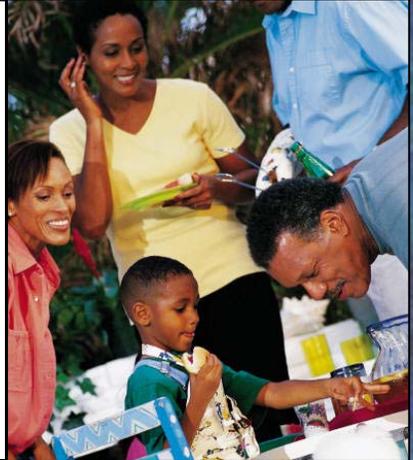




the Foundation

for Enhancing Communities

Enhancing Quality of Life Through Philanthropy



Community Investment Initiative Critical Issues and Recommendations Franklin County

Presented by:
Delta Development Group, Inc.

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Critical Issues

Introduction

The Foundation for Enhancing Communities (The Foundation) commissioned the Community Investment Initiative report in the Fall of 2003 with the intent of accomplishing several things: uncovering the region's most critical issues; focusing the community's extensive civic capital to collectively address the issues' root causes; leveraging our region's substantial private and public financial resources and applying them in the areas of greatest need; and motivating the general public, elected officials and non-profit community across the counties of Cumberland, Dauphin, Franklin, Lebanon and Perry to action.

We analyzed over 70 Key Indicators – bits of data that helped us tell this story about our community. We talked to nearly 250 experts and service providers across the five counties in areas such as community health, education, public safety and response, arts and culture, the environment, economic development, government and shelter. We sent 6,000 community surveys out to the region's residents, and 1,500 of you sent them back. We collected and reviewed existing needs assessments and studies conducted by our area's various service groups and agencies over the last ten years to build upon and to ensure that we did not duplicate their good work. This report is the culmination of that effort.

The Community Investment Initiative was funded by The Foundation; The Whitaker Foundation; Buchanan Ingersoll; Capital Blue Cross; Delta Dental of Pennsylvania; Delta Development Group; Dorothea and Raphael Aronson; Fischer Financial; Hasu Shah; Journal Publications; McNees, Wallace & Nurick; Nauman Smith Shissler & Hall; Neiman Group; PA American Water Company; PNC Bank; Tri-Cor Consulting; Wachovia; the counties of Cumberland, Dauphin, Franklin, Lebanon and Perry; the Pennsylvania Department of Community and Economic Development; and the U.S. Department of Health and Human Services.

The central theme of this report is simply this – at our core, we are all human beings with the same basic needs: shelter, family, healthcare, safety, and the same desire to earn a decent living. Yet, every single day as we go about our busy lives, there are hundreds of our friends and neighbors who we pass in our travels that are desperately lacking one or more of these simple things.

It is our hope that, when brought face-to-face with the critical issues revealed in this report, our region can shed its invisible boundaries and come together to find a way to elevate our neighbors' needs to a place where they can be met - together. We hope that just one of their stories is enough to motivate each of us to become part of the solution.



Our Most Critical Issues

This report subjectively presents the culmination of nearly two years of research, analysis, personal interviews, public opinion gathering and synthesis in a manner that is intended to bring together our region's forces of change for the greatest collective impact. What we would like you, our reader, to take from your experience – and our efforts – is the knowledge that even a single person can begin the type of grassroots revolution necessary to create the critical mass that will begin to affect positive change for all of us.

They're our issues, for better or worse, and if we do nothing, this report demonstrates the devastating impact of our collective inaction. Each of the five issues we are about to present is so intricately interwoven and interdependent with the others that addressing one absent any of the rest would leave you, our reader, with an incomplete story.

You will experience each issue through the eyes of a single fictitious family whose story might easily be representative of that of any family in the 5-County Region we studied – a family whose members have been swept into a downward spiral with little warning and dire implications for their survival. We'll show you how the tiniest variable can be all that separates your family from theirs, making this call to action all the more critical.

The Ranking

The top five critical issues were identified through a detailed methodology described in Appendix B-1.

Based upon those results, the top five most critical issues facing our region are, in order:

1. Access to and Availability of Health Services
2. Transportation to Services and Jobs
3. Substance Abuse
4. Job Training/Workforce Development
5. Affordable Housing



Recommendations

It was not enough to simply list the region's top five critical issues and expect solutions to form themselves. We recognized the need to create concrete, achievable, and timely recommendations that the region could approach together to begin a dialogue that would turn into meaningful discussion about moving forward cohesively, sharing resources, and ultimately addressing the root causes of these compelling issues. It is important to the Initiative's success that each of its county stakeholders recognizes its own ability to foment positive change through careful planning for the future.

To begin this process, we took the Community Investment Initiative a step farther to engage these stakeholders. Under the direction of the Governor's Center for Local Government Services and its Land Use Planning and Technical Assistance Program (LUPTAP), we developed a series of regional and county-specific recommendations related to the region's top five critical issues and their supporting data sets. Those recommendations appear in the following section as well. Our methodology for developing the recommendations is outlined in Appendix B-2.

Our recommendations are based upon a significant amount of research, analysis and critical thinking. However, they are simply recommendations. It is our fervent hope that those with the direct power to foment change at the top – representatives from each of the counties and regional stakeholders – read this report and give it due consideration and reflection. When next presented with the opportunity to offer their constituents and communities tools of empowerment, we strongly urge our decision makers to consider the implications to our communities absent the benefit of their deliberate and dedicated action to address the region's critical issues so that they might become directly involved in implementing solutions.





The Doctor Won't See You Now

The service van was over an hour and a half late, and she'd already missed most of the workday waiting for it. If it didn't show up soon she was going to miss her doctor's appointment again, and that meant she'd be back at the bottom of the waiting list. She was lucky enough to find a psychiatrist willing to accept Medical Assistance, even though his office was almost 35 miles away. The last doctor who accepted third party payments in her county was now only accepting cash. It was too much of a hassle to deal with insurance companies, and it seemed as if there were enough people with that kind of cash on hand to keep him in business. She didn't know who those people were, but she'd sure like to be one of them.

Lately, it was getting harder and harder to cope with everything happening around her. Trying to hold down her minimum wage job and support two kids alone while dealing with her worsening depression was just about all she could handle. Now, her youngest was complaining of a sore tooth, and she had no idea how she was going to find a dentist she could get to without a car, much less pay for it. Her Medical Assistance card covered the basics, but any additional treatment would have to come out of her pocket. Back to macaroni and cheese and ramen noodles for a few weeks. She almost laughed at the irony – if she could afford to pay for healthy foods, maybe he wouldn't be having a problem with his teeth. But, she had only enough money for one or the other, so she was going to have to pay to treat the crisis and deal with the food issue the best she could.

In the wealthiest country in the world, she wondered how it could be this hard to find and afford basic healthcare.



Critical Issue #1 - Access to and Availability of Health Services

Why We Should All be Concerned

We shouldn't have to convince anyone about how absolutely vital accessible and available healthcare is to the welfare of citizens and the overall well being of communities. The accessibility to and availability of health services – medical, mental and dental – is by far our region's number one critical issue.

Each element of our study pointed directly and irrefutably at this issue. It touches all of us, no matter what we do for a living, no matter where we live, no matter how much we earn. The lack of access to available, affordable healthcare results in compromised personal health among the uninsured or underinsured and often leads to other social, economic and educational ills. We can do better.

Availability

The issue manifests itself a little differently in each of the three disciplines, but the basic premise remains the same. Physicians and dentists tend to practice in areas of concentrated population, resulting in a lack of professional services in rural areas. Only 10% of Pennsylvania's physicians practice in rural areas; this results in only 4,150 doctors serving 21% of the state's population, or 162 physicians for every 100,000 people living in rural areas of our state. This compares to the 385 doctors for every 100,000 people living in urban areas, more than twice their rural neighbors.

This is significant when you consider that 63% of the land in Pennsylvania is considered rural; this means the distance our rural neighbors must travel for health services is expansive, and often across difficult terrain. For those lucky enough to have a reliable, private automobile or access to public transportation, this is a trip that can be made, and an appointment that can be kept. However, for the rest of the population, simply keeping appointments can be a challenge, and that can directly impact a person's overall wellness.

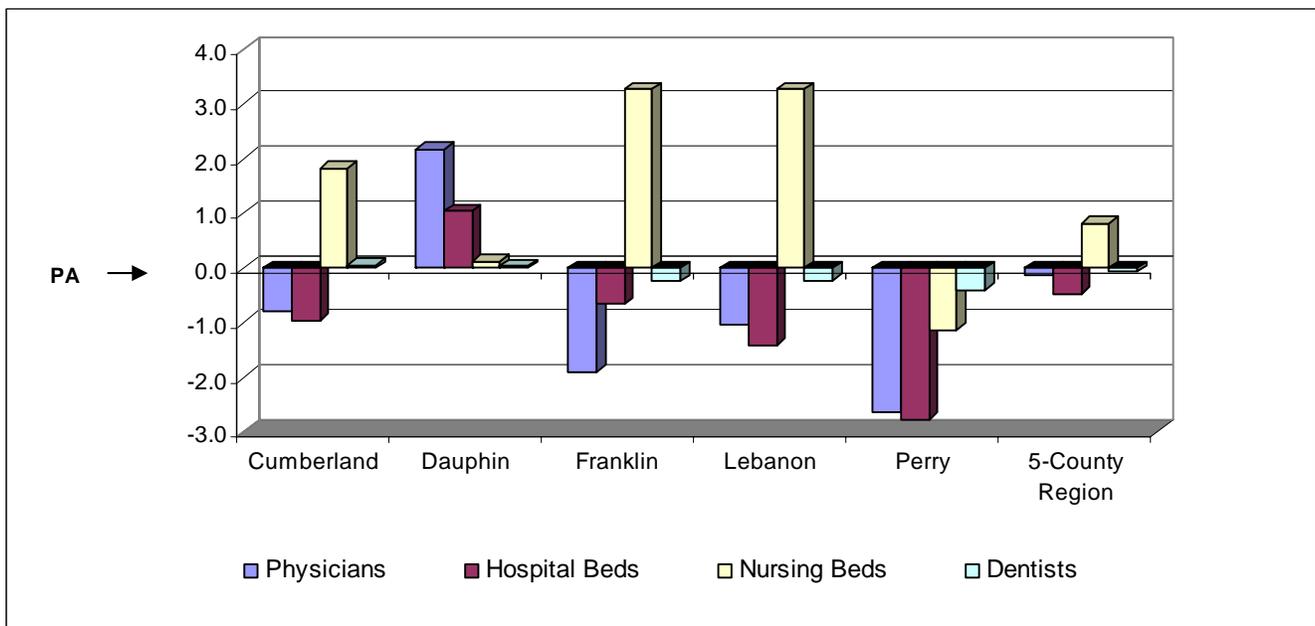
One positive aspect of availability of health services in our 5-County Region is that 50% of our rural doctors are primary care physicians. The most critical medical relationship a patient has is with his or her primary care physician – the regular source of care. This means that people must strive to establish a strong relationship with that practitioner so the doctor understands the patient's needs and the patient is comfortable enough with the doctor to share concerns. With more and more physicians narrowing the types of third party reimbursement they accept – and some electing to accept only cash – developing this relationship becomes increasingly difficult.



Supply of Physicians

Not surprisingly, urban areas such as Dauphin County have a larger supply of doctors than their more rural neighbors. The statistics become more meaningful when you examine the disparity between the number of physicians available per concentration of residents. For example, although there are 1,394 doctors in Dauphin County, only 5.5 exist for every 1,000 citizens. In nearby – and more rural – Perry County, there are a mere 0.7 physicians available per 1,000 residents. It is fair to say that not everyone in the region has equal access to the same breadth of healthcare choices. The implications for this include increased travel time to access care, a higher incidence of missed appointments and subsequent missed care, and increased work hours lost to travel.

Figure B - 1
Health Care Professionals / Beds per 1,000 Population (2000) as Compared to PA



Source: The Center for Rural Pennsylvania and PA Department of Health

Access

There is no question that excellent healthcare services are available in the 5-County Region. The issue at hand isn't a matter of the quality of the care, but rather, who has access to it? The cost of "uninsurance" (being uninsured) is undeniable, its impacts sobering: high out of pocket spending for health services; cost of uncompensated care to the economy; family financial uncertainty and stress; diminished overall population health; developmental losses for children; higher taxes and budget cuts; higher public program costs (like Medicaid), and lost workplace productivity. And those impacts are just scratching the surface.



The Uninsured – How We Fare

First the good news – each of the five counties in our study area falls below the national percentage of uninsured children and adults, which currently stands at 14% for the entire United States. Before we're lulled into believing that everything must be okay, consider this – approximately 68,801 of our friends and neighbors have absolutely no health insurance – 9.3% of the regional population. Of even greater concern, 12,169 of the uninsured in the 5-County Region are children under the age of 18. Sadly, for the 5-County Region this means that 7% of our children lack even basic healthcare coverage.

9.3% of the entire regional population lacks any type of health care coverage.

Which areas of the region merit particular concern? Clearly that would be Lebanon and Dauphin Counties, each with a higher percentage of uninsured residents – 11.2 % and 10.6% respectively - than the regional average (9.3%).

An Ever-Present Fear

Providing health insurance for the children of the very poor in our region remains a persistently troublesome issue.

Thousands of parents across our region must live with the ever-present fear that today is the day their children will fall seriously ill or sustain an injury that requires medical attention, for fear that the treatment costs would quickly drive them to emotional upheaval and financial ruin. They live every day without the basic safety net that the rest of us can sometimes take for granted because, if we fall down and break a bone, the healing can begin shortly after a

waiting room stay and a \$10 co-pay. We lose sight of the fact that the same injury to the uninsured can often result in thousands of dollars of medical bills and the constant emotional stress that accompanies crushing debt.

Ironically, this additional stress is likely to lead to even poorer medical, dental and mental health for the uninsured, placing additional burden on already-strained governmental budgets. To complete the cycle, this cost falls directly on you and me – the Pennsylvania taxpayer.

The Commonwealth recognizes that this is a real issue with serious implications for the general health and well being of all state residents. The heavier the burden to medical assistance programs, the heavier the burden for the individual taxpayer. Pennsylvania's Children's Healthcare Insurance Program (CHIP) offers quality health insurance for children of working families who can't afford it on their own and are not eligible for Medicaid.

The state made wise use of a portion of its tobacco settlement funds and established a similar program for uninsured adults aged 20 – 64. Called adultBasic, there's one catch – the program has a long waiting list, and potential beneficiaries can sometimes wait over a year to qualify for



benefits. It's a start, but with double-digit percentages of uninsured persons in two of our counties, it is clear that much work remains to be done.

Mental Health Services

\$240 Million worth of Medicaid benefits and services were lost to the sweep of the red pen.

It's a tough time to suffer mental illness in our region. The Medicaid portion of the state budget package was cut this past spring, creating great concern within the mental health services community. Couple this with the closure of the Harrisburg State Hospital, and the outlook for the availability of and access to mental health services in our region is grim.

Medicaid is essentially the only access to healthcare for low-income individuals and families. Absent its coverage, it is fair to say that the poverty-stricken – those at highest risk for mental and physical illness – are in danger of receiving little or no treatment for their disorders. Recovery from mental illness is dependent upon access to medication and proper treatment, and budget cuts resulting in facility closures, staff layoffs or a reduction of benefits could be disastrous to the afflicted and result in denial of treatment.

Local Impact

You may be surprised by how many of your neighbors have sought and received treatment for mental health disorders. In the 5-County Region, an average of nearly 12% of the population has received some form of mental health treatment in the last five years, according to the community survey conducted as part of our study.

Number of Mental Health Beds

One of the most telling indicators of the status of mental health services in a community is the number of inpatient mental health beds because it is a direct indication of how many – or few – of those needing beds can be accommodated. Between 1990 and 2000 the number of inpatient mental health beds per 100,000 U.S. residents declined 31% to 77 beds per 100,000 residents. The largest decreases were in State and County mental hospitals and private psychiatric hospitals, which each had a decrease of almost 50% to 21 beds and 10 beds per 100,000 population, respectively.

During the course of our interviews, mental health professionals in every one of the five counties discussed the dire need for additional funding for inpatient and outpatient services, staffing and medication. Without fail, these professionals described the looming mental health crisis in terms of exceedingly long waiting lists for those people requiring mental services, their inability to comprehensively treat co-occurring disorders, and the growing mental health needs of area prison populations.



During these interviews, particular mention was made of the lack of available inpatient beds here in our area, and the closure of the Harrisburg State Hospital will adversely impact the number of inpatient beds available here in the 5-County Region.

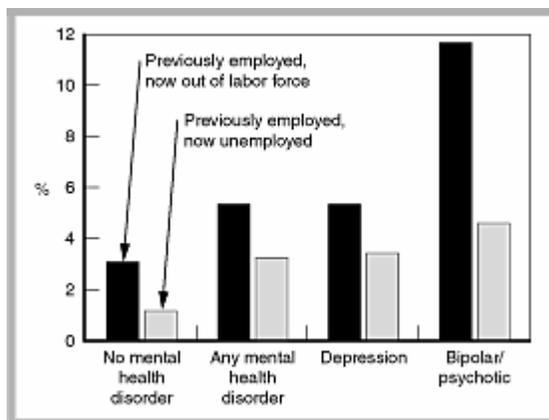
Third-Party Payment

During the course of our interviews across the region with healthcare professionals, social service providers and people at all levels of the justice system, we heard over and over again about one very disturbing trend – due to overall frustration over the third party reimbursement system, many psychiatrists are only accepting cash payment for their services. At rates of \$130 to \$200 (or more) an hour, it is easy to see that the elderly and the poor are being priced out of access to treatment for their mental illnesses.

Job Loss Risk

According to Health Care for Communities (HCC), a fact gathering tool whose central feature is a national survey repeated every two years, people at risk of mental health disorders are much more likely than the rest of the population to leave a job that provided insurance, risking disruption of care. This figure illustrates the probability that previously employed, insured individuals with or without mental health disorders would become unemployed or leave the labor force during the 1996-1998 timeframe of the HCC survey¹. HCC data also indicated that even during the economic prosperity of the 90s, the unemployment rate for the mentally ill was three to five times that of the rest of the population.

Unemployment & Mental Illness



Source: Healthcare for Communities

Lose your job, and you will most likely lose your insurance coverage. Stay unemployed for a sustained period of time, and chances rise that you may seek Medicaid coverage. The recent cuts to the Medicaid portion of the state budget mean that the poorest of the mentally ill now have even fewer resources available to them here in Pennsylvania.

¹ Sturm, Roland, Carole Roan Gresenz, Rosalie Liccardo Pacula, and Kenneth B. Wells. 1999. "Labor Force Participation for Individuals with Mental Illness." *Psychiatric Services* 50(11):1407.



Impacts of Delayed Treatment

Early-onset mental disorders that are left untreated are associated with school failure, teenage childbearing, unstable employment, early marriage, marital instability and violence.

While approximately 80% of all people in the U.S. with a mental disorder eventually seek treatment, there are public health implications from such long delays in treatment. Untreated psychiatric disorders can lead to more frequent and more severe episodes and are more likely to become resistant to treatment.

Treating cases early could prevent enormous disability before the illness becomes more severe and before co-occurring mental illnesses develop, which only become more difficult to treat as they accumulate, according to the research².

Dental Services

The issue of oral health is increasingly becoming a recognized measure for benchmarking community health, and the access and affordability of dental care are crucial factors to our overall health. Not only is oral health a growing problem here in our 5-County Region, the nation as a whole is experiencing significant oral health issues.

The number of dentists and students in dental studies has declined significantly during the past few years, indicating that the supply of dentists will constrict for future generations. This is significant because among health care providers, dentists are the only group that has seen a decline in the number of people practicing their profession. A problem for people seeking access to dental care, our rural population will again bear the brunt of this issue, as the bulk of providers are located in urban areas.

According to our interviews, it is difficult to find a dentist willing to provide services for low-income individuals because dentists' schedules are filled with patients paying full price, and Medicaid reimbursements are usually inadequate. Moreover, complex regulations and paperwork associated with Medicaid reimbursement further complicate accessibility. Other issues we uncovered through our interview process include:

- Limited appointment schedules
- Inconvenient and/or unreliable transportation to dental services
- Excessive wait times
- Poor customer service

² <http://www.nimh.nih.gov/press/mentalhealthstats.cfm>



Implications for Our Region

Not just a local problem, the National Center for U.S. Health Statistics reported that in 2002, only 64.5% of the entire population age two and up had visited the dentist within the previous year. In Pennsylvania, less than one-half of poor and near poor working-age adults (persons with family incomes of less than twice the poverty level) had a dental visit in the past year compared with 69% of more affluent working-age adults.

Although community water fluoridation remains the most effective and practical means of preventing and controlling cavities, nearly half the U.S. population still does not have access to optimally fluoridated water.

Not surprisingly, poor children are much more likely to have untreated dental decay than children in families with incomes above the poverty level. According to the National Center for U.S. Health Statistics, in 1999–2000, 34% of poor children 6–17 years of age had untreated dental decay compared with 13% of children in families with incomes 200% of the poverty level or greater.

Some Efforts Underway

In addition to Medicaid and pro-bono (no fee) work provided by dentists, several other programs provide our region with some measure of oral health care to the uninsured. Provided by Head Start, dental examinations are available for children age two to five. Schools are also under a state mandate to require dental exams for those in Kindergarten, first grade, third grade and seventh grade. If a family cannot afford a private examination for their children, the school will provide one for them. However, these are only examinations, and parents are not required to follow the recommendations of the examining dentist, leaving the issue of the uninsured or indigent without means of payment unaddressed.

Our interview candidates expressed a need for more dentists treating young children in low-income families, particularly Spanish-speaking families. It was indicated that due to the language barrier and fear of stigmatization, many Hispanic families – particularly in the urban areas of Dauphin and Lebanon Counties, and parts of Franklin County – fail to seek care.



Key Observations – 5-County Region

- Dauphin County is the primary provider of health services in the 5-County Region with an average of 5.5 physicians per 1,000 residents as compared with the state average of 3.5 physicians per 1,000 residents.
- The 5-County Region as a whole ranks below the state average with 3.2 physicians per 1,000 residents.
- Dauphin County leads the region with 3.8 hospital beds per 1,000 residents, however, as a region we rank below the state average of 2.3 hospital beds per 1,000 residents.
- The 5-County Region ranks higher than the state in nursing bed availability with 8.4 beds per 1,000 residents compared with 7.5 beds per 1,000 residents statewide.
- Lebanon & Franklin Counties have 10.8 nursing beds per 1,000 residents as compared with the state average of 7.5.
- The 5-County Region averages 0.6 dentists per 1,000 residents compared to the state average of 0.7.
- Cumberland & Dauphin Counties have the highest ratio of dentists per 1,000 residents with an average of 0.7, and Perry County has the lowest ratio with 0.3 dentists per 1,000 residents.
- Similar to state averages, in the 5-County Region, 9.3% of the total population and 7.1% of children under age 18 do not have health insurance coverage. Dauphin and Lebanon Counties lead the region with 10.6% and 11.2% of their populations uninsured, respectively.
- 3.9% of children 18 and under in the 5-County Region receive coverage through Pennsylvania's CHIP program. Franklin County leads the region with 5.2% of its children receiving coverage through the program.
- Based on the results of our Community Investment Survey, 10.7% of respondents reported that they had no dental insurance coverage.
- According to the Behavioral Risk Factor Surveillance System (BRFSS), in Pennsylvania, less than half of the population in households with annual incomes of \$15,000 or less visited a dentist or dental clinic in 2000.



Key Observations – Franklin County

- **Ranked 37th in the state in hospital beds per resident, Franklin County's 2.1 ratio of hospital beds per thousand residents is below the state and regional ratios of 2.8 and 2.3, respectively.** While fourth in the region, Franklin County's physician to resident ratio of 1.5 is less than half that of both the state and the region. Franklin County is primarily served by the Chambersburg and Waynesboro hospitals. The Penn State Hershey Medical Center and Pinnacle Health System serve the entire region; however, the 5-County Region lags behind state ratios for hospital beds and physicians per resident. In addition to serving residents of the region, these hospitals also serve millions of annual tourists to the region, further reducing accessibility to local residents.
- **In 2001, the average occupancy rate for hospital beds in Franklin County was 66.8%, slightly lower the state average of 67.8%.** In 2005, the average occupancy in Franklin County was 67.7%, compared to the state average of 67.8%. Chambersburg Hospital has the highest occupancy of the two county hospitals with 71.5% and 69.9% in 2001 and 2005, respectively
- **Around 47% of hospital discharges in Franklin County are residents over the age of 65.** The expected increase in aging population will likely increase the demand for acute care services in the County in the coming years.
- **Franklin County has the fourth lowest presence of dentists in the region with 0.4 per 1,000 residents.** Cumberland & Dauphin Counties mirror the state ratio of 0.7.
- **Franklin and Lebanon Counties have the highest ratio of nursing beds per thousand residents in the region (10.8 beds per thousand residents),** and is higher than that of the region and the state.
- **Mental health services in the region are scarce.** According to the Department of Public Welfare, there are 26 licensed inpatient mental health beds in Franklin County at Chambersburg Hospital. In 2002, it was estimated that 4 out of every 100 residents in PA suffered from severe mental illness. If this statistic is true in the 5-County region, this could mean that over 30,000 people in the region could potentially need inpatient mental health care at any given time – and this number doesn't include the homeless & institutionalized populations. After the recent closing of the 251 psychiatric beds at the State Hospital in Harrisburg, there are only 230 licensed mental health beds serving the 5-County Region.
- **Franklin County has the third lowest rate of uninsured residents in the region –** It is estimated that 9.1% of Franklin County residents are uninsured, compared to 9.9% and 14.2% in the state and nation, respectively.



Access to & Availability of Healthcare Services



Causes

- Closure of Mental Health Facilities
- Lack of Transportation
- Uninsured Individuals / Families
- Increased Demands of Aging Population
- Fractured Families
- Lack of Public Funding to Service Agencies
- Proximity of Providers to Dependent Populations
- “Cash Only” Providers



Impacts

- Concentrated Populations Without Needed Services
- Emergency Rooms Tending to Non-Critical Patients
- Long Waiting Lists for Services
- Longer Hospital Stays
- Longer Length of Illness
- Increase in Suicide, Crime, and Homelessness
- Poorer Overall Physical, Mental & Oral Health
- High out of pocket spending for health service
- Cost of uncompensated care to the economy
- Family financial uncertainty
- Family stress
- Developmental losses for children
- Higher taxes
- Budget cuts
- Lost workplace productivity
- Higher public program costs



Comprehensive Plan Implications

Franklin County’s comprehensive plan dated June 1999 establishes land use policy and guidance for Franklin County. The overall goal of the comprehensive plan is to promote growth and development in a manner that maintains the high quality of life for the residents of Franklin County.

Accessing human service needs is identified in the Land Use and Housing Plan section of the comprehensive plan. The Land Use and Housing Plan provides for human service needs as it relates to future population growth. It also recommends the strengthening of downtowns as business, civic, institution, and cultural centers for the surrounding community. The Community Facilities and Services Plan encourages full coordination of community services across municipal borders with an emphasis on public water, public sewage, police, fire, and emergency medical services.

The following information relative to Access to and Availability of Health Services was pulled from the comprehensive plan.

<p>Community Facilities and Services (p.77). Encourage full coordination of community services across municipal borders with an emphasis on public water, public sewage, police, fire, and emergency medical services.</p>	<p>Implementation (Summary). Emphasize communication, coordination, and cooperation between the County, municipalities, and other agencies.</p>	<p>Land Use and Housing Plan (Summary). Provide for human service needs as it relates to future population growth.</p>	<p>Land Use and Housing Plan (p. 32). Provide for orderly patterns of land uses that are compatible between uses and across municipal borders.</p>
<p>Land Use and Housing Plan (p. 41). Continue to strengthen the downtowns of the boroughs as business, civic, institution, and cultural centers for the surrounding community.</p>	<p>Community Facilities and Services Plan (p.91). Continue to provide cost-effective county and local government services, while making needed investments to address societal trends, public health and safety hazards, and future growth.</p>		

Implementation Recommendations

The Implementation Plan of the Franklin County comprehensive plan emphasizes communication, coordination, and cooperation between the County, municipalities, and other agencies. It also encourages planning for the human service needs of future citizens.



Consider including within a future comprehensive plan update, the provision of health and human service needs as it relates to future population growth - The Franklin County comprehensive plan repeatedly links land use to human service needs. It is suggested that human service needs be broadened to include the availability of health and human services needs. Specifically addressing the issue of health services in the comprehensive plan will demonstrate County-level support for the issue, hopefully encouraging municipalities to do the same.

Consider including within a future comprehensive plan update, the planning and development of health care facilities that meet the needs of current and future residents - The current comprehensive plan has a recommendation to provide for human service needs. Expanding the recommendation to encourage planning for future health care facilities broadens the recommendation. Encouraging the planning of health care facilities at the County level will demonstrate recognition of an issue that impacts each municipality within the County.

Provide education, to both citizens and local officials, pertaining to each of the critical issues - The five critical issues addressed in the Community Investment Initiative: Access to and Availability of Health Services, Transportation to Services and Jobs, Substance Abuse, Job Training/Workforce Development, and Affordable Housing are relevant countywide, regionally, and across Pennsylvania. To effect positive change and reverse some of the negative outcomes associated with each issue, it is recommended that outreach and education be conducted with citizens and officials. The outreach program could be conducted as an implementation strategy to a comprehensive plan update or coordinated through a regional partnership through an organization such as the South Central Assembly for Effective Governance. Partnership and sponsorship through various state agencies such as Health, Community and Economic Development, Transportation, Welfare, and Pennsylvania Housing Finance Agency should also be sought as an effort to reduce local cost and leverage resources. Such an outreach program could serve as a model throughout Pennsylvania.

Identify building re-uses - The closure of the Harrisburg State Hospital has resulted in a dearth of mental health beds in the region. With only around 230 licensed mental health beds serving the 5-County region, there is reason for concern, as thousands of people in the region who otherwise require psychiatric services now find them unavailable as they compete for available local resources, sometimes with harmful results.

- While the County comprehensive plan speaks to the need to provide adequate facilities to address human service needs, it is recommended that a comprehensive assessment of all existing buildings in the public domain be conducted among counties in the south central region to determine their potential for “re-use” for health services. This might include old schools or municipal service buildings that could act as health care clinics or to house regional health care organizations.
- Explore public funding opportunities to finance the site assessment, potential acquisition, and necessary renovation to accommodate this public need.



Provide physician, worker incentives to operate in areas where health services are lacking.

- Consider offering personal/professional property tax rebates, local income tax credits, and expedited permitting for renovations to physicians and other health care workers as enticements to locate in areas of need throughout the region. Provide transportation reimbursement for these individuals who deliver at-home service, and reimburse travel expenses for their willingness to transport patients to health care clinics or satellite offices.
- Consider designating otherwise “retired” fleet and other appropriate public service vehicles (police) to provide this transportation.
- Explore any public funding opportunities to help offset local expenses related to this initiative.

Challenge local businesses and organizations, including faith based organizations, to donate goods, services, and time in facility construction and renovation - Exploring partnership opportunities for donated services and building supplies could make a community/health care facility in rural areas of the County viable. A location that provides a great degree of “walkability” would enable pedestrians and people without other readily available transportation to get to health care services. Business donors could receive immediate and long-term advertising exposure via permanent building plaques and local press attention. This also presents tax advantages, particularly if the facility is owned by a public or non-profit entity.

Explore opportunities for partnering with faith-based organizations to utilize facilities to deliver health care services – especially in rural areas. Many facilities of faith-based organizations are not used during the week and could be potential candidates for dual use during those times. Church buses also often sit idle during the week and could potentially be used for transportation to and from services. Faith-based organizations benefit by fulfilling a primary mission of serving the community.

Collaborate on Public Funding Initiatives

- Many public funding requests are more favorably looked upon when they have widespread application, beyond parochial municipal boundaries. In short, it enables funding sources to have maximum impact and facilitate “the greatest good for the greatest number.” With that in mind, counties in the 5-County region would be best served by collaborative public funding applications for health care improvements, particularly in rural areas of the region where travel to health care facilities is limited. Specifically, funding opportunities, where relevant, should be explored through the U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA) and the Appalachian Regional Commission (ARC). At the state level, funding opportunities may exist through the Pennsylvania Departments of Health and Community and Economic Development.
- Most immediately, HRSA funding should be explored through the Rural Health Network Development Grant Program, which is specifically designed to help rural communities



strengthen health care systems. Grants support rural providers who work together in formal networks, alliances, coalitions, or partnerships to integrate administrative, clinical, financial, and technological functions across their organizations. While this program does not support direct patient care services, it would facilitate the integration of functions and services to help overcome fragmentation of health care services in rural communities and improve coordination, thus achieving economies of scale.

- Elsewhere at the federal level, the U.S. Department of Agriculture, through its Rural Development Housing and Community Facilities Programs, is a viable funding source for community health care initiatives. Among the funded areas are: dental clinics; nursing homes; assisted living facilities; physicians clinics; boarding homes for the elderly; medical rehab centers; psychiatric hospitals; and outpatient clinics.
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Can't Get There From Here

Slamming down the phone, she stares out of the window a week later at the nearly empty road beyond the spot where her youngest boy is playing in the dirt, moving piles around with a broken broom handle. They were supposed to go see the dentist one county over about the little guy's sore tooth, but her ride never showed up as promised, and she has no one left to call. Disgusted with her situation and feeling guilty over her son's unattended pain, she thought, the dentist's office might as well be in China, because getting there is nearly as impossible. She hoped her son would accept her latest excuse for the delay in treatment, because she was running out of them.

Things were much easier when she had a car, but that disappeared along with her husband many months ago. Once he started drinking again and lost his job, things went downhill pretty quickly. They had a healthy savings account until he cleaned that out when he left. She was better off on her own without his random rages and disappearances, but she sure would like to have that car back. It seems like everything around her was built for those lucky enough to afford a working vehicle, and now the world was just beyond her reach.

She turned to the note pad where she had left herself a list of people to call in case her ride fell through, but she couldn't bring herself to ask any of them for yet another favor. She could sense the irritation in their voices when they even bothered to pick up the phone these days. She had told her boss that she'd only need a few hours off, but even she didn't believe her excuses anymore. Her intention was to rely on her friend's kindness to get her boy off to the sitter's and then herself off to work after the dental appointment, but since she couldn't get to point A, it looked like they were stuck in the house again.

Her options had run out.



Critical Issue #2 – Transportation to Services and Jobs

A region's ability to sustain economic growth is intimately connected to the quality of its transportation system. With over 2,800 linear miles of roadway in this 5-County Region, we are undeniably linked to the path of progress. Many businesses depend upon this network because it provides a cost effective means for exchanging goods and services. Businesses tend to locate and expand in communities that offer a robust transportation system because of what that system represents – namely, mobility and access. However, as lucrative an opportunity as our transportation network presents to the business community, to another segment of the population it represents the opposite of mobility and access – isolation. For people of limited financial means, or those dependent upon public transportation or ride sharing, the road network is worth nearly nothing because gaining access to it is next to impossible.

37% of the 5-County Region – approximately 284,000 people – have no access to public transportation.

The Car is King

The livability of a community is directly affected by its transportation system. When a system such as ours places great emphasis upon vehicular travel, the private automobile becomes the central focus of the built environment. Streets are designed to maximize traffic flow, and buildings are designed to accommodate private parking. As a result, communities become more dispersed, and it therefore becomes increasingly difficult to support public transit.

In 2004, Franklin County lost its fixed-route bus service. Even when in operation, the routes didn't extend out into the rural areas to the people who most needed its services. Those who were able to make the trip to the bus stop were suddenly left with no means to get to work, doctors appointments or dental visits. A segment of the population was disconnected from its support network.

Capital Area Transit (CAT) competes with 39 other PA transit agencies for 5% of Pennsylvania's federal transportation subsidy.

We can't place blame squarely on the shoulders of the public transit system, because that system is forced to operate in an environment of ever-shrinking public resources devoted to keeping it in operation. The state government provides operating subsidies to 42 public transit agencies in Pennsylvania. However, the legislative funding formula dictates that 95% of the funding is shared between SEPTA in Philadelphia and the Port Authority of Allegheny County (Pittsburgh). The remaining 5% must be shared among the remaining 40 agencies – leaving many unable to expand service and preventing the creation of new systems in response to changing needs.



Dependent Populations Most in Need

Places that lack adequate public transit often have difficulty meeting the needs of low-income groups and disabled populations. For these people lacking the means to support private automobile ownership, public transit or ride sharing can be a lifeline to job opportunities, healthcare services and other support networks. For the elderly and physically disabled, access to some means of transportation may mean the difference between home confinement and true community engagement. Stuck at home, these people are relying upon the availability of para-transit services, or the kindnesses of family, friends and neighbors to enable them to keep appointments for job interviews, medical care and volunteer responsibilities.

During the course of this study we heard many stories of dependent populations – low income families, the elderly, the mentally handicapped and the disabled – trapped in their homes and apartments due to the lack of a personal vehicle or some other means of getting to work or services. Most often, these people migrated to the more rural areas of the region where the cost of living was not nearly as high as other, more urbanized areas, but their choice resulted in a subsequent loss of mobility.

Often, because of the lack of mobility, the ability to earn a living is an unattainable dream.

When mobility becomes this limited, a person’s quality of life immediately begins to suffer. Work days are missed, leading to loss of income and business profitability. If enough work days are missed, the isolated individual loses his job. With little means to find another one, families lose a primary means of support. Distance from work typically means distance from services such as job training centers, employment counselors and other sources of employment assistance. Lacking the independence a private automobile can provide or access to public transit, many of our neighbors have lost the freedom to explore the local job market, regardless of whether they live in downtown Harrisburg or Cornwall.

The dominance of the private automobile is increasing in spite of the rapidly increasing cost of keeping our vehicles on the road – 83% of us commute alone.

The percentage of population that uses public transportation or carpooling is declining in our five-county region. According to the U.S. Census Bureau, the percentage of commuters using public transit has decreased from 1.7% in 1990 to 1.1% in 2000. However, in our region fixed-route bus ridership has increased 11.2% since 2004, indicating more people are incorporating transit as a transportation option.

CAT officials confirmed that the agency has enjoyed an increase in ridership for 18 consecutive months, beginning in February 2004.

Surprisingly, the percentage of commuters driving alone in the 5-County Region increased from 77.5% in 1990 to 83.1% in 2000. As the dependent populations become unable to afford or otherwise access those private vehicles they’ve come to depend upon, they become unable to access the jobs and services so critical to their survival.



Critical Quality of Life Issue

Affordable and accessible transportation is a critical quality of life issue for our region’s dependent populations – namely, the elderly, physically disabled and low-income. We have observed that the problem becomes most critical in rural areas that do not have the population density necessary to support cost-effective public transit. This situation is isolating people that are MOST in need of social interaction and support services. The elderly are particularly at risk.

Affordable and accessible transportation is a critical quality-of-life issue for our region’s dependent populations

Elderly at Risk

Census data tells us that the region’s population is getting older and that the majority of people are “aging in place”. Pennsylvania ranks second only behind Florida as the most popular state for retirees. From 1990 – 2000, the 5-County Region saw its 85+ age group grow by 41%, the largest population segment growth in our region. With the 45 – 64 age group increasing 27% in the same decade, the generation of baby boomers is next in line to retire and place additional stresses on healthcare and social service providers.

As driving ceases to be a viable option, the aging “baby boomer” population will become increasingly dependent upon others to get to the services it needs. Yet, many communities are not laying the groundwork for this eventuality.

The baby boomers’ reliance upon the automobile as a primary means of transportation is likely to continue well past retirement. As this population begins to age, its members will begin to see a decline in mobility. As driving ceases to be a viable option, this population will become increasingly dependent upon others to get to the services it needs. Yet, many communities are not laying the groundwork for this eventuality. Long-term, limited transportation choices will continue to isolate our elderly, leaving them homebound for significant stretches of time. Without additional means of regional mobility, our elderly will be forced to live in relative isolation and suffer the negative health consequences, including malnourishment and depression.

Implications for the Disabled

For the disabled in our region, public transit or ride sharing can offer greater independence and the opportunity to participate in the labor market. Many are professionals that want to work, but financial barriers prevent car ownership. For the blind or visually impaired, public transportation or ride sharing can provide a bridge to independent living. However, when these individuals are isolated in pockets where ride sharing or public transportation access is impossible, their quality of life suffers greatly, and that soon leads to additional health problems.



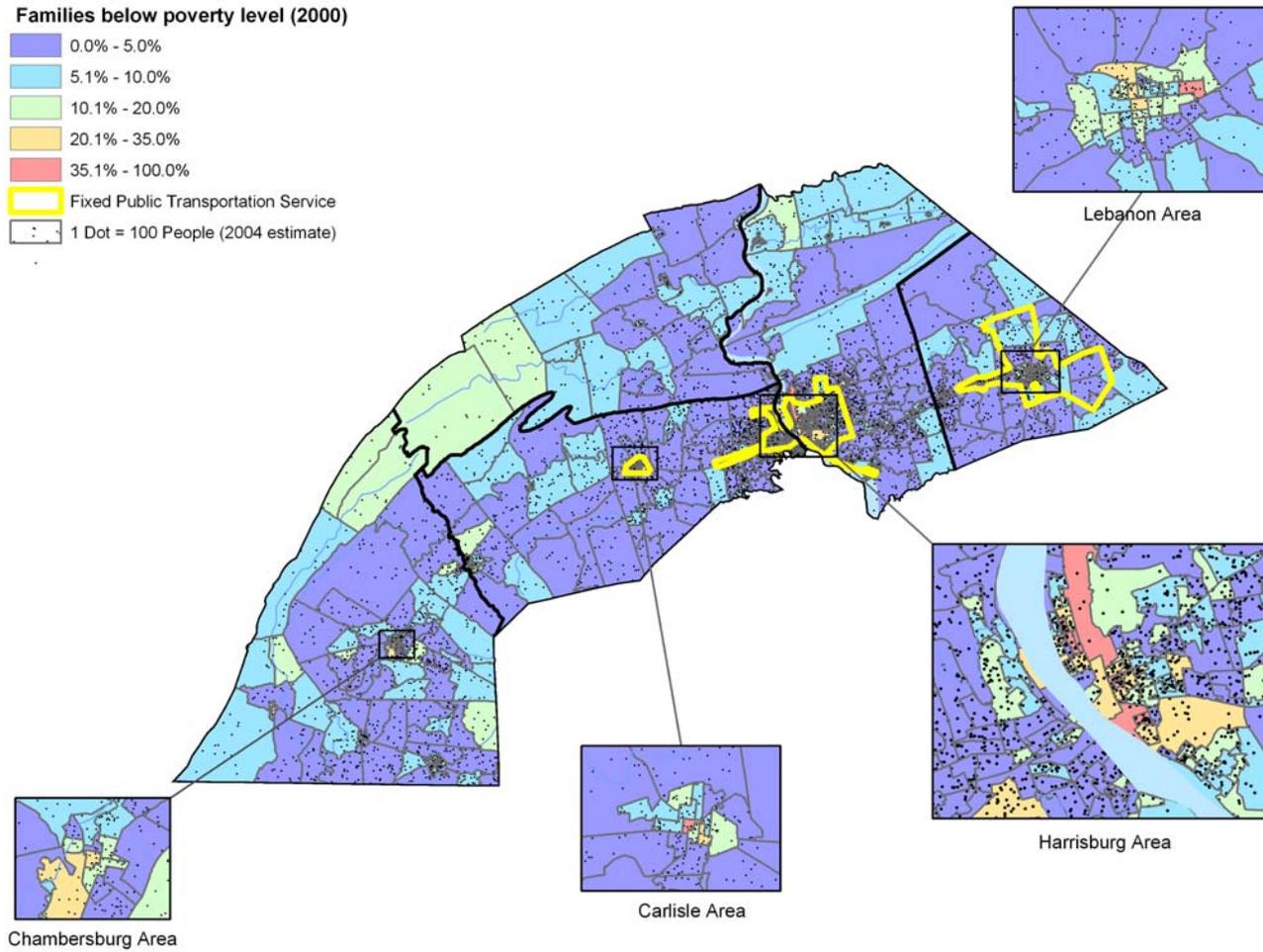
Low-Income Population Suffers

The importance of transportation cannot be overstated, as access to transportation is the great leveler in our society. Having a reliable means of getting to work is an important part of keeping a steady job and a stable income. When people have equitable access to jobs and services, they can compete on a more even playing field. Lacking a private vehicle, individuals and families living in poverty rely heavily upon public transportation to allow them access to jobs, family members, cultural opportunities, shopping, and services such as doctor and dental appointments.

The importance of transportation cannot be overstated, as access to transportation is the great leveler in our society.

Our region’s urban poor have relatively good access to public transportation due to their concentrations in downtown areas adequately served by fixed-route systems. However, the rural poor are not as fortunate. There are pockets of individuals and families in each of the five counties in our region who are living below the poverty line and who have no access to fixed-route transit service.





SOURCE: ESRI BIS



Key Observations – 5-County Region

- Based upon our Community Investment Survey, the following percentage of respondents indicated that traffic congestion is a “somewhat critical” or “critical” problem:
 - Cumberland County – 39.0%
 - Dauphin County – 40.3%
 - Franklin County – 37.8%
 - Lebanon County – 35.9%
 - Perry County – 43.5%
- The private automobile remains the dominant transportation choice for a majority of people commuting in the 5-County Region – 83% of us commute alone.
- The county with the largest commuter reliance on the private automobile was Franklin County at 85%.
- Within the 5-County Region, Capital Area Transit (CAT) is the only public transit system to receive an operating subsidy from the federal government and the only one to offer services geared to the commuter.
- Capital Area Transit (CAT) competes with 39 other PA transit agencies for 5% of the Commonwealth’s transportation subsidy.
- Public transportation ranks near the bottom as a commuter transportation alternative, declining regionally from 1.7% in 1999 to 1.1% in 2000.
- Dauphin County has the most robust public transportation system in terms of access, but from 1990 – 2000 its commuter use of public transit dropped a troubling 36%. Recent figures provided by CAT officials show that ridership has increased every month since February 2004.
- Perry County residents spend an average of 12 and a half days commuting to and from work each year.
- Perry County and Franklin County residents do not receive any fixed-route transit services and receive limited paratransit service, making it extremely difficult for dependent populations to access jobs and services.
- The issue for seniors is not just cost but accessibility in more rural areas without fixed-route service.
- Much of the paratransit service in areas with this option is offered at off-peak hours, and even when offered during peak hours, most operators cannot guarantee pick up time.



Key Observations – Franklin County

- **A majority of Franklin County’s residents work in their home county.** According to worker flow files prepared for the 2000 U.S. Census, nearly 72 percent of Franklin County’s resident workers have found employment inside the County. These commuting patterns suggest that Franklin County has a fairly insular labor market – i.e. there is not a high degree of economic integration between Franklin County and surrounding counties.
- **In Franklin County, a growing number of commuting workers drive alone.** In 1990, 79.5 percent of all commuters in Franklin County “drove alone” to work. By 2000, that percentage had increased to 85 percent. In comparison, fewer people are carpooling and using public transit. Only 11 percent of commuters identified carpooling as their dominant transportation choice and less than 1 percent (0.3%) of all commuters identified public transit as their dominant transportation choice.
- **Franklin County has the lowest level of transit utilization of all counties in the region.** Statistics on transit utilization bear this out. According to the U.S. Census Bureau, only 0.24 percent of all Franklin County commuters used public transit in 1990. A decade later, that percentage had only increased to 0.3 percent – a marginal improvement. Transit utilization throughout the 5-County Region is 1.14 percent – largely due to the higher rates of transit ridership in Dauphin County.
- **Franklin County has high rates of automobile use. Conversely, it has never been well-served by public transit.** For years, only the Borough of Chambersburg had fixed-route bus service. The remainder of the County was served by a demand response system. In 2004, fixed-route service ceased operations due to a lack of funds and low ridership levels. The demand response system is more expensive and does not represent a viable solution for serving this rural county, which has low population densities. Absent transit options, residents in Franklin County have had no choice but to drive.
- **Nearly 30 percent of survey respondents identified public transportation options as “somewhat critical problem” or a “critical problem” in their local community.** As part of the Community Investment Initiative, a survey was distributed to a stratified random sample of the region’s residents. Franklin County residents represented 16 percent of the 1,500 responses. When Franklin County residents were asked how they perceived the severity of “traffic congestion” in their local community, nearly 38 percent felt that traffic congestion was either “somewhat critical” or “critical.” Nearly 30 percent felt that “public transportation options” were “somewhat critical” or “critical.” Both roadway safety and traffic congestion ranked among the top five issues (5) facing Franklin County.
- **Franklin County’s elderly population will face limited transportation choices as they “age in place.”** According to the U.S. Census Bureau, elderly persons aged 85+ years were the fastest growing age group from 1990 to 2000. Their numbers are expected to continue growing in the future, as will the 45-64 year age cohort. These “baby boomers” are tomorrow’s retirees. As Franklin County continues to “age in place,” a growing percentage of its population will need supportive care and may find that physical limitations restrict their mobility.



- **At-risk youth may also be disenfranchised by the lack of public transit.** Enrollment data for the Children’s Health Insurance Program (CHIP) from August 2005 showed that Franklin County led the region with 5.2 percent of its children (ages 0-19) receiving CHIP coverage. According to the U.S. Census Bureau, 6.7 percent of the County’s population under the age of 18 years is uninsured.
- **Whether by choice or necessity, a growing number of Franklin County residents are working outside the County.** The most notable commuting exchange occurs with Washington County, Maryland. Both counties share the border with Pennsylvania. In 2000, nearly 13 percent of Franklin County’s resident workers commuted to Washington County. This is an increase from 1990 when Washington County captured 10 percent of Franklin County’s resident workforce. Washington County is easily accessible from Interstate 83 and is home to the Hagerstown MSA, a fairly large employment center. Commuting to Frederick County, MD has also picked up since the 1990s.
- **An estimated 58.9 percent of new residents in Franklin County are from out-of-state.** Anecdotal evidence suggests that Franklin County’s population growth is being fueled by residents relocating from Maryland. The County remains relatively rural and offers a more affordable cost of living than can be found in the Baltimore-Washington area.
- **For a growing number of Franklin County residents, the work commute is getting longer.** According to the U.S. Census Bureau, an estimated 11.6 percent of the County’s commuting workforce had a 45+ minute work commute. This represents an increase from 1990 when roughly 8 percent of Franklin County’s commuters had a similar trip. Comparatively fewer workers have a commute time under 29 minutes. This could be a reflection of travel distance or increased traffic congestion.
- **Franklin County is a net exporter of workers.** This means that more people travel outside the County to work than travel into the County to work.
- **Interviews conducted for the Community Investment Initiatives identified the County’s rural nature as a hindrance to public transit utilization.** For the past 20 years, less than 1 percent of Franklin County’s commuters have used public transit. Among the five (5) counties, Franklin County has the highest percentage of commuters driving alone - 85 percent. The Pennsylvania average is 78.8 percent and the national average is 78.2 percent.

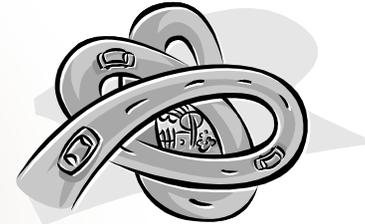


Transportation to Services & Jobs



Causes

- Dispersed Population / Communities
- High Cost of Public Transportation
- Lack of Public Funding
- Proximity of Rural Population to Jobs & Services
- Over-Reliance on Private Automobile
- Lack of Rural Access to Fixed-Route Services
- Fixed-route service not meeting commuter needs



Impacts

- Unemployment
- Reduced Access to Medical, Mental Health, and Dental Services
- Increase in Underserved Elderly, Low-Income, and Disabled Populations
- Basic Health Care Services Unavailable
- Isolation and Increased Incidence of Homebound Individuals
- Public Health Suffers
- Increase in Substance Abuse
- Fractured Families
- Dominance of Automobile Leads to Increased Traffic Congestion
- Increase in Homelessness



Comprehensive Plan Implications

The Transportation Plan promotes pedestrian and bicycle travel, use of public transit, and carpooling.

The following information relative to Transportation to and Services and Jobs was pulled from the comprehensive plan.

<p>Transportation Plan (p. 59). Promote increased use of public transit, rail service, and carpooling.</p>	<p>Implementation (Summary). Emphasize communication, coordination, and cooperation between the County, municipalities, and other agencies.</p>	<p>Land Use and Housing Plan (Summary). Provide for human service needs for future population growth.</p>
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Implementation Recommendations

Explore the opportunity to participate in the Susquehanna Regional Transportation Partnership (SRTP) as a way to increase access to jobs. The Franklin County comprehensive plan promotes the use of public transit and carpool options. The County might wish to consider participation in the Susquehanna Regional Transportation Partnership (SRTP), which operates Commuter Services of South Central Pennsylvania. The partnership is a six-county effort that includes Dauphin, Cumberland, Perry, Lancaster, Lebanon, and York counties. The partnership provides transit and carpool information, via an interactive website, for commuters traveling between or within the counties. This provides an opportunity to link between local transit providers, increasing transportation options. The partnership benefits not only urban and suburban area residents but also rural area residents by making them more aware of their transportation options.

The partnership board includes the Harrisburg Regional Chamber; Lebanon Valley and York County Chambers of Commerce; Lancaster Chamber of Commerce & Industry; County of Lebanon Transit Authority (COLT); Red Rose Transit Authority (Lancaster); York County Transportation Authority (rabbittransit); Lancaster, Lebanon, and York metropolitan planning organizations (MPOs); Harrisburg MPO (Cumberland, Dauphin, and Perry Counties); and Capital Area Transit (CAT, Cumberland-Dauphin-Harrisburg).

While Franklin County's labor shed is more closely aligned with the Hagerstown, Maryland market area, public transit options with the other county participants could expand commuting possibilities for Franklin County workers who work in south central Pennsylvania counties.

Pool transportation resources to increase access to services and jobs - Transportation to services and jobs is lacking in rural areas and in areas with low income residents. Even with Commuter Services of South Central Pennsylvania as a potential transportation option, Franklin County must find creative ways to pool transportation resources to create new avenues to move isolated citizens to and from home to work and services. Some options to consider include the designation of "retired" public service vehicles and rental/use of church vehicles on weekdays.



Encourage municipalities to use tax incentives and zoning to encourage co-location of services - Co-locating services will reduce the number of trips necessary to access jobs and services, particularly health care. Zoning should encourage “off-hours” services to accommodate inflexible schedules (e.g., shift work, lack of personal automobile, etc.)

Provide telecommuting incentives and job sharing opportunities - Explore opportunities for encouraging telecommuting, as well as flexibility options such as shared office space or shared jobs. Also consider the possibility of outfitting community centers with shared computer facilities. Explore federal funding for these purposes.

Provide education, to both citizens and local officials, pertaining to each of the critical issues - The five critical issues addressed in the Community Investment Initiative: Access to and Availability of Health Services, Transportation to Services and Jobs, Substance Abuse, Job Training/Workforce Development, and Affordable Housing are relevant countywide, regionally, and across Pennsylvania. To effect positive change and reverse some of the negative outcomes associated with each issue, it is recommended that outreach and education be conducted with citizens and officials. The outreach program could be conducted as an implementation strategy to a comprehensive plan update or coordinated through a regional partnership through an organization such as the South Central Assembly for Effective Governance. Partnership and sponsorship through various state agencies such as Health, Community and Economic Development, Transportation, Welfare, and Pennsylvania Housing Finance Agency should also be sought as an effort to reduce local cost and leverage resources. Such an outreach program could serve as a model throughout Pennsylvania.



Sins of the Father

Like father, like son. Her eldest boy was enrolled in the school of escapism at an early age, all too often drug along with dad on his forays into binge drinking at the local watering hole. The bottle became as good a babysitter as any as dad stopped coming home after work and headed straight to his usual bar stool.

His dad was supposed to be the alcoholic disappointment in the family, not him. He swore he'd never touch the stuff after dad left him and his mom and little brother alone with a stack of bills and a crumbling house, yet here he was, repeating the sins of the father. Caught drinking in the parking lot before practice, he was suddenly off the football team, but at least he had his afternoons free now for drinking.

He knew his mom was going through a rough time and needed him to accept more responsibility, but he had enough to worry about with falling grades and a group of friends whose idea of a good time gravitated increasingly towards the illegal. Last week, he was along for the ride when one of them decided it would be fun to drive into town and jump one of the corner dealers for his cash and stash. He'd never tried meth before, but since they scored some off the kid after beating him in full view of the neighborhood kids, he could hardly be the only one of the group to punk out. Then what would he do for friends? Doing meth was a better option than going back to school a coward.

Besides, it's not like he was going to do it again.



Critical Issue #3 - Substance Abuse

The Candy Store?

The experts on the ground providing addiction treatment and counseling daily to our neighbors are speaking with one voice – we have a substance abuse problem here, and it’s getting worse.

The region’s police forces, District Attorneys, parole officers, prison staff and even prisoners themselves agree – you can drive just 30 minutes or so from nearly anywhere in the region and access the kind of candy-store assortment of prescription and illegal drugs that most people think are only available in places like New York City. Pure heroin, marijuana, OxyContin, cocaine, meth, LSD – whatever you want, it’s here in our little corner of the world, and it’s not going away. The question is, what kind of awful crisis must occur for people to realize that this is everyone’s problem?

Data Difficult to Obtain

Documenting illegal drug use and alcohol abuse is quite difficult. The data sets we looked at as part of this study were conducted through many different tools and methodologies, their data not necessarily comparable. Most data can only be collected once the user enters treatment or the criminal justice system. While we may not be able to document the true level of severity of the problem through data sources alone, the fact that we have a substance abuse problem was evident in our research, and not acknowledging the issue would be inexcusable.

Transportation Hub – A Mixed Blessing

We are blessed here in our 5-County Region. Most of the northeast’s population and commerce centers are within 150 miles. New York City, Philadelphia, Baltimore, even Washington, D.C. are well within a morning’s drive. This bodes well for economic development, but it also has a frightening consequence. Our well-connected web of highways is perfect for trafficking something much more sinister – drugs.



Take a look at the police blotter from any local paper on any given day, and you’re likely to see something very strange. There are lots of people getting arrested for selling illegal and prescription drugs right here in our region, but they’re coming in from all over the east coast. The list reads like a who’s who of narcotics traffic in the tri-state area of New York, Maryland and Pennsylvania. The same cities that bring us commerce also bring us an unlimited supply of drugs, and somebody’s buying them... us.



Lebanon and Dauphin Counties seem to be bearing the brunt of this phenomenon. According to the public officials, service providers, health care workers and counselors we talked to as part of this study, the problem is growing, and they don't have the space, staff or funding to keep up with it. There aren't enough hours in the day or beds in their facilities to handle the demand for services, and many of their traditional funding streams have declined or been cut entirely in recent years.

Children and Young Adults at Risk

Our kids know how to get it. Some of them even sell it. Think it's not happening in schools? We talked to school officials who have confiscated "water" bottles filled with every clear alcohol imaginable, heard the stories about the kids walking around the halls swilling vodka like it was Aquafina™. Even if your teenager or college student claims he's not doing it, he knows where to get it. Peer pressure is unrelenting, and even the straight-A student athlete isn't immune to its seduction.

Our kids know how to get it. Some of them even sell it. Think it's not happening in schools? We talked to school officials who have confiscated "water" bottles filled with every clear alcohol imaginable...

Live in the city or in any of our larger boroughs? Take a stroll in certain neighborhoods – many of them "nice" ones – and it won't take long to see the signs. Hands jammed in pockets, a parade of cars pulling up to curbs, windows rolling down and then quickly back up, speeding away to whatever party destination is on the menu that evening. Try walking past any of our local bars and clubs around 2:00 AM some early Sunday morning; if the sight of a bunch of kids, barely old enough to drink legally, throwing up into the bushes or next to buildings isn't enough to sober you up, go onto any local college campus.

The Kids Aren't Alright

According to an in-depth and well-researched series of articles published in the *Patriot-News* in August 2004 called "Drunk U.: A crisis on campus", there is a student drinking epidemic in our region. If you somehow missed this series, let us remind you of some its findings.

- 6 college students will die every day from alcohol-related causes during the school year.
- One in every 20 women students will be raped, most of them so drunk they won't be able to say no.
- 40% of college students engage in "binge" drinking -- five or more drinks in a row for men, four or more for women -- at least once in the last two weeks.
- 25% of college students say drinking affects their schoolwork -- missing classes, doing poorly on tests and receiving lower grades.



- 1.2 to 1.5% of students say they tried to commit suicide within the past year due to drinking or drug use.
- 2.1 million students report they drove under the influence of alcohol last year.

Starting Early

If it's true that our kids are our hope for the future, we'd better make sure they get there first.

Our children are exposed to significant amounts of underage drinking and illegal drug use before they even graduate from high school. Results of the *Communities That Care Youth Survey* conducted in May 2005 and released just in time for the start of the new school year were very troubling for one local school district.

The survey polled 615 students in ninth through twelfth grades at Cumberland Valley High School about their drug and alcohol use, and the results surprised everyone but the students – CV has an alcohol problem. Seventy percent of its students have admitted to underage drinking at least once, exceeding the national average. Fourteen percent of them have been drunk or high in school.

Why is this significant? 40% of these kids indicated they believed the adults in their lives approved of this behavior, even permitted it. This is clearly not just an urban, inner-city problem – these are middle- and upper-middle class kids drinking in the suburbs, right under mom and dad's nose. And, if the kids can be believed – and we think we have to believe them – sometimes the adults knew all about it.

This is clearly not just an urban, inner-city problem – these are middle- and upper-middle class kids drinking in the suburbs, right under mom and dad's nose. And, if the kids can be believed – and we think we have to believe them – sometimes the adults knew all about it.

The lack of parental supervision was cited time and time again during our interviews as a primary reason for kids' experimentation with drugs and alcohol. Working families with two wage earners trying to make ends meet have less and less time available for their families. If the kids aren't involved with activities, or worse, are rurally isolated with no means of transportation or community involvement available to them, experimentation with drugs and alcohol is the diversion of choice.

With TV as a popular babysitter, kids are bombarded daily with media messages telling them that they too can be cool, popular and attractive if only they drink a particular brand of beer. At some point, we have to stop being okay with this and demand better for our children.



The Rest of the Population

About the Data

Because data on drug and alcohol use is not a snapshot of the entire problem, it was important to us to not only conduct our own five-county survey but to synthesize information obtained from other needs assessments and studies into this report. This assured us that duplication of efforts was minimized and their good information was disseminated to an even wider audience.

We were particularly interested in utilizing information obtained from the 2004 Community Needs Assessment prepared by the United Way of Carlisle & Cumberland County (UWCCC) in conjunction with Dickinson College, as their approach and results were pertinent to this topic.

Specific to the greater Carlisle area, their approach involved a comprehensive local community survey gauging public perception of community issues and their severity, much like the survey step of our five-county process. In a second phase, that study reviewed and incorporated data from two other local needs assessments: the Hope Station Neighborhood Survey and the United Way of the Capital Region's (UWCR) needs assessment.

Similar Results

Significantly, our five-county Community Investment Initiative mirrored the results of the UWCCC assessment nearly identically: 19% of the Carlisle area respondents ranked illegal drug use as a serious or very serious community issue; 12.8% ranked alcohol abuse as a serious or very serious problem. These were the *top two* issues in terms of severity facing the Carlisle area, according to their results.

Rural and Cultural Isolation

The same factors that lead to feelings of isolation for our rural neighbors – lack of transportation to services and jobs, lack of job opportunities, distance from community and cultural activities, poverty – also cause many of them to turn to the escape of drug and alcohol use.

The same factors that lead to feelings of isolation for our rural neighbors – lack of transportation to services and jobs, lack of job opportunities, distance from community and cultural activities, poverty – also cause many of them to turn to the escape of drug and alcohol use.

According to the Journal of Rural Health, substance abuse is a significant social and public health problem facing rural Americans. In 2001, The Center for Rural Pennsylvania published the results of a study it conducted on the effects of drug treatment programs and methods in rural Pennsylvania. Called, "A Look at Drug and Alcohol Treatment Programs", the study was intended to help us better understand the issues surrounding the need for treatment programs.



According to its website, The Center examined the characteristics of drug treatment clients from rural Pennsylvania and compared them to urban clients, the state, and the nation.

One of the study's more significant findings was that arrests for illegal drugs are becoming more prominent in rural Pennsylvania. Of all rural drug and alcohol arrests in 1994, 88% of both adult and juvenile charges were alcohol related and 12% were drug related. In 1999, 23% of adult arrests were for drugs and 25% of juvenile arrests were for drugs.

Latino Community Affected

Hispanic populations are often hardest hit. Disenfranchised and culturally isolated, the Latino communities in places like Franklin and Lebanon Counties seem to be turning to illegal drugs and alcohol to cope with a region that has yet to embrace them. Worse still, we were told that most health care providers, addiction counselors and support groups don't offer programs in Spanish.

This is supported by a community needs assessment we collected from the Healthy Communities Partnership of Franklin and Fulton Counties. It documented that alcohol abuse is a serious problem among Hispanic teenage boys; abuse is learned from and accepted by their Hispanic fathers. According to the Latino focus groups conducted for this study, there are no Spanish-speaking chapters of ALATEEN in the area, nor are there preventative health classes for teens, such as STD or AIDS prevention, that are taught in Spanish anywhere accessible to them.

Lack of Funding

A consistent theme surfacing in each of the five counties during our interviews with healthcare professionals, counselors, treatment center staff and school officials is that there is a lack of funding available for staffing and programs.

According to The Center for Rural PA, rural Pennsylvania counties spent \$13.2 million for drug and alcohol services in 1999, more than double the spending in 1994. This figure amounts to 2.9% of human services spending, up from 1.9% in 1994, and 1.3% of total rural county expenditures, up from 1994's 0.9%.

We were told that many treatment centers and clinics offer science based treatment programs, but the program materials and equipment are so prohibitively expensive and funding so limited that many centers are eliminating these programs from their courses of treatment. This leaves the staff and the persons undergoing treatment at a disadvantage at the onset of treatment.



Key Observations – 5-County Region

- According to our Community Investment Survey, when asked to indicate the severity of the substance abuse problem in their local municipality, the following percentages of county residents indicated the issue was either “critical” or “somewhat critical”:
 - Cumberland County – 25.6%
 - Dauphin County – 23.7%
 - Franklin County – 18.5%
 - Lebanon County – 28.1%
 - Perry County – 17.2%
- According to the survey conducted as part of this study, 1.5% of respondents in the 5-County Region indicated they or someone in their household had been treated for substance abuse in the last five years. In Dauphin County, the figure was 2.2%.
- Results from the 2001 National Household Survey on Drug Abuse indicate that 10.8% of youth ages 12 to 17 are current drug users, having used an illicit drug at least once in the month before being interviewed.
- Problem drinkers are absent from work 4 to 8 times more than normal. Drug users are absent from work an average of 5 days per month due to substance abuse.
- 38% to 50% of all workers’ compensation claims are related to substance abuse.
- 80% of drug users steal from their workplace to support their habit.
- Per capita, 52 out of 10,000 Pennsylvanians were in drug and alcohol treatment programs in 2000. The numbers were similar for both rural (54) and urban (52) areas.
- More than 1,500 rural juveniles were in treatment programs in 2000, compared to the more than 900 rural juveniles in treatment programs in 1995. Of those in treatment in 2000, 11% were under age 18, 79% were adults between the ages of 18 and 44, and 10% were 45 years old and older.
- 72% of rural clients and 73% of urban clients were treated in their county of residence.
- For rehabilitation programs, counties pay for 35% of the cases, Medicaid for 18%, clients for 10%, health insurance for 14% and other methods for the remainder.
- Rural juveniles make up 12% of total rural arrests for drug and alcohol charges.
- Teenage drug and alcohol use is not restricted to low income families. A total of 70% of students polled in the Cumberland Valley School District admitted to using drugs and alcohol at least once.



Key Observations – Franklin County

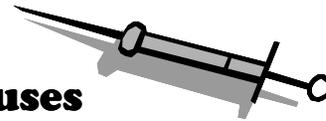
- **An estimated 18.5 percent of Franklin County residents feel that substance abuse is a “somewhat critical” or “critical” problem in their local community.** The survey conducted as part of the Community Investment Initiative asked residents to indicate the severity of the substance abuse problem in their local community. An estimated 18.5 percent of survey respondents perceived substance abuse to be a “somewhat critical” or “critical” problem. Only 6.5 percent felt that substance abuse was “no problem at all.”
- **When asked to identify the County’s “top 5 issues,” Franklin County residents overwhelmingly chose substance abuse as the #1 issue.** The survey conducted as part of the Community Investment Initiative asked residents to identify the “top 5” issues most critical to restoring and maintaining the health and vitality of their communities. Franklin County residents ranked substance abuse as the #1 issue. Franklin County was the only county in the 5-County Region to identify substance abuse as the top issue of concern.
- **It was estimated by individuals interviewed from Franklin County that around 80% of the jail population has a drug or alcohol problem,** and that the prison population is not generally considered part of human services for problem treatment.



Substance Abuse



Causes



- Lack of Education About the Issue
- Lack of Parental Supervision
- Easy Accessibility – Especially to Minors
- Untreated Mental & Physical Illnesses
- Geographic or Emotional Isolation
- Cost of Treatment
- Generational Behaviors



Impacts



- Increased Crime
- Increased DUI Offenses – Especially Among Minors
- Unemployment
- Decreased Productivity
- Increased Physical / Emotional Abuse
- Decreased Academic Performance
- Destruction of Families
- Homelessness
- Increased Cost of Treatment
- Overloaded Judicial System
- Increased Incidence of Disease – Particularly STDs



Comprehensive Plan Implications

While the comprehensive plan does not specifically reference substance abuse, it refers to providing for human service needs for future population growth. The reference to human service needs would extend to individuals with substance abuse problems.

Implementation Recommendations

Consider including within a future comprehensive plan update, the provision of health and human service needs as it relates to future population growth - Availability of health and human services, including the availability of services to address substance abuse, is a necessary component to any healthy community. Specifically addressing the issue of health services in the comprehensive plan will demonstrate county-level support for the issue, hopefully encouraging municipalities to do the same.

Provide education, to both citizens and local officials, pertaining to each of the critical issues - The five critical issues addressed in the Community Investment Initiative: Access to and Availability of Health Services, Transportation to Services and Jobs, Substance Abuse, Job Training/Workforce Development, and Affordable Housing are relevant countywide, regionally, and across Pennsylvania. To effect positive change and reverse some of the negative outcomes associated with each issue, it is recommended that outreach and education be conducted with citizens and officials. The outreach program could be conducted as an implementation strategy to a comprehensive plan update or coordinated through a regional partnership through an organization such as the South Central Assembly for Effective Governance. Partnership and sponsorship through various state agencies such as Health, Community and Economic Development, Transportation, Welfare, and Pennsylvania Housing Finance Agency should also be sought as an effort to reduce local cost and leverage resources. Such an outreach program could serve as a model throughout Pennsylvania.

Encourage community strategies to reduce underage drinking. Some examples of community strategies focus on the physical availability of alcohol and some use legal sanctions that target adults providing alcohol to underage youth.

- **Retail Keg Registration.** In a technical series published by the Center for Science in the Public Interest (“Preventing Youth Access to Alcohol from Commercial Sources”), beer keg registration was recognized as an effective strategy for reducing the supply of alcohol to underage persons. Local keg registration ordinances can require retail outlets to mark kegs with a unique identification number – and to register purchaser information at point of sale. Because kegs are a popular and cheap source of beer for underage drinking parties at home – and on college campuses – police can utilize this information to prosecute responsible parties.
- **Community Media Campaigns.** Teen-based media campaigns should emphasize positive adult role models and encourage teens to become engaged in extracurricular activities (e.g. sports, clubs, volunteering). Students Against Destructive Decisions (SADD) refers to these



activities as “positive risk-taking activities” that have a positive effect on a person’s emotional well-being. Many schools have an active SADD chapter, which would provide an excellent starting point for a comprehensive media campaign.

- **Sponsorship Restrictions at Community Events.** Many communities already restrict alcohol consumption in public places. However, alcohol is often pervasive at special events such as concerts, sporting events, and festivals. When these activities involve adolescents and children, communities can unwittingly be sending the wrong message about what constitutes acceptable behavior. If an outright ban on alcohol consumption is viewed as overly restrictive, communities can explore other options, such as establishing a restricted area or limiting the number of drinks a person can purchase. Public advertising (e.g. signage, banners, billboards) can be more selective about the placement of suggestive ads – or ban the ads outright.
- **Social Host Liability.** Pennsylvania law does permit lawsuits against persons who knowingly allow their premises to be used for underage drinking. Under current laws, if an intoxicated minor is injured or causes an injury to a third party, the “social host” can be pursued for damages – even if he did not supply the alcohol in question. More families should be educated about the legal costs and consequences associated with underage drinking. Schools can play a vital role in the effort. If more families understood the significant risk they assume by “supervising” underage drinking, they might be less inclined to host underage parties at their homes or allow their teens to attend such parties.





Working All the Live-Long Day

She had spent the last twelve years of her life raising their two kids, expecting that her husband's salary would be more than enough to take care of the mortgage and other bills. Her job at the day care center was tenuous at best due to all the days she missed recently tending to medical appointments, and besides, the few hundred dollars she made every two weeks was barely enough to keep a roof over their heads. She wasn't qualified to do much else, and every interview she managed to keep resulted in disappointment because most positions required some basic experience – and child rearing didn't seem to count.

Someone at the center had told her about nursing classes starting up at the community college where her husband used to teach, but she couldn't afford either the time away from home or the tuition costs. If he were still working there she'd have gotten a break on tuition, but that option was no longer available to her. Already in enough debt that it kept her awake at night, the thought of taking out a student loan wasn't something she was able to handle right now. She was holding onto her sanity the best she could, and more debt would just add to her depression. Besides, there was no bus route from the college to her house in one of the more rural areas of the county, and if she had to rely on someone for one more ride, she was going to lose her last remaining shred of dignity.

Underqualified and technologically untrained, she wondered just what jobs were open to her that paid a living wage, because she couldn't survive much longer on what the day care center was paying. She wondered if the parents of all the kids under her care realized that the exorbitant amounts of money they were paying for tuition didn't make it into her pockets?

Surely she was worth more than this.



Critical Issue #4 - Job Training/Workforce Development

The issue is very simply this – if we are to provide opportunities for the workers in the 5-County Region to earn a sustainable living, and if local businesses are going to be able to remain competitive in a new and changing economy – we must do better at bringing together a host of local, regional and state organizations to focus on the goal of developing a demand-driven workforce responsive to private sector worker and employer needs.

Our regional economy is at a disadvantage without the benefits of a viable workforce that is trained, literate, healthy and socially strong.

Studies prepared by organizations like the South Central Assembly for Effective Governance and ENVISION have effectively recognized and substantiated the critical link between community and economic development.

At First Glance

With one of the lowest unemployment rates in the state (3.7%) and below the state average (4.8%), at first glance it would appear that our 5-County Region is economically sound and providing jobs to its workforce. However, using the unemployment rate alone as an indicator of workforce vitality would be a flawed approach, and it often masks the very issue we are facing here in our region, the under-trained, under-skilled and underutilized workforce.

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The Truth About Unemployment

The unemployment rate is a counter-cyclic economic indicator, meaning it moves in the opposite direction of the economy – the unemployment rate gets larger as the economy worsens. The unemployment rate also lags behind other economic indicators, meaning it can take two to three quarters for the unemployment rate to catch up with the overall economic trend. Because of this lag, the unemployment rate is never used to prepare economic forecasts. Rather, it is used as a measure of business confidence. In general, businesses tend to hire workers when they are optimistic about the future.

Tight Labor Market Leads to Worker Shortages

What is most important about the unemployment rate in relation to job creation and workforce development – our issue – is that it also reflects the degree of “tightness” or “slackness” in the labor market. However, again it does not provide a complete picture. A low unemployment rate can give a false impression that employees, in large measure, have found full employment. But some job seekers may also be settling for lower-paying jobs because their job options are



limited. In this respect, a low unemployment rate may be indicative of a tight labor market, but it cannot provide insights on the skills match between the labor supply and industry demand. Low unemployment limits the pool of workers at any given employer's disposal. A tight labor market can place upward pressure on wages and benefits and workers looking to change jobs, but it can also lead to worker shortages in key industries. In contrast, high unemployment often benefits the employer because the supply of workers often exceeds the demand. In this "slack" labor market, workers are more willing to accept lower wages because of the intense competition for available jobs.

...clearly we must continue to match available positions to the unemployed. This often requires significant retraining, and we are still challenged in terms of connecting those who need jobs with the training necessary to successfully position them for the small pool of available jobs.

This is the story we heard throughout the 5-County Region. We spoke with business owners, career counselors and job trainers and, by and large, we are suffering from worker shortages in industries key to our regional economic growth. This worker shortage is partially attributable to the tight labor market, "brain drain" and the lack of skills necessary for career advancement and will adversely affect career advancement, business growth, new business attraction, and the overall economic health of the region.

It's not that people don't have jobs. There will always be a segment of the population that will not be able to find work, and clearly we must continue to match available positions to the unemployed. This matching often requires significant retraining, and we are still challenged in terms of connecting

those who need jobs with the training necessary to successfully position them for the small pool of available jobs.

Underemployment and the Working Poor

Communities suffering sustained employment concerns, like ours, often experience a tendency towards *underemployment*. In these situations, people find themselves working in low-wage jobs that do not demand the education or work experience that they bring to the table. Think of the biology student with a master's degree waiting tables, for example.

Or, they may be holding part-time jobs – several of them – when they are capable of and willing to accept full-time positions.

In either situation, the private sector is not tapping into the true potential of our labor market. Underemployment complicates the interpretation of unemployment data

Communities suffering sustained employment concerns, like ours, often experience a tendency towards underemployment. In these situations, people find themselves working in low-wage jobs that do not demand the education or work experience that they bring to the table.



because it can only be measured qualitatively through things such as labor market surveys and stakeholder interviews, because quantitative data is not readily available.

Of even greater concern is the concentration of the unskilled working poor. In a “slack” labor market, workers are more willing to accept lower wages because of intense competition for the available jobs. Often, this means that employers can offer fewer benefits to job seekers and still fill positions, leading to a segment of the employed population that lacks health and dental benefits.

Employment and Workforce Development

As part of overall economic wellbeing, employment is a key factor and one that is clearly an issue of concern in our region. A total of 22% of respondents surveyed for the study conducted as part of the UWCCC 2004 Community Needs Assessment indicated that employment opportunities were a top community concern. In the same assessment, work-related or employment needs were the most common human service needs identified in 2001.

Workforce is a critical component to developing a strong economic environment. Local and regional agencies exist to match employer needs to the education community and the workforce, but because of their competing constituencies and sheer size, forward progress is not occurring at a rapid pace. Some of the more local agencies tend to think and plan at the very local level, which can often miss the mark in terms of the interconnectedness of a region.

The South Central Pennsylvania Workforce Investment Board (WIB) is charged with coordinating partnerships to provide training, education and employment opportunities for all residents in south central Pennsylvania. The WIB has helped develop a foundation that maps how our citizens, businesses and educational institutions are interconnected.

In 2002, the WIB conducted an industry and population report for the region. The following workforce training and education-related issues were addressed in the 2002 report:

1. There is a need to create adult learning centers and/or vocational/technical schools in counties where they do not currently exist.
2. The employment needs of the Hispanic population should be addressed.
3. The region’s existing health care initiative should be expanded.
4. Greater employer involvement is needed in schools.

Our interviews revealed stories that mirrored all four of the WIB’s conclusions. Many of the people with whom we spoke indicated, for example, that vocational/technical education was absolutely vital to the changing economy, yet parents and schools continue to de-emphasize the importance and value of a vocational/technical education.



This causes students to turn away from this type of training, yet many of the emerging industries in our region – such as electrical equipment and component manufacturing – require significant amounts of vocational and/or technical skills. It is this type of employer/education disconnect that is widening the skills gap in our region. According to an employer’s survey conducted as part of a workforce development needs assessment and gap analysis for the Franklin County Area Development Corporation, employers identified that more vocational training was needed. To meet employer needs, one of the report recommendations suggested that school teachers and counselors be exposed to careers not requiring 4-year degrees. Additional recommendations included that the state should fund strong business/education partnerships and student internship and apprentice opportunities should be increased.

As with the other critical issues identified in this report, the region’s Hispanic community is at a disadvantage when it comes to employment opportunities. This is partially due to the language barrier, and partially due to the lack of social integration. The Hispanic populations in Franklin and Lebanon Counties are particularly affected, as they do not have access to services offered in Spanish that are readily available to the Dauphin County Hispanic population. According to the 1999 Blueprint for Change prepared by the PA Department of Education, cross agency coordination of basic literacy skills services is necessary at the state and local levels to develop a seamless system that allows universal access to programs and easy transition among services.

The Rest of the Story

Knowledge resources – including workforce, educational, organizational, and industry resources – when properly aligned, help to accelerate new job creation. Properly aligning our Region’s knowledge resources around growing industries will lead to greater industry diversification – positively impacting our economic bottom line.

Matching Skills to Growing Industries

Based upon 2003 ES-202 data from the PA Department of Labor & Industry, certain industries employ the lion’s share of our workforce: State and local government; health care and social assistance; retail trade; and manufacturing. These four industries employ over 200,000 people here in our region – half our regional workforce. Unfortunately, with the exception of state government, these industries do not demonstrate a strong regional specialization when compared to the rest of the state.

A significant percentage of the region’s labor force works in sectors that must import products and/or services to meet local demand, meaning we are not producing

Opportunity exists to begin focusing on retraining our unemployed and underemployed for jobs within industries that are growing – to both meet the employers’ needs for new hires and to provide family sustaining wages to our local workforce.



enough of those particular goods or services locally to meet our own demand. In our area, three of those industries are among the top five in terms of the greatest number of jobs needed to meet new and expanding business needs – health care and social assistance; professional, scientific and technical services; and transportation and warehousing. Opportunity exists to begin focusing on retraining our unemployed and underemployed within those industries to both meet the employers' need for new hires and begin supplying our own region with the services and goods it needs.

As this begins to happen, we will turn from supplying ourselves and meeting our own needs to exporting those goods and services outside of our region, thus growing the industry and subsequently hiring more people to meet industry's needs.

We should concentrate industry sectors that are projected for growth. This will help create a diversified economy – and a diversified economy can often weather recession or corporate downsizing. Communities lacking economic diversification often have difficulty sustaining growth. When economic difficulty hits a key industry, the ripples can be felt throughout. These communities tend to have great difficulty attracting and retaining labor because the economy does not provide career ladders – opportunities for advancing in a given profession – without leaving the area. In contrast, communities with diversified economies are better positioned to weather the storm of recession or corporate cutbacks because they are not dependent upon any one sector for their economic well-being. Labor is attracted to these communities because they present the young professional with career options. And, business is attracted to these areas because they offer strong business supply chains and a pool of qualified labor.

Our region needs to strive not only to improve our economic diversity but to promote job growth in sectors that show strong regional strength but do currently employ large amounts of our workforce. As it is now, some of the industries with the strongest export orientation, meaning industries that offer an opportunity for us to supply other areas with goods and services, employ only a small percentage of the region's workforce. These include production agriculture, management, and finance and insurance services.



Key Observations – 5-County Region

- As of May 2005, Lebanon and Franklin Counties had the lowest unemployment rates in the state at 3.2% and 3.4% respectively. Perry, Dauphin and Cumberland Counties had the 14th, 11th and 6th lowest rates in the state during the same time period at 4.3%, 4.1% and 3.7% respectively. The state unemployment rate is 4.8%.
- This low unemployment rate does not mean that we should not focus on economic development. Low unemployment rates locally are hiding the true nature of our region's tight labor market and underemployment, making it difficult to identify skills gaps and opportunities for growth. A "tight" labor market means that there is a limited supply of labor for meeting business demand. Tight labor markets can also lead to worker shortages, making it difficult to identify skill gaps. Communities with continued unemployment problems often experience a tendency toward *underemployment* – when people may find themselves working in low-wage jobs that do not demand the education or work experience they bring to the table. Or they may be holding down part-time jobs when they are capable and willing to accept full-time positions. In either situation, a tight labor market or underemployment – the private sector is not tapping into the true potential of the labor market.
- Communities lacking economic diversification have difficulty sustaining growth; if recession or corporate downsizing were to hit one of our key industries, the ripples would be felt throughout the entire regional community.
- With contributions of nearly \$64 billion annually to the gross state product (GSP), manufacturing remains the largest of all industry sectors in Pennsylvania, ranking among one of the largest in the nation, and remaining the state's primary economic driver. Yet, despite the high rankings, manufacturing employment in the state has dipped, having lost 133,000 manufacturing jobs since 1998.
- Employment projections prepared by the PA Department of Labor & Industry indicate that the manufacturing sector will continue witnessing job losses through 2010. The service sector is expected to lead the region in new job creation, particularly in the area of business and health services. Business services hold particular promise for the region because it is a primary source of new business formation/expansion and can offer new hire earnings that are higher than average. The region holds particular promise for Professional, Scientific, and Technical Services, which is among the top-ranking industries in the region for jobs added by new and expanding businesses.
- We must do better to match available and emerging industry opportunities and jobs with skills training and education opportunities for students in order to positively position our region against periods of recession and/or downsizing. This will enhance our economic diversity and competitive strength in the global market.



Key Observations – Franklin County

- **23 percent of Franklin County residents feel that the area’s “brain drain” is a “somewhat critical” or “critical” issue.** A public opinion survey was conducted as part of the public input process for the Community Investment Initiative. Franklin County residents accounted for 16 percent of survey respondents. When asked to give their opinion about the area’s “brain drain” (i.e. educated youth leaving the area), 23 percent indicated it was “somewhat critical” or “critical.” Only 8.0 percent said the area’s brain drain was “no problem at all.”
- **When asked to identify the issues most critical to restoring/maintaining the health and vitality of their community, Franklin County residents ranked “diverse employment opportunities” #6 and “brain drain” #7.** The County’s top three issues were substance abuse, traffic congestion, and families without medical insurance.
- **Interviews in Franklin County identified low skills levels among the workforce.** Manufacturing operations have difficulty recruiting labor because of the low skills levels. Today’s manufacturing jobs are increasingly technical in nature. The current workforce lacks many of these skills. High school students – our emerging workforce – is not being taught these skills in school. High school graduates are not being prepared to enter the workforce. 30-40 percent of students do not seem to have any work goals. The education system does not seem to value or recognize the need for skills training, and there is no community college in the County.
- **Franklin County’s aging workforce and “brain drain” is putting a strain on the economy.** According to interviews, there is a need for more emphasis on the trades. Needs are particularly strong in advanced materials & diversification, logistics & transportation, and building & construction – all growth industries. Young adults do not tend to stay in the area because of the desire for high-paying jobs.

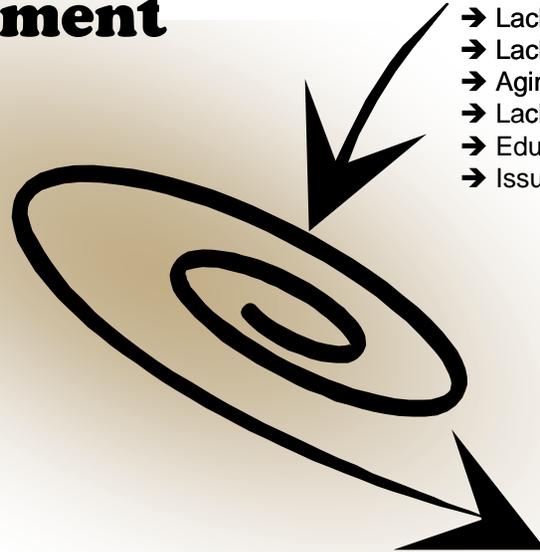


Job Training & Workforce Development



Causes

- Change in Local Industry Mix (e.g. loss of manufacturing / increase in technology)
- Absence of Work Ethic
- Lack of Employer Provided Training
- Lack of Funding for Trainers
- Lack of Parental Guidance in Student Choices
- Aging Workforce
- Lack of Emphasis on Technical Training in Secondary Schools
- Educational Mandates
- Issue Masked by Low Unemployment Rate



Impacts

- "Brain Drain"
- Needs of Local Industry Unmet
- New Businesses Locate Outside Region
- Decline in Business Retention
- Open Positions Remain Unfilled
- Economic Decline / Stagnation
- Decreased Job Tenure
- Underutilized Workforce



Comprehensive Plan Implications

An objective of the Economic Development Plan is to continue to diversify the County's economy to make it more resistant to changing trends. The Economic Development Plan recommends attracting new business development and expansion in appropriate areas to provide tax revenue and wider employment opportunities. The Economic Development Plan also recommends seeking a diversity of jobs to meet the varied skills of County residents. Providing high-quality education opportunities for students and adults is an objective of the Community Facilities and Services plan.

The following information relative to Job Training/Workforce Development was pulled from the comprehensive plan.

<p>Land Use and Housing Plan (p.39). Attract new business development and expansion in appropriate areas to provide tax revenue and wider employment opportunities.</p>	<p>Economic Development Plan (p. 65). Continually work to improve the skills of the local labor force. Seek a diversity of jobs to meet the varied skills of County residents.</p>	<p>Implementation (Summary). Emphasize communication, coordination, and cooperation between the County, municipalities, and other agencies.</p>
<p>Community Facilities and Services Plan (p. 74). Provide high-quality education opportunities for students and adults.</p>	<p>Economic Development Plan (p. 63). Continue to diversify the County's economy to make it more resistant to changing trends.</p>	<p>Economic Development Plan. (p. 64). Coordinate the many available economic development resources to make sure they are used as effectively as possible.</p>

Implementation Recommendations

The comprehensive plan thoroughly addresses economic and workforce development and the partnerships that are required to effectively diversify the County's economic base, therefore, comprehensive plan recommendations are not suggested. The following recommendations are implementation strategies for future consideration.

Utilize the comprehensive planning process to focus on economic development - A comprehensive plan can be an invaluable tool for everyone involved in economic development. By definition, comprehensive plans must consider how all aspects of a community fit together. The economic development plan is not mandated by the Municipalities Planning Code (MPC). However, the data collected through the comprehensive planning process – demographics, housing trends, public infrastructure – provide an excellent basis for evaluating current workforce development issues and projecting what future needs may be. The economic development plan provides strategic direction to the comprehensive plan, which keeps it “front of mind” and relevant to policy-makers. An analysis of targeted industries and specific sites for future economic development should be considered as part of a future comprehensive plan update.



Provide education, to both citizens and local officials, pertaining to each of the critical issues - The five critical issues addressed in the Community Investment Initiative: Access to and Availability of Health Services, Transportation to Services and Jobs, Substance Abuse, Job Training/Workforce Development, and Affordable Housing are relevant countywide, regionally, and across Pennsylvania. To effect positive change and reverse some of the negative outcomes associated with each issue, it is recommended that outreach and education be conducted with citizens and officials. The outreach program could be conducted as an implementation strategy to a comprehensive plan update or coordinated through a regional partnership through an organization such as the South Central Assembly for Effective Governance. Partnership and sponsorship through various state agencies such as Health, Community and Economic Development, Transportation, Welfare, and Pennsylvania Housing Finance Agency should also be sought as an effort to reduce local cost and leverage resources. Such an outreach program could serve as a model throughout Pennsylvania.

Focus on worker quality.

Incumbent Worker Training. Explore opportunities for funding to help smaller companies (i.e. IT, manufacturing, R&D) train their workforce – perhaps through regional consortium (CJT applications via the WIBs, chambers, EDAs). Companies that invest in worker training are more likely to retain that worker because of the investment they represent. The employee is more likely to stay because he sees opportunity for personal growth.

Develop Employee Incentive Programs (such as flexible hours, telecommuting, and temp-to-perm work) that encourage educated and highly skilled people to delay retirement age – or to return to the workforce. These individuals have tremendous institutional knowledge and skill sets accumulated over a lifetime of professional employment. They are well-equipped to mentor new staff. A recent *Patriot-News* article (9/7/06) spoke to this very issue. The Principal Financial Group, a nationally known retirement fund and asset management firm, brings retirees back on the job through its “Happy Returns” program. The employees are actually employed on a temporary or permanent basis by Manpower, Inc. which enables them to retain their full retirement benefits and still contribute to the company. These employees benefit from more flexible hours than salaried staff. Both sides seem to be benefiting from the program. These types of incentive programs would strengthen the region’s human capital. Given that Pennsylvania is the second oldest state in the country (second only to Florida) it would behoove us to focus on this demographic. The region isn’t getting any younger! Similar strategies are being employed by some companies to “level the playing field” for women and others seeking to re-enter the workforce.

Cultivate an Entrepreneurial Environment. This is easier said than done. A recent article on the Pittsburgh region’s brain drain observed that there are simply too many colleges putting out too many graduates for the area to absorb all of them. But the author noted that a lot of Pittsburgh’s resurgence has been built on entrepreneurial activity – small biotech companies, etc. – many of which got their start in a university environment. So, it pays to invest in these kids and to target programs to small start-ups, etc. even if they don’t all stay. To cultivate this type of



environment in the 5-County Region, we need to give our rural counties an opportunity to lift themselves up. They may never have all the advantages of their urban counterparts, but they could be the region's "stepping stone" and a sort of feeder system for the region's higher education system (i.e. we'd have more "home-grown" graduates more likely to stay, work, and build companies in the mid-state.) A strategy to finance technical schools and community colleges would also provide a gateway to higher education for less-advantaged groups. These schools are financially accessible to people that are often disenfranchised from higher education by way of high tuition fees and high enrollment standards. Access to higher education is essential for cultivating an entrepreneurial spirit amongst our young people. Even if the students ultimately leave the area to complete their higher education elsewhere, the region benefits because of the knowledge capital it has created.



And the Walls Came Tumbling Down

Ripping the yellow eviction notice off the front door, her oldest son entered the home in tears. There was no way he was going to leave this house, but that's what the paper said they had to do. His mom wasn't home from work yet, and he didn't want that to be the first thing she saw when she got there. He had heard her crying herself to sleep for the last few days, and this might be the thing that drove her over the edge. Only fifteen, he knew more than he should about life's little cruelties. He was the man of the house now, and somehow he was going to make this better.

His mom had been looking in the paper for the last few weeks for a new place to live, that much he knew. He had heard her on the phone with the bank the other day, and judging from the tone of her voice and the tears that flowed when the conversation was over, he figured this day was coming. Grabbing the classified section, he scrunched up his face to review the apartments she had circled last night. None of them seemed to be anywhere near their house, in fact, they all seemed to be in a totally different city. Wait, this wasn't even the local paper. Weren't there any apartments they could afford nearby?

His mom walked in the door at that moment and saw him with the paper. Her eyes moved to the ugly yellow paper on the table in front of him. With guilty eyes, he looked at his feet as she dropped the meager bag of groceries in her hand. His little brother ran into the room behind her and ran to give his big brother a hug, only to meet an angry response. Confused, her youngest son looked from mom to brother and back to mom again, wondering why nobody was ever happy anymore.

He sensed that 'home' was going to mean something entirely different very soon.



Critical Issue #5 - Affordable Housing

Who needs affordable housing? Surely not anyone you know. Would it surprise you to learn that most people who live in affordable housing work? Many of them are young people embarking on a new career, like the nurse's aide tending to your ailing neighbor who can't afford to buy a home in the neighborhood where she grew up. Most work long hours for minimal pay, like the truck driver who spends 25 days per month on the road and away from his family just so you can get a pint of ice cream from the local grocery store when that midnight craving hits.

Shelter is one of our basic human needs – a structure that provides protection from the elements for individuals, households and families – and a safe, clean, warm place to call “home”. The housing within a community is one of its defining characteristics, and the diversity of available housing often dictates who can live there.

So why can't we provide housing that meets the needs of each segment of the population? The stigma surrounding affordable housing is unwarranted and quite often prohibits units from being built and families from finding a place to call home. The truth is, affordable housing is in short supply in the 5-County Region.

Shelter is one of our basic human needs – a structure that provides protection from the elements for individuals, households and families – and a safe, clean, warm place to call “home”. The housing within a community is one of its defining characteristics, and the diversity of available housing often dictates who can live there.

Location, Location, Location

At the turn of the century through WWII, the period when much of the region's aging housing stock was built, a much different philosophy governed the manner in which new homes were located. The United States was a manufacturing powerhouse, and towns were centers of commerce constructed around factories to ensure their operators a steady source of manpower. People walked to work. They walked to the corner store for their groceries. Mom and dad lived just up the street from grandma and grandpa, and their kids would grow up to buy the house on the corner. Employers considered it their responsibility – and in their best interest – to provide convenient, affordable housing for their workforce.

Today, our transportation network has dramatically altered this dynamic. Private automobile ownership has made it possible for the middle and upper classes to abandon our cities for life in the suburbs, creating population dispersal and decimating the urban tax base. This, in turn, robs our urban schools of the local property taxes they need to educate our children – 94% of school funding in Pennsylvania is derived from property tax. When the education system begins to fail, the rest of the families who can afford to leave do so, leaving behind vacant, aging housing stock and a concentration of low-income individuals and families to occupy them.



Where Jobs Go to Sleep

A compelling observation from the 2004 Pennsylvania Housing Study prepared by the Pennsylvania Housing Finance Agency (PHFA) points to the current disconnect between economic development and housing and community development, “Housing is where jobs go to sleep at night.” The study goes on to point out the conflict between the need to create affordable housing in areas close to jobs, transit and good public education and the persistence of NIMBYism (Not In My Back Yard), the idea that yes, it’s a good idea, but I don’t want it in my neighborhood.

The lack of affordable housing isn’t a problem for those of us able to afford private transportation but, as we saw in an earlier section, dependent populations – the low-income, elderly, mentally ill and disabled – are often isolated because where they can afford to live is a far distance from everything and everyone else.

A similar theme carries through a white paper authored by the Housing and Community Development Committee of the South Central Assembly for Effective Governance (the Assembly) in October 2002. Entitled *Housing in the Region*, its study asserts that, “Housing can not be isolated from other aspects of community development.” It further goes on to demonstrate that where people live today is not necessarily reflective of where they work, access needed services or spend their money.

This isn’t a problem for those of us able to afford private transportation but, as we saw in an earlier section, dependent populations – the low-income, elderly, mentally ill and disabled – are often isolated because where they can afford to live is a far distance from everything and everyone else. Mixed-income housing developments should be placed in areas where economic development activities are either planned or desired to stimulate local job growth.

Availability of Affordable Housing

The Assembly’s housing study indicates that our region’s low-cost housing for the poor is centered in substandard neighborhoods of Harrisburg and Lebanon, in larger boroughs such as Carlisle, Steelton and Chambersburg, and in economically depressed rural communities. Our interviews substantiated this statement, emphasizing that housing is strongly segregated by race and income across the region, with mixed-income developments nearly nonexistent.

Quality housing for the impoverished in central cities is not readily available. Housing for the very poor in our region’s cities is often accompanied by dangerous and unhealthy conditions not found in other areas of the region, and alternative housing is scarce. Additionally, there is a large quantity of deteriorated housing stock in the poor urban and rural areas of our region and insufficient programs to meet public need.



Measuring Affordability

The U.S. Census Bureau reports housing costs for both owner occupied and renter occupied housing through its decennial census, as well as household income. Comparing the cost of housing to income indicates the level to which a community's population can afford the cost of housing, as well as the cost of other basic needs.

What Can our Region Afford?

- In the 5-County Region, renters pay a significantly larger percentage of their income for housing than do their homeowner neighbors. Nearly 40% of homeowners pay less than 15% of their monthly income for housing costs, while 23% of renters pay less than 15%.
- More Franklin County homeowners pay less than 15% than in any other county in the region, with 44% of homeowners paying less than 15% of their monthly income for housing. 19% of Dauphin County homeowners pay more than 30% of their income for housing costs as compared to 21% statewide.
- Thirty two percent of renters in the 5-County Region pay more than 30% of their income for housing while only 18% of homeowners incur costs at that rate. However, renters in the 5-County Region pay a lower percentage of their income for housing than renters statewide, 39% of whom pay more than 30% of their income for housing.
- **There are 2,006 subsidized rental units in the 5-County Region, with nearly 53,000 income eligible households – enough to serve only 3.8% of the eligible households.**

Dauphin County's 200 affordable housing units are not sufficient to serve even 1% of its income eligible households.

Implications for the Low-Income

The cost of housing can dictate how close workers live to employment, how much a family can spend for entertainment, how much a family can save for education and retirement, and, unfortunately, sometimes it dictates how much a family can spend for food – or even whether a family eats or enjoys the safety and security of shelter.

In our 5-County Region, low-income individuals and families are concentrated in urban centers and rural areas. Predatory lending practices are prevalent in the lower economic classes, as sub-prime lenders prey upon the poor and the elderly in particular. These lenders make the bulk of their loans to low- to moderate-income individuals and families, with minority populations more likely to receive a loan from a sub-prime lender than whites, according to a Predatory Lending Study commissioned by the South Central Assembly for Effective Governance.

Lack of basic life skills such as budgeting, accountability, sound decision-making and the sound use of credit often lead many of the at-risk population down the path to financial ruin. Many individuals and families do not adhere to the basic principle of learning to spend their financial



resources on shelter first, above all other expenses. For these people, a few missed paychecks or loan payments are all that separate them from transience or homelessness.

Homelessness

It is difficult to assess the true extent of the homeless situation in central Pennsylvania – or for that matter anywhere in the state. For one, some federally funded programs require a person to be “literally homeless” before they can avail themselves of support programs. A number of at-risk populations are not *literally* homeless, such as people living with relatives, people discharged from the criminal justice system, and youth exiting the foster care system. Yet, many of these people would fall into homelessness without receiving proper intervention and case management.

In urban areas, homelessness tends to be a more visible problem. There are generally more homeless shelters and more people living on the street. In contrast, homelessness seems to

There are far fewer shelters in rural areas; therefore, people experiencing homelessness are less likely to live on the street or in a shelter, and more likely to live in a car, tent, or camper, or with relatives in overcrowded or substandard housing.

manifest itself quite differently in rural communities. For one, the population tends to be smaller and spread out over a larger area. This makes the provision of supportive services more difficult. Second, the survivalist spirit that is part of the rural ethic means that many people will turn away from public support, leaning instead on family and friends.

Understanding rural homelessness requires a more flexible definition of homelessness. There are far fewer shelters in rural areas; therefore, people experiencing homelessness are less likely to live on the street or in a

shelter, and more likely to live in a car, tent, or camper, or with relatives in overcrowded or substandard housing.

Support Mechanisms

The Homeless Assistance Program (HAP) is a program administered by the PA Department of Public Welfare that is intended to provide a “continuum of care” to the homeless and near homeless by providing (1) prevention services, (2) refuge and care; and (3) case management. This three-pronged approach is intended to move clients toward self-sufficiency. Each year, HAP funds are allocated to all sixty-seven (67) counties on a block grant basis.

Data from the PA Department of Public Welfare from fiscal years 1998-1999 and 2001-2002 (most recent year of published data available) were analyzed to develop a profile of the homeless situation in our 5-County Region. Keep in mind when reviewing the data and observations that it only reflects those clients served with HAP funding. The results appear below.



Figure B - 2
Homeless Assistance Program (FY 2001-2002)
The Foundation Service Area
Clients Served: 11,530

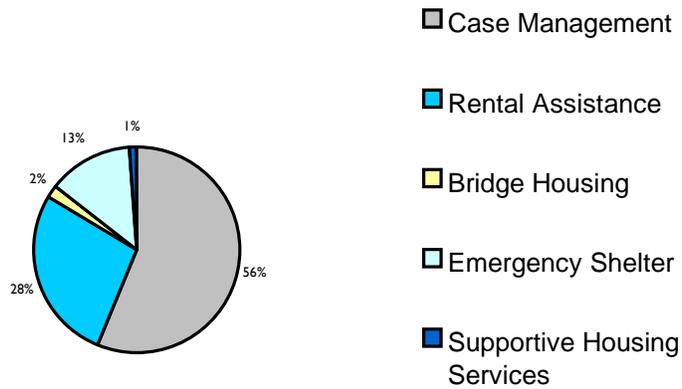
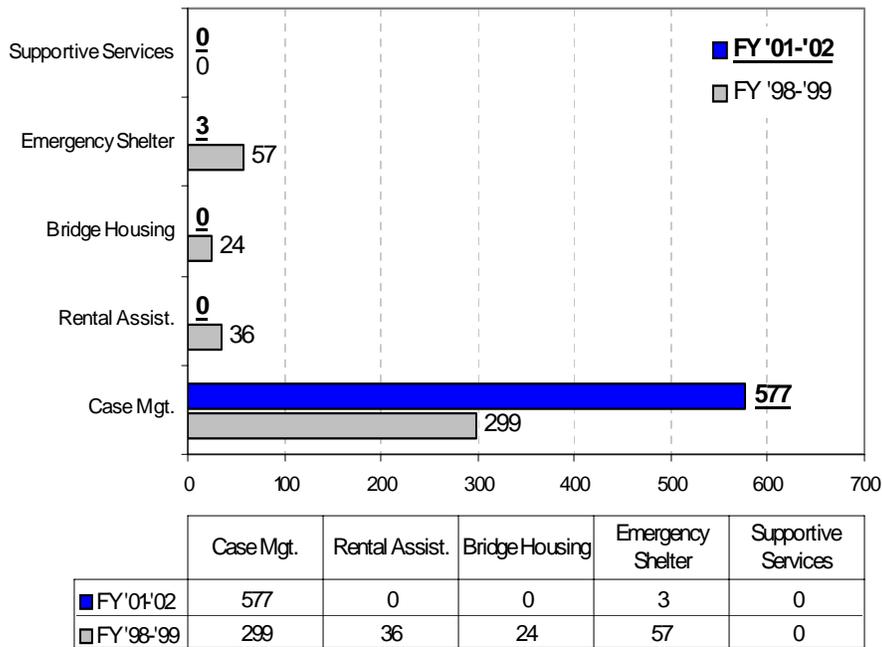


Figure B - 3
Clients Denied Services Due to Lack of Funds
FY '98-'99 through FY '01-'02



	Case Mgt.	Rental Assist.	Bridge Housing	Emergency Shelter	Supportive Services
FY '01-'02	577	0	0	3	0
FY '98-'99	299	36	24	57	0



Key Observations – 5-County Region

- The issue of housing affordability is closely related to homelessness. According to a report on rural homelessness issued by The Center for Rural Pennsylvania, new housing development often ignores low and moderate-income families.
- According to the PA Department of Public Welfare, 2,266 people are homeless in the 5-County Region.
- Franklin County was the only county to provide HAP-funded Supportive Housing Services (SHS) in the 2001-2002 fiscal year. The SHS program supports counties that develop unique programs for helping the homeless and near homeless.
- The rate of homeownership in the 5-County Region is higher than the statewide average with a 71% ownership rate in the Region compared to 60% statewide. Perry County has the highest ownership rate in the Region at 80%. Dauphin County has the lowest rate in the Region at 65%.
- Dauphin County's high renter occupancy is reflected in its types of housing stock as well, with 49% single-family homes, the lowest rate in the Region. Perry County has the highest rate of single-family homes with 72%, compared to the Region's average of 58%. Perry County also has the highest percentage of mobile homes with 14%.
- Approximately 44% of the 5-County Region's housing stock is over 45 years old as compared to 54% statewide. Lebanon County reports the oldest housing stock in the Region with 51% built prior to 1960. Franklin County has the greatest percentage of newer housing stock in the region with nearly 10% of its housing built since 1995.
- According to the U.S. Census Bureau, there are 1,384 occupied housing units in the 5-County Region without complete plumbing facilities, 1,414 without complete kitchen facilities, and 3,813 without telephone service.



Key Observations – Franklin County

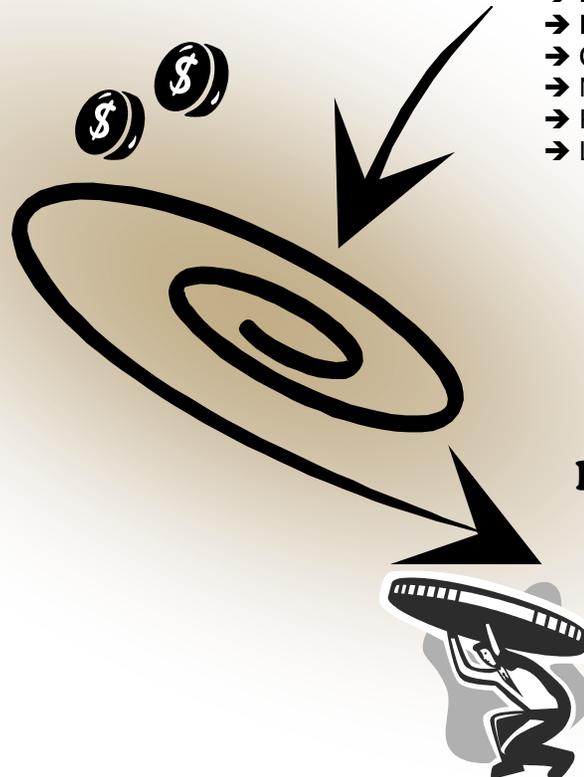
- **In 2000, 19 percent of all the households in Franklin County were “cost burdened,” which means that they spent 30 percent or more of their income on housing costs.** This represents an increase from 1990, when 16 percent of all households were cost burdened.
- **In Franklin County, a disproportionate share – 58 percent – of all cost burdened households are owner occupied.** It is not altogether surprising that home owners carry a disproportionate share of the cost burden because they account for 74 percent of the County's housing stock. However, Franklin County had a similar homeownership rate in 1990 (73 percent) when only 47 percent of all cost burdened households were owner occupied. In the last 10 years, the cost burden has shifted from renters to owners.
- **Despite the shifting cost burden, homeownership still remains an affordable option for many people.** In 2000, approximately 15 percent of all homeowners in Franklin County were considered cost burdened, because they spent 30 percent or more of their income on housing costs. In contrast, 28 percent of all renters were cost burdened. By in large, renters still spend a larger share of their income on housing costs.
- **Households on fixed incomes may be contributing to the increased cost burden among homeowners.** From 1990 to 2000, Franklin County's population grew by 6.8 percent. Much of this growth was among mature populations. Age cohort analysis revealed that Franklin County, like other counties in the region, saw significant increases in its population of very elderly persons (85+). From 1990 to 2000, the County's 85+ population increased by 39 percent – the largest rate of growth among all age groups. As the population continues to “age in place,” Franklin County may be faced with an affordability challenge.
- **In 2003, the median household income in Franklin County was \$42,808.** According to conventional lending practice, a family can afford a home that is roughly 3 times their median household income – or \$128,424. According to building permit activity, the average value for a new housing unit in Franklin County is \$136,127 – or 5 percent higher than the median household income.
- **Households in the lowest income brackets are the most likely to struggle with housing affordability.** In Franklin County, fewer than 1 percent of all renters earning \$35,000+ a year are considered cost burdened. In contrast, 68.5 percent of renters earning less than \$10,000 a year are considered cost burdened.
- **The Pennsylvania Housing Finance Agency (PHFA) estimates that Franklin County has over 7,000 households living at 80 percent of median income.** These families should be eligible for subsidized housing. However, the County only has enough subsidized housing to meet the needs of 6.2 percent of all income eligible households. Like Perry County, Franklin County may suffer from a hidden homeless problem. In fiscal year 2001-2002, only 9 percent of clients served by its Homeless Assistance Program (HAP) were considered homeless. To meet the “homeless” definition, clients must be living on the streets or staying in an emergency shelter. Few rural areas have emergency shelters and rural homeless are more likely to take up temporary residence than live on the street.



Franklin County also receives a very small HAP allocation, which limits its ability to do more than provide emergency housing assistance when the threat of eviction is imminent.



Affordable Housing



Causes



- Lack of Public Subsidy
- Stigmatization of Subsidized Housing Residents
- Long Waiting Lists for Subsidized Housing
- Proximity of Affordable Housing to Indigent Populations
- Cost of Living Outpacing Income
- NIMBYism
- Public Uninformed About Assistance Programs
- Lack of “Life Skills”



Impacts

- Increased Homelessness
- Transient Families
- Increased Public Health Risk
- Continuing Cycle of Poverty
- Increased Personal Debt
- Overcrowded Shelters
- Tough Choices (Shelter vs. Other Necessities)
- Dependent Populations Most Affected



Comprehensive Plan Implications

The Land Use and Housing Plan recommends providing for human service needs for future population growth and providing for opportunities for a variety of housing types, with an emphasis on affordable owner-occupied housing.

The following information relative to Affordable Housing was pulled from the comprehensive plan.

<p>Implementation (Summary). Emphasize communication, coordination, and cooperation between the County, municipalities, and other agencies.</p>	<p>Land Use and Housing (Summary). Provide for human service needs for future population growth.</p>	<p>Land Use and Housing (p. 36). Provide opportunities for a variety of housing types, with an emphasis on affordable owner-occupied housing.</p>
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Implementation Recommendations

The comprehensive plan update addresses both low-income housing and affordable housing. Comprehensive plan recommendations are not suggested. The following recommendations are implementation strategies for future consideration.

Convert Section 8 Vouchers

- Consider regional application of a model program launched in Cumberland and Perry Counties in 2002 that enabled low-income renters in Cumberland and Perry Counties to become homeowners over a 12-month period by turning their Section 8 federal housing choice vouchers into monthly payments on affordable home mortgages. This was a joint project launched by the Cumberland County Housing Authority, (then) Waypoint Bank, Rural Opportunities, Inc. (ROI), and Freddie Mac.
- Under this initiative, qualified families could use federal Section 8 housing choice vouchers to begin building personal wealth in the form of home equity. Section 8 vouchers typically help lower-income families afford local rental housing. (HUD adopted new rules in 2001 to encourage homeownership by allowing voucher holders to use their rent subsidy to help cover mortgage payments instead.)
- The Cumberland County Housing Authority administered the initiative for voucher holders in both Cumberland and, through a special agreement, Perry Counties. ROI provided borrower counseling to prepare voucher holders for the responsibilities of homeownership. Qualified voucher holders could then obtain a 30-year, fixed-rate mortgage from (then) Waypoint Bank and use their federal subsidy payments to help cover the monthly mortgage costs. Freddie Mac agreed to purchase the mortgages, ensuring a constant flow of mortgage credit to help additional families become homeowners. This program enabled qualified borrowers to finance a home with as little as two percent of the purchase price coming from their own personal resources. To qualify, borrowers must have been employed



for at least one year and earn at least \$10,300/year. The employment requirement does not apply to the elderly or borrowers with disabilities.

Provide developer incentives - Explore the potential for providing incentives to developers, such as expedited permitting, to encourage mixed-use development that attracts a variety of housing types and affordability levels. Provide tax credits to developers willing to participate in a pilot project that encourages true mixed-use development.

Provide creative homeowner incentives - Consider a variety of homeownership incentives. A model program is under consideration in the City of York, Pennsylvania, dubbed the “York City Artist Homestead Program,” that is bank sponsored. Applicable to any York City property, the program offers an attractive loan package with favorable refinancing terms for some applicants. Specifically geared to artist homeowners, this program is an effort to “beautify” the city and encourage homeownership at the same time. Incentives include the availability of inexpensive historic structures, raw building space, vacant lots, and other structures owned by the City of York Redevelopment Authority. A combination of forgivable loans for juried properties, tax abatement incentives, waiver of permit fees are among the incentives.

Collaborate with community banking leaders to provide housing financing options - Encourage collaboration with community banking leaders to convene and discuss options to fully leverage housing opportunities under the Community Reinvestment Act, as it applies to banking institutions. An example is the recent partnership between the City of Harrisburg, five area banks, and the Federal Home Loan Bank of Pittsburgh to secure \$1.4 million in grants to help fund five affordable housing projects in Harrisburg and Central Pennsylvania.

Expand Affordable Housing Trust Funds - Passed by the General Assembly in 1992, the Optional County Affordable Housing Funds Act (Act 137) gives all Pennsylvania counties – with the exception of Philadelphia County – the option of increasing deed and mortgage recording fees up to 100% for the express purpose of advancing affordable housing in their communities. Act 137 only requires that fees be set aside in a housing trust fund specifically for affordable housing initiatives. The legislation does not dictate how counties administer these general fund revenues. According to a 2005 report issued by the Pennsylvania Housing Finance Agency (PHFA)³, all counties in the south central region have utilized Act 137 to establish Affordable Housing Trust Funds. With a large demand for subsidized housing in the 5-County Region, now would be an appropriate time to evaluate each county’s program(s) to determine how counties can best support the most cost-burdened households. An increase in recording fees could result in significant revenues, allowing each county to expand its affordable housing trust fund.

³ Center for Survey Research, Institute of State and Regional Affairs, Penn State Harrisburg March 2005. “Update on the Implementation of Pennsylvania’s County Housing Trust Fund Legislation.” Submitted to: Pennsylvania Housing Finance Agency.



As a collective, counties in the south central region should urge state government to match future Act 137 funds dollar for dollar.

Consider providing homeowner financing education - Homeowner financing education should be instituted by municipalities to teach people about how to best budget for affordable housing and to be aware of predatory lending practices. A regional report assessing the issue has been prepared for the South Central Assembly for Effective Governance. The Governor's Center for Local Government Services provides funding to municipalities for certain types of relevant education and training. Using a portion of the funding for homeowner financing education training should be explored.

Provide education, to both citizens and local officials, pertaining to each of the critical issues - The five critical issues addressed in the Community Investment Initiative: Access to and Availability of Health Services, Transportation to Services and Jobs, Substance Abuse, Job Training/Workforce Development, and Affordable Housing are relevant countywide, regionally, and across Pennsylvania. To effect positive change and reverse some of the negative outcomes associated with each issue, it is recommended that outreach and education be conducted with citizens and officials. The outreach program could be conducted as an implementation strategy to a comprehensive plan update or coordinated through a regional partnership through an organization such as the South Central Assembly for Effective Governance. Partnership and sponsorship through various state agencies such as Health, Community and Economic Development, Transportation, Welfare, and Pennsylvania Housing Finance Agency should also be sought as an effort to reduce local cost and leverage resources. Such an outreach program could serve as a model throughout Pennsylvania.





Conclusion

A Region Responds

She can hardly believe how quickly the last two years have flown. Closing the door of her modest townhouse behind her with a satisfied smile, she leaned against the frame as she waited for her ride. Life was much different for her and her boys now.

It all began nearly two years ago when a group of local churches got together to pool their resources and came up with the idea of using their vans and buses during the week to transport people like her to appointments, jobs and night classes. The sudden availability of transportation allowed her to take free training classes sponsored by a local employer, and when that company offered her a job at the end of her training course, she accepted. Now all of them had medical and dental coverage, and she knew her family's health was already improving as a result.

Fresh from his ALATEEN meeting, her eldest boy pulled into their driveway honking the horn, impatient to get all three of them down to the new community center for the groundbreaking ceremony. It wasn't much, but as she watched her little one climb into the little car they were finally able to afford, she knew that life was once again open to her and her boys.

The community came through after all.





APPENDIX





Appendix B-1 - Project Methodology

How Did We Do It?

It makes sense to take a moment to examine the top five critical issues in the larger context of what this study has determined to be the region's top twenty-four most critical issues, and the process by which these issues were identified. This summary report focuses on the top five issues so that the greatest needs are addressed immediately, but as our efforts grow and encompass additional stakeholders, more and more of these issues will be addressed.

Through the course of this study, we gathered information from four primary sources to begin to identify common threads from the information gathered. These threads provided us with the basis for identifying the top five critical issues. Our information was gathered from statistical data sources; from interviews with key people from across the 5-County Region who are involved on a daily basis with real people and real problems; from reviewing studies and research conducted by other organizations throughout the region; and from you, the residents of our region, through a comprehensive survey process.

While any one of these sources can – and did – provide a wealth of information, we believe that no one source alone can truly capture the true picture of our region's issues -- it takes a combination of quantitative data and qualitative information to uncover the issues that are truly critical to our region. To ferret out the most critical issues, we developed a process that included the following steps:

Step 1 – Each interview participant was asked to identify the top three regional issues and rank them in order of importance. We reviewed all of the issues identified by interview participants, categorized them and gave each category a score based on the number of times the issue category was identified in our interviews.

Step 2 – Next, we weighted the score of each issue category by the average importance ranking as determined by participants in our interview process to arrive at a total score.

Step 3 – We then added the number of times the issue category was identified in the existing regional studies that we reviewed (to the total score for each issue category).

Step 4 – During our interview process, as participants identified the top three critical issues, we asked them to rank the severity of the issue from 1 to 5 with 5 being the most critical. We multiplied the score of each issue category by the average severity reported.

Step 5 – Finally, we multiplied the total weighted score by the level of importance of each issue category based on information obtained from the results of our community survey. Importance was rated from 1 to 5 with 5 being the most important. The issue categories were then ranked by the total weighted score to arrive at a prioritized list of categories, the top 24 of which are shown in the following table.



Table B - 1

Critical Issue – Scoring & Weighting Methodology							
Rank	Issue	A - Weighted Interview Occurrence	B - Existing Study Occurrence	C - Level of Severity	D - Weighted Score (A+B) x C	E - Rank By Importance	Total Score (D*E)
1	Availability of & Access to Health Services	118	18	4.7	639.2	5	3196
2	Transportation to Services & Jobs	99	15	4.3	490.2	4	1960.8
3	Substance Abuse	69	9	4.2	327.6	5	1638
4	Job training / workforce development	52	14	4	264	4	1056
5	Affordable Housing	61	9	4.2	294	3	882
6	Economic Development - Job Opportunities	45	3	4.1	196.8	4	787.2
7	Educational Preparedness	30	9	4.3	167.7	4	670.8
8	Crime	20	6	4.3	111.8	5	559
9	Early Childhood Education	15	15	4.5	135	3.5	472.5
10	Health Care Costs	29	7	4.2	151.2	3	453.6
11	Traffic congestion	16	5	4.1	86.1	5	430.5
12	Local Government Constraints	27	8	3.8	133	3	399
13	Community Revitalization	23	9	4	128	3	384
14	Economic Development	19	8	4.2	113.4	3	340.2
15	Breakdown of the family	15	7	3.6	79.2	4	316.8
16	Community participation	23	4	3.9	105.3	3	315.9
17	Eldercare	17	7	4	96	3	288
18	Arts Promotion	31	3	4.2	142.8	2	285.6
19	Lack of Funding	16	8	3.8	91.2	3	273.6
20	Land Use Planning	53	6	4	236	1	236
21	Emergency Services	26	2	4	112	2	224
22	Regional cooperation	46	8	4.1	221.4	1	221.4
23	Domestic Violence	29	7	4.8	172.8	1	172.8
24	Transportation Infrastructure	30	11	4.1	168.1	1	168.1



Appendix B-2 - Recommendation Methodology

The top five critical issues identified in the Community Investment Initiative are linked to land use planning in that all forms of land use are inherently associated with the people that currently occupy or use a particular parcel of land.

The main objective of this review is to strengthen the relationship between Franklin County's land use goals and objectives and the south central Region's top five human resource needs. To achieve this goal, the Franklin County Comprehensive Plan, dated June 1999, was reviewed. Combined with the results of the previously completed Community Investment Initiative, Delta proposed both comprehensive plan and implementation recommendations that will hopefully help shape future land use planning policy as it relates to human resource needs. Bottom line, recommendations should maximize the effectiveness of the comprehensive planning process from a human perspective.

Delta focused on the specific comprehensive plan elements, objectives, and recommendations rather than on the background demographic studies. An analysis of the results and key points to consider are identified by critical issue in the Critical Issues section.

It should be noted that the comprehensive plan analysis and recommendations were based solely through a review of the comprehensive plan. Organizations were not contacted to verify information, update information, or gain additional information.

