contention that public policy is to allow just enough support for physical survival. The data show that for participants of this study, some basic needs, primarily nutrition (food stamps) and health care (Medicaid), are met. Yet even these basic services can be lost if employment raises the family's income beyond program eligibility limits.

This is not a theoretical or political issue for participants in this study. It is a reality about which they feel both resentment and puzzlement. It is disturbing that paid employment can be desirable for the resulting increase in status and self-esteem even when it is economically disadvantageous.

Directions for Future Research

Further Analysis of Survey data

Further analysis of the data is warranted. Initial analyses were performed on the full sample. One purpose of the survey was to get a sense of how the population of Fayette compared with Pennsylvania and United States census data, and this analysis is reflected in this report. The presentation of frequency distributions and measures of central tendency for key variables represents the initial level of data analysis. Further analyses can now be conducted to reduce the data and perform subgroup analyses in order to derive meaningful substantive and statistical differences between population subgroups. Given the focus of the survey and the original intent of the study, the creation of a workable “social class” variable is the initial priority. We expect that variations in family socioeconomic status influence many of the indicators studied.

More than 30 percent of the households (many with several children) reported an annual income of \$20,000 or less. The 50 percent breakpoint in the distribution was at \$30,000. These proportions more or less parallel income categories collected in the 2000 Census. This indicates that many people in the county struggle in their daily existence. It is this group that carries most of the psychosocial burdens that help define Fayette County, one of the poorest rural counties in the state. Cynthia Duncan, one of the leading scholars on the problems of rural America, defines the plight of the rural working poor (particularly in Appalachia), and the sociological consequences of persistent rural

poverty, as one the main social problems affecting the well-being of our country today (Duncan, 1999).

It is also likely that some of the substantive community issues which came to light earlier in the analysis such as “health” and “safety” concerns are particularly problematic for the more impoverished subgroups. Additional analyses can focus specifically on subgroups according to gender, household income, level of education, and race. This will provide a better understanding of conditions affecting specific subpopulations of the community. Combining household income and head of household education into meaningful conceptual categories can allow us to use subgroups such as age cohorts and gender in further analyses. Multiple analysis of variance (MANOVA) can be used to differentiate key socioeconomic subgroups across various substantive dimensions from our survey. It is also our assumption that women, particularly younger women, suffer disproportionately from the exigencies of poverty. This formulation, known sociologically as the “feminization of the poor,” is one of the more serious, long term concerns in the county because of its link to teen pregnancy and intergenerational poverty. Finally, we intend to use our social class construction to further differentiate the population on relevant lifestyle variables such as the importance of community issues, housing and living space, transportation concerns, employment status, medical benefits, federal subsidizations, links to regional de-industrialization, and involvement in the local “informal” economy.

The first sixty-four “community issue” variables, which represent a range of service-based concerns, need to be reduced to more parsimonious categories. This will allow us to speak about the importance of “health care” issues, “housing” concerns,

“transportation” and the like, and to identify the relationships between sociological constructs such as socio-economic status, age, gender, marital status and others. Variation by meaningful sociological subgroups can be used to further differentiate our community sample. For example, detailed analysis was conducted on the effect of employment status and gender in households with the lowest income.

Our preliminary findings have shown us that a cluster of health and safety concerns were reported as the most important community issues affecting people in the county, other clear conceptual and statistical factors can be isolated and tested. Factor analysis and an interpretation of specific factor loadings and their statistical significance allowed us to differentiate major issues related to people’s definition of importance and satisfaction to many human service-based concerns in the community. Additional analysis can be conducted on the five main factors identified: health care, awareness and access to services, services that support families, physical and safety issues, and coping resources.

Supplemental Ethnographic Data

It is recommended that one direction for continuing research is the use of convenience samples to clarify certain issues for which the survey did not yield significant results. In addition, while 20 participants are sufficient for many ethnographic research studies, we believe that additional interviews from those participants who completed the initial surveys would add to the richness of the data collected. Further investigation is warranted by some of the answers provided by these participants.

Additional research is also needed to yield information regarding the organizations serving these diverse populations. Specifically, we need to consider the methods employed by social service organizations, the training received by the human service professionals in their educational programs regarding diversity issues, the means by which the availability of resources is disseminated to eligible individuals, and the knowledge level of human service professionals regarding the services available to their clients.

Participation and Inclusion of Stakeholders

The results also point to the need for future research to provide information for service providers, public officials, and policymakers to shape structural change. Understanding the social conditions for those living in poverty, and the role that human services plays as a support, is necessary to make the best use of the limited funding available. Further, monitoring the changes in social conditions through the coming years, as anticipated funding cuts are implemented, will provide a useful baseline for those advocating for support from all levels, including the state, foundations, and the community.

We expect to follow up on this research periodically to monitor changes in the community. Resources for this research are already in place from the Pennsylvania State University, California University of Pennsylvania, and Indiana University of Pennsylvania. Additional resources for research will be sought from funders who have an interest in this area of research. Finally, it is hoped that readers of this report will

participate with the Research and Development Committee as we continue our efforts to investigate the causes, consequences and solutions to poverty.

In the future it is incumbent on the Research and Development Committee to provide training to all committee members on survey methodology and design prior to attempting to design and distribute a survey. It is also important to look at comparison data (for example, the Census) before designing survey instruments so that valid comparisons can be made between samples. To support future research, we will extend the academic, professional and community partnership that has emerged to train scholar-practitioners, both students in local institutions of higher education and human service workers who are seeking a better understanding of the dynamics and effects of our current service delivery system. Scholar-practitioners can be provided with training in both quantitative and qualitative methods of research in design and representation. They can get experience in sampling, observation, interviewing, and data analysis to better understand and promote service system utilization. These student-practitioners could have considerable experience in the county's service system. There are good theoretical reasons that this experience could lead to participation in an ongoing, broader, action research endeavor.

Consistent with the theoretical orientation followed throughout this study, initiating participatory action research can help identify ways in which service recipients can become empowered. This would provide a method for a wide range of stakeholders to focus on the best ways that the above recommendations can be achieved. Techniques such as focus groups could be used to not only provide data, but also to create an increasing number of consumer/advocates. If successful, the resulting social change in

the community could contribute to breaking the cycle of persistent poverty, as well as to gaining the support of staff and administrators to program reform to create a more effective, broader based service delivery system. Finally, although it is outside of the scope of this study, the data in this report suggest that further research appears to be needed from the psychological perspective on dealing with the depression and resentment created by poverty in the community. Such an understanding will contribute toward the building of social capital in Fayette County and remove one of the main barriers to the oft stated goal of Moving Fayette Forward.

Policy Implications and Practice Recommendations

Challenge of Prioritizing Action Items

This study was undertaken not only to generate data, but also to inform those who create and implement programs that support our communities and serve local people and families in poverty. The researchers found it difficult, however, to make recommendations based on the results of the research. When all issues are regarded as important and none of the issues is being addressed satisfactorily, we are challenged to prioritize areas for action. Nevertheless, some obvious and not so obvious actions that could influence positive change surfaced through discussion of the results.

This is a partial list of recommendations for those individuals and organizations to consider as they continue their work.

Directions for Human Service Agencies and Professionals

The availability and affordability of health care was a major concern for all survey respondents, as well as interviewees and focus group participants. It is incumbent upon those who are interested in serving the local population to advocate for health care improvements that will help satisfy the community. Current education and advocacy efforts underway by organizations like the Community Health Improvement Project, the Uniontown Hospital, the Fayette Chamber, and other interest groups should continue and be supported by the human service community. These efforts should strive toward inclusiveness, expanding the range of voices advocating for a better system. In addition, providing leadership training to underserved populations can help them become better advocates for their specific needs.

Local elected officials must recognize the importance of this issue to the community and make health care a focus of policy discussions. Health care should be prioritized over other issues, because it is prioritized by the citizens. Also, these leaders should actively support the dissemination of publicly supported health care programs like Children's Health Insurance Program, Adult Basic, and new Medicare options. Elected officials could take the lead in making sure the affected population is aware of changes to the Medicare program and of options available in Pennsylvania.

Many participants complained of difficulties in navigating the human service system as well as in dealing with human service professionals. Health and human services need to be more integrated, thus creating a system that ensures people receive the right interventions and maintain their dignity. Fayette County service providers are working toward this model with the submission of a 2006-2007 Integrated Children's Service Plan that works toward a system of care for children and families that is

comprehensive, efficient, and easy to access with a special focus on the needs of families with young children. Creating a “one-stop-shop” for services would move toward this type of system. Encouraging consumer input in the design and maintenance of this system will result in a better system that both serves and empowers people in need. Creativity in referring, tracking, and billing functions is necessary to support such an idea. This type of system will work only if health and human service agencies, as well as their funding sources, can work together to the benefit of the consumers and wider community.

Human service professionals, especially those who interact regularly with consumers, need to be supported in their efforts. Ongoing cultural sensitivity training can help these professionals increase their understanding of as well as empathy toward consumers and the specific challenges they may face. Working with difficult cases can lead to burnout as well as vicarious trauma for human service professionals. Employers should consider creative and generous reward programs that provide tangible and non-tangible benefits to encourage workers. In addition, human service professionals should have treatment options and support available at, or at least through, their place of work. Managers should maintain an awareness of individual workers’ situations, and should recommend treatment as needed. It is vital that workers not be penalized for taking advantage of such programs.

Directions for Education

As we create a new generation of human service professionals in human development, corrections, and health care, educational institutions should prepare these

students to build upon the positive aspects of consumers' lives. The treatment model does not satisfy the needs of the poor, nor does it empower them to work toward independence. As one interviewee said, "They (the human service professionals) disempower you; make you feel you need to be taken care of. No one believes in your abilities." By incorporating assets-based theory and practice into teaching courses, the new generation of human service professionals will be prepared to overturn this paradigm.

Although satisfaction ratings were mediocre at best, schools received among the highest relative mean rankings for satisfaction. Human service agencies should interact with the schools more closely and speak with a coordinated voice. In that manner, they can discover what the schools are doing right as well as conduct outreach and treatment in a setting that is more satisfactory than the traditional human service office.

Education is a major determinant of whether or not a family lives in poverty. For that reason, the community must support education initiatives. Policy makers should be increasing, not decreasing, supports for higher education at federal and state levels. Local scholarships can be created to assist needy students. Higher education needs to be creative in finding ways to serve the traditionally underserved population including outreach and extension activities. Particular attention should be paid to encouraging women to pursue higher education, because education plays a stronger role in determining poverty among female-headed households. Special programs for women, including recruitment, supportive services, and funding, can help reduce the number of poor, female-headed families.

Directions for Economic and Community Development

Within the context of welfare reform and the challenges expressed by research participants, county, state, and federal policy makers should review and support research on welfare reform strategies that work, especially those that support people in rural areas and single, female heads of household. Innovative programs that help people feel confident they will not lose current levels of support can help encourage someone transitioning into the workforce. Discovering and replicating best practices is a realistic way to support families coming out of poverty. This activity will require partnerships among consumers, federal and state agencies, employers, economic development groups, workforce investment groups, education institutions, and health and human service providers. When considering the special employment challenges of women in poverty, policy makers should address the obvious disparities like child care needs and unequal pay, but also they should address less obvious needs like safety concerns at home and work locations.

Employers and health and human services organizations should work more closely together to support the varied needs of the community, especially the working poor. By providing services, or at least promoting the awareness of services, at workplace sites, employers can join in the effort to assist local people in need. Job sites are a location where a large part of the adult population can be reached. In addition, broad-based health promotion programs can provide a benefit to the employer in terms of fewer sick days, lower insurance costs, and increased productivity. An interesting model is that of the Cleveland ACHIEVE program that provides on-site case management and assistance on job-related issues to low-wage workers in the nursing care industry.

Preliminary evaluative results show an increase in retention rates for these commonly transitional workers, although these retention gains appear to get smaller over time.

Creating a community in which all organizations come together to promote the quality of life in the private and public sphere can help to develop that community as a whole.

A current and emerging challenge facing economic development in Fayette County is that of the aging population. Currently 18 percent of the population is over the age of 65. By 2011, the large baby boomer cohort will be entering this age range.

According to the Center for Economic and Community Development at Penn State, the percentage of the population older than 65 years is expected to be 21.6 percent by the year 2020. A task force should be developed to prepare for this demographic shift.

Fayette County needs an interconnected strategy to prepare for the health, housing, transportation, leisure, and long-term care requirements of the aging population. In addition, a shrinking workforce, potentially lower tax revenues, and a smaller school-age population will affect public and private entities. Representatives from all sectors of society should begin preparing now for this future situation.

Oftentimes, local governments, public, and private entities are unable to predict events that might affect operations or public needs to be addressed. Global and national economic trends influence funding, job availability, educational strategies, and cost of living. All groups need to maintain an awareness of influential trends and need to be able to respond quickly to unpredictable events. All policies and practices need to be determined within the context of the greater social and political economy.

This report suggests that strong support from the economic and community development communities for improved human services could have an impact on

outcomes such as workforce readiness. The report further suggests that all sectors of the community: consumers, federal and state agencies, employers, economic development groups, workforce investment groups, education institutions, and health and human service agencies, support stronger efforts at the county and local levels level of planning and coordination for the health and welfare of their citizens. This will require new partnerships, new resources, and a participatory decision making process, supported by improved communication and valid research. It is hoped by the authors of this study that this report becomes part of the proposed solution.

Appendix A: Issues Included in the Survey

1. People can access human services when they need them
2. People know about services available to them in the community
3. Health care is available for older adults
4. Health care is affordable for older adults
5. Health care is available for working-age adults
6. Health care is affordable for working-age adults
7. Health care is available for children
8. Health care is affordable for children
9. Health insurance is available
10. Health insurance is affordable
11. Prescription drugs are affordable
12. Services for drug and alcohol abuse are available
13. Services for drug and alcohol abuse are affordable
14. Services for mental health care are available
15. Services for mental health care are affordable
16. Training and/or education for employment are available
17. Training and/or education for employment are affordable
18. Services for unemployed people are available
19. Older adults have access to social and recreational activities
20. Older adults and people with disabilities can get help to stay in their homes
21. Safe housing is widely available
22. Safe housing is affordable
23. People are safe in their homes
24. People are safe in their neighborhoods
25. People can afford nutritious food to feed themselves and their families
26. People have enough money to pay their bills
27. Quality childcare is available to all families that need it
28. Churches provide essential services to families and individuals in need
29. People who may need special assistance can access public transportation
30. Public transportation is available to and from work
31. People who can't drive can get where they need to go with public transportation
32. Local public schools are a good place for children to learn

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