

LIFE IN THE CAPITAL REGION

2014

ASSESSMENT OF OUR COMMUNITY



DAUPHIN COUNTY
PENNSYLVANIA

theFoundation
for Enhancing Communities



HARRISBURG REGIONAL
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Life in the Capital Region: 2014 Assessment of Our Community

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At a Crossroads

We find ourselves at a crossroads as the gap between needs and resources continues to grow. That is why United Way of the Capital Region formed a unique and diverse partnership with the Harrisburg Regional Chamber, West Shore Chamber of Commerce, The Foundation for Enhancing Communities, Cumberland County, Dauphin County and Perry County to develop a broader understanding of the interconnected needs of our community. This assessment provides an in-depth examination of the health and human service issues of our community.

For the last five years, there has been a steady increase in the demand for health and human service programs in the Capital Region. To develop a thoughtful response to community needs, completing a comprehensive assessment was an essential first step.

United Way of the Capital Region, in cooperation with its community partners, embarked on this assessment to support its new strategic plan. The assessment will be used to provide direction to its community impact work in addressing “the most pressing needs” in the Capital Region.

This community assessment explores the Capital Region (Cumberland, Dauphin and Perry counties) by examining health and human service issues through the lens of community “building blocks” of education, health, income and basic needs.

The assessment was built on these values and expectations:

- The assessment process is inclusive.
- The assessment process engages the community.
- The assessment process is transparent and understood by the community.



- The assessment uses existing data whenever possible.
- United Way will maintain and routinely update data collected in the development of the assessment.
- The assessment and decision making process will be data-driven.
- The assessment can be replicated in the future.

The information gleaned by the assessment will be used by United Way to help it address the “most pressing needs” of the community. The “most pressing needs in the community” are those issues or conditions which are:

- prevalent in significant parts of the Capital Region
- severe and impact the overall region’s quality of life
- addressing the “root causes” of community conditions
- requiring urgent attention to prevent deterioration of community conditions
- representative of community priorities to improve the quality of life
- In all building block areas, transportation, cultural competency and attention to diversity are important considerations that cannot be overlooked. These considerations underlie each of

the expressed needs and were incorporated fully in development of the report.

The community assessment is comprised of several major components:

1. *Review and Analysis of Existing Data:*

- Regional demographics by county:
- Data Indicators on the building block Issues of health, education, income and basic needs. Each section is built on an examination of key “data indicators” which measure the strength and health of our community. These indicators highlight our community challenges and provide an analytical foundation for leadership and decision making.

2. *Community Engagement Survey:* Temple University Harrisburg’s Nonprofit Evaluation Services and Training (NEST) provided services pertaining to the survey component of the community assessment. For the purpose of this assessment research, the Community Concerns methodology was used. Concerns surveys enable community members to participate by helping to identify what they believe to be the most pressing issues facing a community.

The survey was disseminated through Qualtrics to 16,505 individuals. There were 2,256 surveys returned for a response rate of approximately 14 percent. Participants were asked to identify the most pressing issues that faced the community across the topics of 1.) Health, 2.) Education, 3.) Income/Economy and 4.) Community.

3. *Community Conversations:* The series of community meetings were held throughout the region to gain perceptions of the community’s most pressing needs. The session dates were:

- October 2 at the Perry County Partnership

Board, New Bloomfield

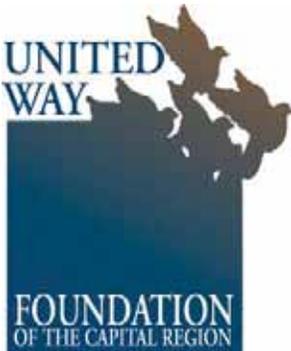
- October 15 at the Northern Dauphin Faith-Based Summit, Elizabethville
- October 23 at the Women’s Leadership Network Event, Camp Hill
- October 24 at the Giant Community Room, Camp Hill.
- October 30 at Hamilton Health Center, Harrisburg.

All events (except for Women’s Leadership Network) were open to the public. The sessions were facilitated by Paul Caulfield of the Dering Group and a total of 262 individuals participated in the conversations.



Acknowledgements

A community assessment of this size and complexity could not have been accomplished without the active involvement and support of many individuals and organizations. Funding for the assessment was provided by The United Way of the Capital Region Foundation, The Foundation for Enhancing Communities and the Dauphin County Commissioners.



the Foundation
for Enhancing Communities



A special thank you to all of the partners facilitating this project: Harrisburg Regional Chamber & CREDC, West Shore Chamber of Commerce, The Foundation for Enhancing Communities, Cumberland County, Dauphin County and Perry County.

We express our appreciation for guidance on the development of the assessment process and data collection instruments by the United Way of the Capital Region Research Committee. The committee members included: Michael Behney, Barry Nazar, Charles Seitz, James "Andy" Skelton, Amber Stephenson and Christina Reardon.

For more information on this assessment, contact Tim Whelan, vice president of community impact, United Way of the Capital Region at 717.732.0700 or by e-mail at twhelan@uwcr.org.

Section Summary

Health is an important building block for an individual's ability to lead a fulfilling life. Many people do not realize the importance of good health and how it influences their family, friends and community. Everyone needs good health to be successful and there are many factors that influence the health of a community and its residents. As defined by the World Health Organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The Capital Region has wide variations in the health status of its residents. Cumberland County is by far the healthiest in the region with an overall ranking of number four of Pennsylvania's 67 counties, according to the County Health Rankings prepared by the University of Wisconsin Population Health Institute. Perry County ranks 44th, while Dauphin County ranks 52nd. These rankings are built on an understanding of health behaviors, clinical care, physical environment and social and economic factors. The rankings represent how healthy a county is when examining the health outcomes of length of life (mortality) and quality of life (morbidity).

By virtually every data indicator examined, Cumberland County residents enjoy a healthier life than their neighbors or other Pennsylvania residents. There also are significant variations between urban, suburban and rural area residents. In addition, the health status of minorities is generally poorer than Caucasian residents.

Access to health care is a significant concern in the Capital Region. Access is especially important in helping individuals manage chronic diseases, as well as helping individuals gain access to healthy lifestyles information. While the impact of the Affordable Care Act is not yet

fully understood, the number of uninsured individuals across all ages is highest in Perry County (25.9 percent). Dauphin County is next with 20 percent of the population uninsured, and Cumberland County has the best rates with 15.5 percent uninsured. The number of uninsured is highest for adults (age 18 to 64), with seniors age 65 and older having the lowest uninsured rates. The majority of health insurance is employer sponsored (55.7 percent).

Coupled with lack of health insurance is the percentage of individuals who could not see a doctor because of costs. Dauphin County has the highest percentage of persons who could not see a doctor at 12 percent, with Perry County data indicating 11 percent. These numbers are at or slightly higher than the statewide average. Cumberland County has the lowest percentage rate in the region at seven percent.

Healthy behaviors and lifestyles are important contributors to an individual's well-being and often are root causes of diseases. Almost two-thirds of the population in the Capital Region has a weight problem. Nearly a third of the population is considered obese, and another third is overweight. Dauphin and Perry counties are above both the state and national averages and show a 10-year increasing trend for percent of population obese and/or overweight. Cumberland County has a level trend and matches the Pennsylvania average percentage. Obesity and overweight contribute proportionately to risk for many serious health concerns such as heart disease and cancer.

Prenatal care is critical for healthy births; yet, the overall rate for no prenatal care during the first trimester is 28.3 percent in the Capital Region. The rate varies greatly across racial subgroups. More than 40

percent of African-American mothers (43.5 percent) and Hispanic/Latino mothers (43.3 percent) receive no first trimester care. These rates stand out when compared to Caucasian mothers; only 23.3 percent of these mothers receive no first trimester care.

The lack of prenatal care often is associated with the percent of low birth weight infants. The three-year (2009-2011) rate for low birth weight infants is highest in Dauphin County, where it exceeds nine percent (which is greater than the Pennsylvania rate of 8.3 percent). The lowest rate for low birth weight infants is in Cumberland County.

An individual's mental health status is just as important as his/her physical health. An estimated 87,000 people in the Capital Region lack adequate social or emotional support. Cumberland County ranks well against Pennsylvania averages, but Dauphin County has the highest average incidence of "poor mental health days," and this is above the state average. Perry County is slightly below the state average, but substantially higher than Cumberland County. While Cumberland County fairs better than Dauphin County on most measures of health and mental health, Cumberland County has a higher rate of suicide than Dauphin County, and its trend trajectory is increasing more than Dauphin County. Perry County presents the highest rate of suicide (15 suicides per 100,000 people) in the Capital Region.

Key Findings

- For the Capital Region, Perry County is estimated to have the largest problem in connection with uninsured persons. Perry County's uninsured rate is estimated at 25.9 percent for all age groups combined. For 18-64 year olds, the rate is 16.5 percent, and the rate is 10.7 percent for youth under 18. Cumberland County has the lowest percentage of uninsured people (15.5 percent).
- The majority of health insurance coverage in the region is employer-sponsored (55.7 percent).
- Dauphin County has the region's highest percentage of people (12 percent) who could not see a doctor because of costs, while the percentage of people in Perry County who could not see a doctor because of costs is about the same as the state average (11 percent). Cumberland County has the region's lowest percentage of people who could not see a doctor because of costs (seven percent).
- Almost two-thirds of the population in the Capital Region has a weight problem. Nearly a third are obese and another third are overweight.
- Dauphin and Perry counties are above the state and national averages and show a ten-year increasing trend for percent of population obese and/or overweight. Cumberland County has a level trend and matches the state average percentage.
- The region's overall rate of mothers who receive no prenatal care during the first trimester is 28.3 percent, but varies greatly across racial subgroups (43.5 percent for African-American mothers, 43.3 percent for Hispanic/Latino mothers, and 23.3 percent for Caucasian mothers).
- The percent of low birth weight infants is highest in Dauphin County, which exceeds the state average (8.3 percent).
- Dauphin County has the highest average incidence of "poor mental health days," and this is above the Pennsylvania average. Perry County is slightly below the state average for "poor mental health days," but is substantially higher than Cumberland County.
- While Cumberland County fairs better than Dauphin County on most measures of health and mental health, Cumberland County has a higher rate of suicide than Dauphin County, and its trend trajectory is increasing more than Dauphin County.

- Perry County presents the highest rate of suicide (15 suicides per 100,000 people) in the Capital Region.
- Heart disease is the leading cause of death in the Capital Region.
- Death rates for coronary heart disease in Dauphin and Cumberland counties are approximately the same as statewide averages.
- Perry County death rates due to coronary heart disease are higher than those of Dauphin and Cumberland counties and also above statewide averages.
- The Capital Region has a higher prevalence of diabetes than the state overall. The 10-year trend for Dauphin County is slightly increasing. The trend for Cumberland/Perry counties is bidirectional, first upward, then downward, but with rates exceeding the state average.
- The percent of adults reporting current smoking ranges from 14 percent in Perry County to 15 percent in Cumberland County to 19 percent in Dauphin County.



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Indicator – Prenatal Care

Prenatal care is the medical care provided to expectant mothers and their developing babies. Early and regular prenatal care increases the likelihood babies are born healthy by detecting medical complications and providing information on nutrition, rest and the need to avoid alcohol, tobacco, and other choices that could harm the mother and her baby. Early and regular care also is linked to improved birth weight and decreased risk of preterm delivery.

Early prenatal care provides a means for referrals to community programs and services (e.g., Women, Infants and Children, Healthy Start, Baby Love, treatment services, tobacco cessation programs) to support the expectant mother and her family members throughout the pregnancy. Babies born to mothers who receive no prenatal care are three times more likely to be born low birth weight and five times more likely to die than babies born to mothers who receive prenatal care.

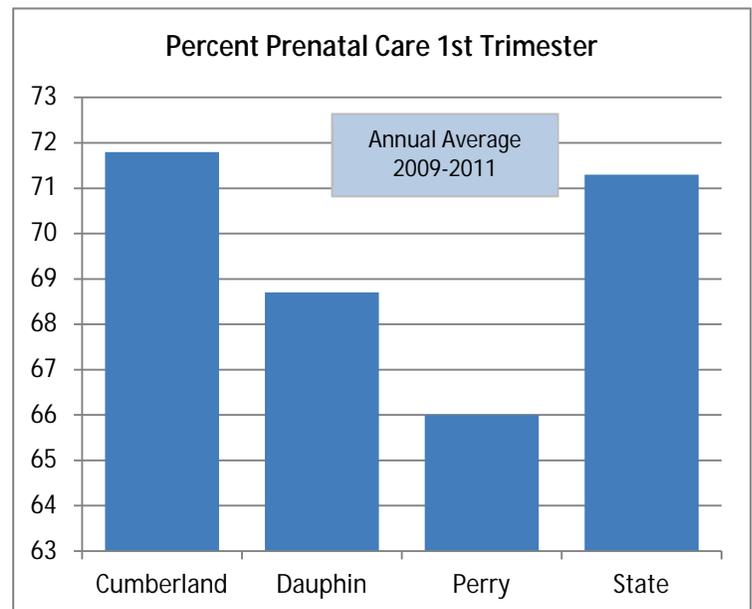
The Healthy People 2020 national goal is that 77.9 percent of mothers receive prenatal care during the first trimester. As of the 2009-2011 surveillance period, Cumberland, Dauphin and Perry counties have not attained this goal. Cumberland County is the most advanced (71.8 percent), followed by Dauphin County (68.7 percent) and Perry County (66 percent).

The actual number of expectant mothers who received prenatal care during the first trimester is also presented in graph form to give a sense of the scope of effort involved. Dauphin County presents the largest challenge by volume (6,900) and Perry presents the largest challenge by proportionality (66 percent).

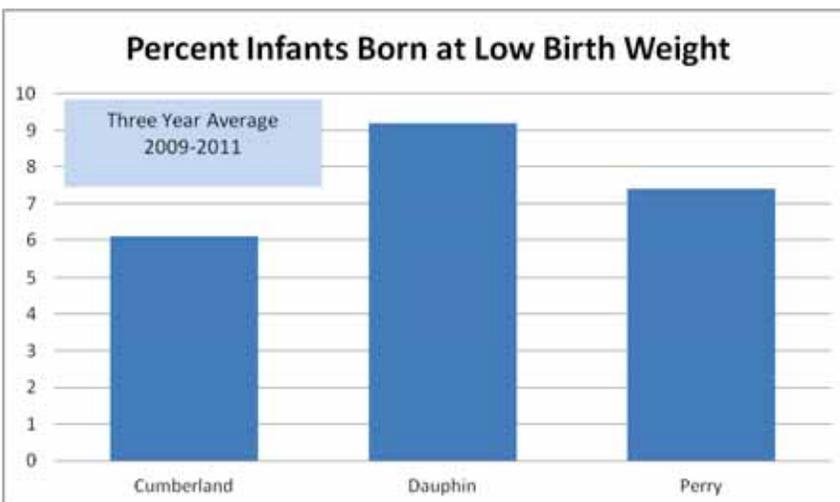
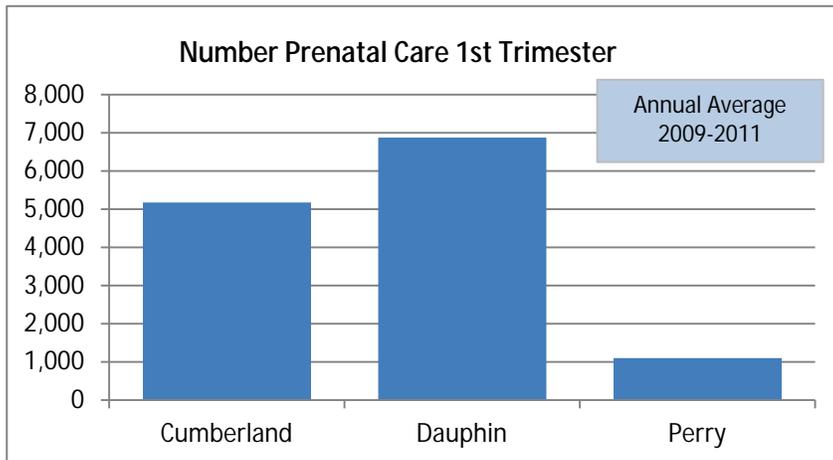
The scope of the problem is further substantiated by percent infants born at low birth weight. For Dauphin County the rate is 9.1 percent; for Perry County the rate is 7.3 percent and for Cumberland County the rate is six percent.

Cumberland County has the highest percent of smoking cessation among mothers during the first trimester (31.4 percent in 2011) with an increasing trend over the previous five years. Dauphin and Perry counties have lower cessation percentages (23.9 percent and 18.5 percent respectively) and five year trends heading in the wrong direction.

Percent of Mothers who Received First-Trimester Prenatal Care



Number of Mothers who Received First-Trimester Prenatal Care



Data Highlights

- Overall, 28.3 percent of mothers in the Capital Region did not receive prenatal care during the first trimester. First-trimester prenatal care rates in the region vary greatly across racial subgroups (43.5 percent for African-American mothers, 43.3 percent for Hispanic/Latino mothers, and 23.3 percent for Caucasian mothers).
- The percentage of low birth weight infants is highest in Dauphin County, which exceeds the state average percent of 8.3 percent.
- Cumberland County shows a declining trend in low birth weight babies between 2005 and 2011, from 7.3 percent of babies to 6.1 percent of babies. Dauphin and Perry counties show relatively unchanged rates during the same period.
- Cumberland County has the highest percent of smoking cessation among mothers during the first trimester (31.4 percent in 2011) with an increasing trend over the previous five years. Dauphin and Perry counties have lower cessation percentages (23.9 percent and 18.5 percent respectively) and five year trends heading in the wrong direction.

Sources

Healthy People 2020
<http://www.healthypeople.gov/2020/data/default.aspx>

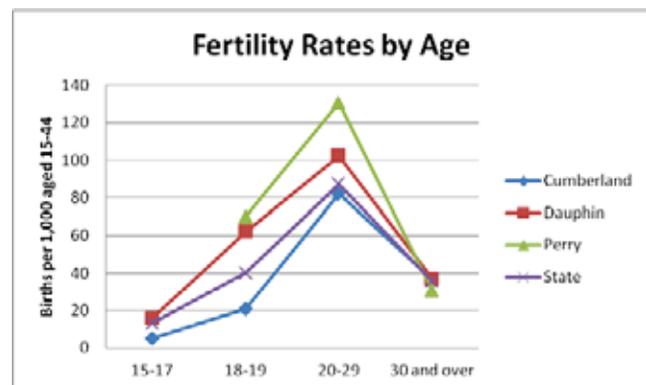
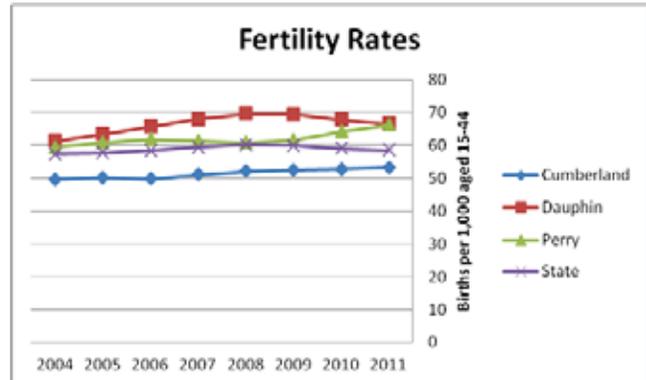
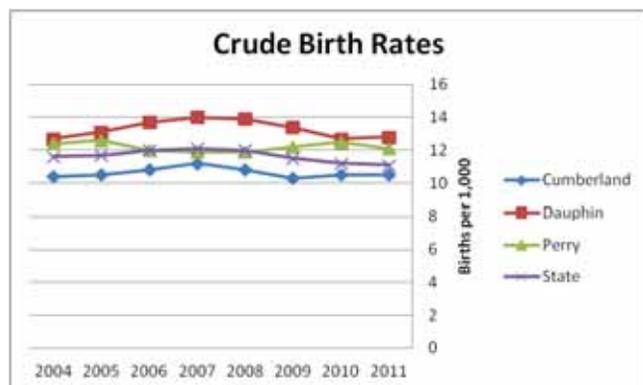
Pennsylvania Department of Health,
 County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Indicator – Crude Birth and Fertility Rates

Crude birth rate is the number of live births per 1,000 people in the general population. The crude birth rates and fertility rates of the Capital Region are generally consistent with the state averages. Dauphin County has the highest rate in the Capital Region (12.8 in 2011), which remains consistently above the state average by one to two points. There is a curvilinear trend in crude birth rate for Dauphin County, Cumberland County, and the state average, which hits a peak in 2007 and then gradually returns to the same levels as in 2004. Perry County shows an inverse trend, hitting a trough in 2007, and then rising again to earlier levels. Cumberland County has the lowest crude birth rate in the region.

Fertility rate is the number of live births per 1,000 females aged 15-44 (child-bearing age). The relative rates are consistent with crude birth rates (i.e., Dauphin County has the highest rate, and then Perry, with both above the state average). Cumberland County comes in with the lowest fertility rate, a rate markedly below the state average. Dauphin and Perry counties show higher fertility rates among younger women, compared to Cumberland County.

The fertility rates do not show the same curvilinear trends as the crude birth rate. Fertility rates are trending linearly and slightly increasing over the seven-year period.



Data Highlights

- Cumberland County has the lowest crude birth rate and fertility rate in the Capital Region. Dauphin County has the highest crude birth rate and fertility rate.
- Crude birth rates peaked for Cumberland, Dauphin and Perry counties during 2007 and then returned to the levels existing in 2004. This trend is consistent with the state average rates.
- Fertility rates for all three counties show a gradual increase between 2004 and 2011.
- Dauphin and Perry counties show higher fertility rates among younger women, compared to Cumberland County.
- The crude birth rates and fertility rates of the Capital Region are generally consistent with the state averages.

Source

Pennsylvania Department of Health, County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

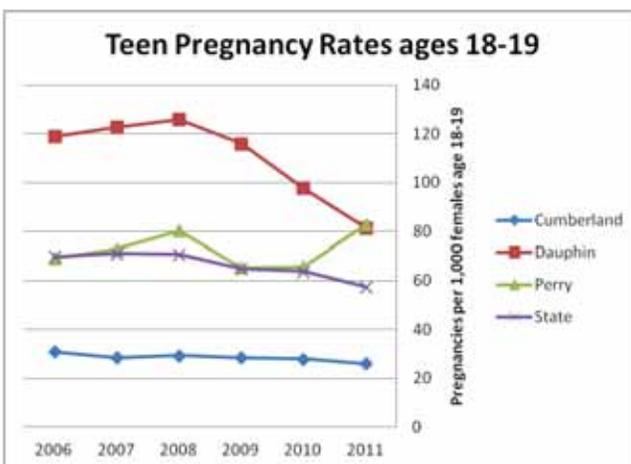
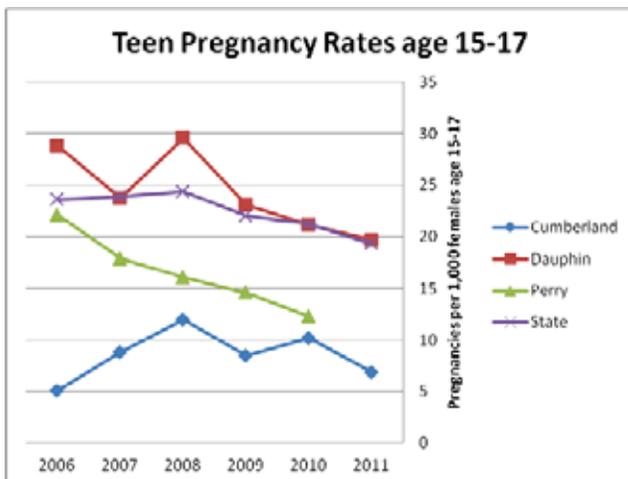
Indicator – Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy has conducted extensive research on the social costs of teen pregnancy. The Campaign's research shows that "children born to teen mothers are more likely to drop out of high school, become teen parents themselves, use Medicaid and the Children's Health Insurance Program, experience abuse/neglect, enter the foster care system, or be raised in single parent families."

Teen pregnancy has been declining nationally over the past 20 years, and these downward trends are evident in the Capital Region. Cumberland, Dauphin and Perry counties show an overall decline in rate for the period

2006 through 2011. While the downward trends are similar, the actual rates are distinctly different among the counties. Dauphin County has the highest teen pregnancy rates (20 percent), and these are above the state average rates. Perry County has a lower teen pregnancy rate (12 percent) than Dauphin County and has a rate lower than the state average for 15-17 year olds and about the same rate as the state average 18-19 year olds. Cumberland County has the region's lowest teen pregnancy rates for both age groups (six percent).

There is a large disparity in teen pregnancy among different racial and ethnic categories. For 15-19-year-old females, the birth rate per 1,000 females is 19.6 for white females, 58.4 for black females and 70.2 for Hispanic/Latino females.



Data Highlights

- Teen pregnancy rates are distinctly different for ages 15-17 versus ages 18-19, with the older group having higher rates. Both age groups are showing a decline in pregnancy rates.
- There is a large disparity in teen pregnancy rates among the three counties. Dauphin County has the highest rates, which are above the state average rates. Perry County has a lower teen pregnancy rate than Dauphin County and has a rate lower than the state average for 15-17 year olds and about the same rate as the state average 18-19 year olds. Cumberland County has the region's lowest rates for both age groups.
- There is a large disparity in teen pregnancy among different racial and ethnic categories. For 15-19-year-old females, the birth rate per 1,000 females is 19.6 for white females, 58.4 for black females and 70.2 for Hispanic/Latino females.

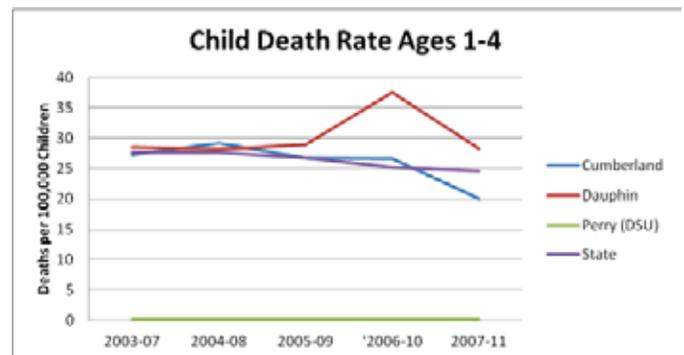
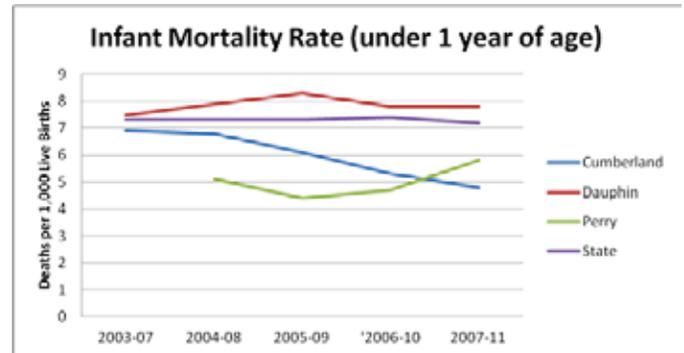
Source

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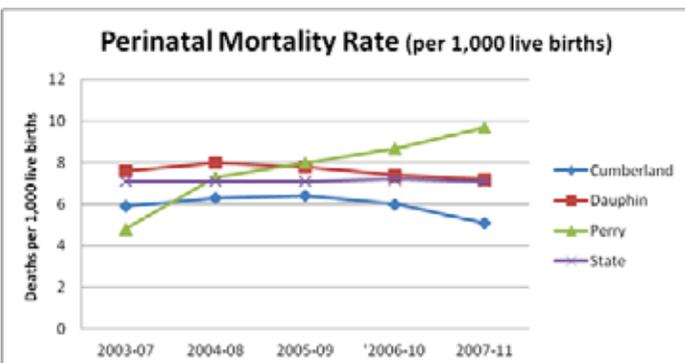
Indicator – Infant Mortality

Perinatal mortality rates are on the decline for Dauphin and Cumberland counties but show an increasing trend for Perry County. In recent years, the Perry County rates (nine per 1,000) exceed Dauphin County rates (seven per 1,000) and the state average (seven per 1,000). Similarly, infant mortality rates are increasing for Perry County and remain high for Dauphin County, exceeding state averages. The child death rate (29 per 100,000) is highest for Dauphin County and trending downward. The data are too few in Perry County to present rates per 100,000 children. The national Healthy People 2020 goal is to reduce the rate of infant deaths to six per 1,000 live births. Cumberland and Perry counties have met this goal; Dauphin County has not.

Cumberland County is in the best condition for all three measures of early life mortality. It shows the lowest rates in the Capital Region – rates well below the state average – and a declining trend over the period 2003-2011.



Perinatal Mortality Rate (Fetal and Six Days Post-Partum)



Data Highlights

- Perry County has increasing mortality rates for both perinatal and infant periods of development. The county's perinatal mortality rate rose to a level exceeding the state average in recent years.
- Dauphin County has the highest rates of mortality for infants and early childhood, with rates well above the state average.
- The national Healthy People 2020 goal is to reduce the rate of infant deaths to six per 1,000 live births. Cumberland and Perry counties have met this goal; Dauphin County has not.

Sources

Healthy People 2020
<http://www.healthypeople.gov/2020/data/default.aspx>
 Pennsylvania Department of Health, County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Indicator – Doctor Visits

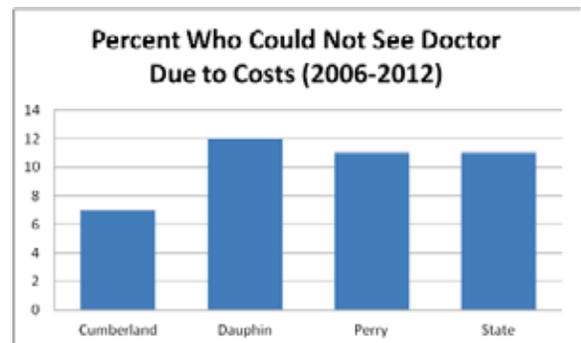
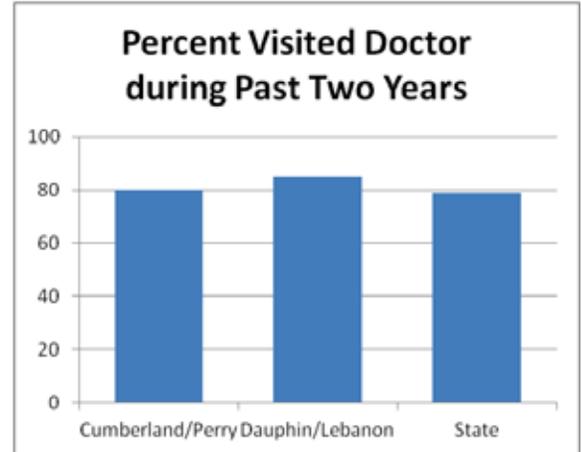
The Pennsylvania Department of Health periodically conducts surveys of residents regarding health-related issues. Findings are reported by regions (e.g., Cumberland-Perry and Dauphin-Lebanon). Eighty percent of respondents from the Cumberland-Perry region and 85 percent of respondents from the Dauphin-Lebanon region reported that they visited a doctor for a routine check-up within the past two years. Both rates are above the state average (79 percent). The number of doctors is an important indicator for access to health care. Dauphin County has 239 primary care physicians (one for each 1,125 people). Cumberland County has 218 primary care physicians (1 for each 1,091 people). Perry County has 16 primary care physicians (one for each 2,878 people).

The Robert Wood Johnson Foundation's County Health Rankings compiles summaries of the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, which includes a measure of people who could not see a doctor within the past year because of costs. Twelve percent of Dauphin County residents, 11 percent of Perry County residents and seven percent of Cumberland County residents could not see a doctor within the past year because of costs. The state average was 11 percent.

Sources

Pennsylvania Department of Health, County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Robert Wood Johnson Foundation, County Health Rankings summaries of U.S. Centers for Disease Control and Prevention Behavioral Risk Fact Surveillance System data
<http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/additional/87/datasource>

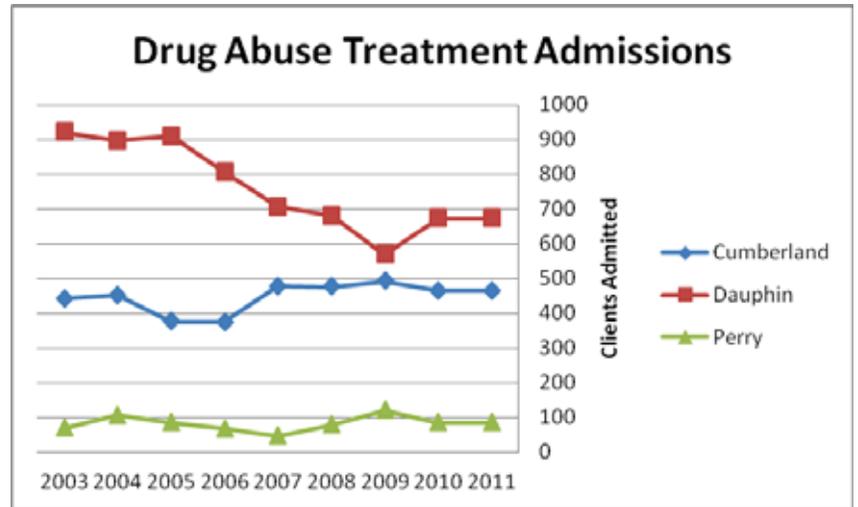


Data Highlights

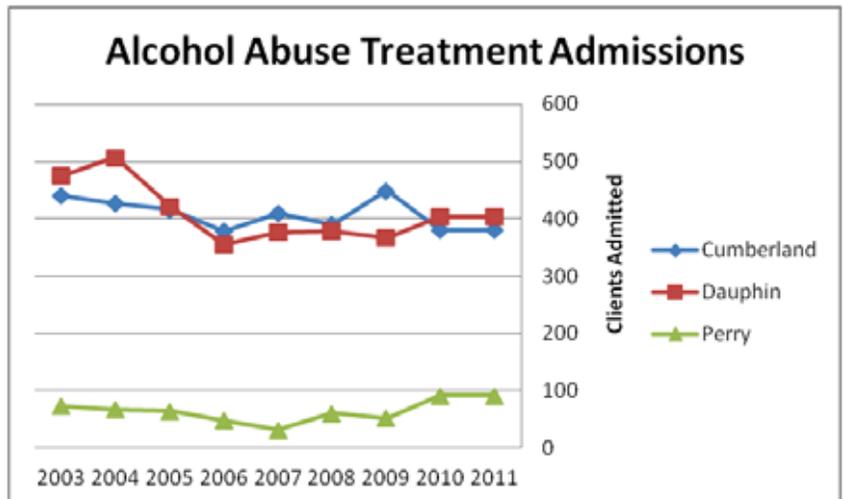
- Dauphin County has the highest percentage of people (12 percent) who could not see a doctor because of costs.
- The percentage of Perry County residents who could not see a doctor because of costs is about the same as the state average (11 percent).
- Cumberland County has the lowest percentage of people (seven percent) who could not see a doctor because of costs.
- Dauphin County has 239 primary care physicians (1 for each 1,125 people).
- Cumberland County has 218 primary care physicians (1 for each 1,091 people).
- Perry County has 16 primary care physicians (1 for each 2,878 people).

Indicator – Drug and Alcohol Abuse/Treatment

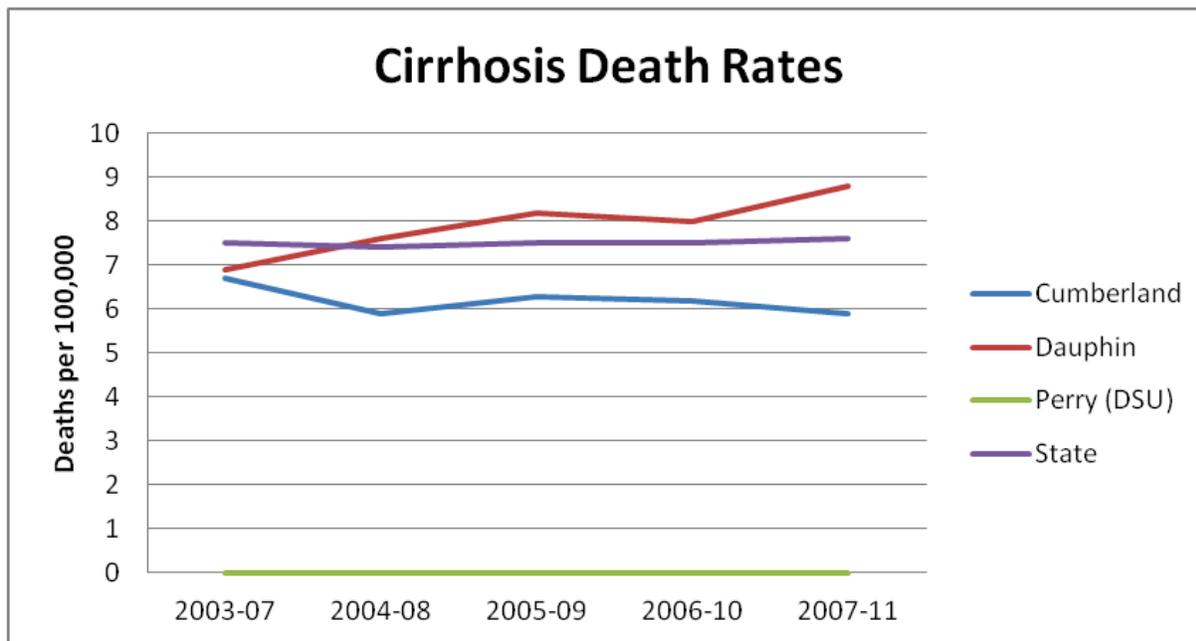
Drug abuse treatment admissions are substantially greater in the Capital Region than admissions for alcohol abuse. Dauphin County has the largest number of drug abuse treatment admissions every year. But the county also has the largest population overall, so this finding doesn't reflect a difference in rate of abuse cases among the counties. There is a downward trend in admissions for drug abuse treatment in Dauphin County, but a relatively flat trend for Cumberland and Perry counties.



While the number of treatment admissions for alcohol abuse is less than for drug abuse, there are some alarming statistics related to alcohol abuse. There were 158 alcohol-impaired driving deaths in Dauphin County during 2008-2012, along with 107 such deaths in Cumberland County and 68 in Perry County. Cirrhosis death rates for Dauphin County exceed the state average, whereas the rates in Cumberland County are below the state average.



While alcohol abuse treatment admissions have been declining in Dauphin and Cumberland counties, cirrhosis death rates have been increasing in Dauphin County and staying level in Cumberland County. The numbers are too small in Perry County to establish statistically valid rates per 100,000 people.



Data Highlights

- Drug abuse treatment admissions are higher than alcohol treatment admissions throughout the Capital Region.
- Drug abuse treatment admissions has been declining in Dauphin County, but staying about the same in Cumberland and Perry counties.
- Forty percent of driving deaths in Perry County, 33 percent of driving deaths in Dauphin County and 24 percent of driving deaths in Cumberland County during 2008-2012 were attributable to alcohol impairment.
- Cirrhosis death rates for Dauphin County exceed the state average, whereas the rates in Cumberland County are below the state average. The trend in rate is increasing for Dauphin County and relatively level for Cumberland County. The population size of Perry County is too small to establish a valid rate per 100,000 people.

Sources

Healthy People 2020
<http://www.healthypeople.gov/2020/data/default.aspx>

Pennsylvania Department of Health,
 County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Robert Wood Johnson Foundation,
 County Health Rankings
<http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/factors/134/data>

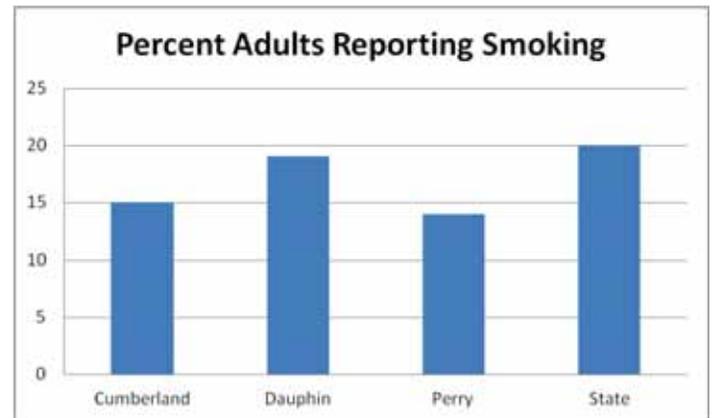
Indicator – Smoking and Tobacco Use

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime. The data are collected in the U.S. Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System.

Each year, approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birth weight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

All three counties in the Capital Region are below the state average for percent of adults reporting smoking. Dauphin County has the highest percentage (19 percent) of smoking adults, while Perry County has the lowest percentage (14 percent). There is a tendency, however, for rural areas to have higher smokeless tobacco users, so smoking, per se, may not be an accurate measure of tobacco use for Perry County.

Curiously, the PA health districts that have the highest prevalence of smoking have the lowest prevalence of smokeless tobacco use. Conversely, those districts that have the lowest smoking prevalence rates have the highest smokeless tobacco use rates. Eight percent of males in the Southcentral Health District report using smokeless tobacco products.



Diseases and Other Health Effects for Which Smoking Is Identified as a Cause

Malignant Cancers	Respiratory Diseases
Bladder cancer	Chronic obstructive pulmonary disease
Cervical cancer	Pneumonia
Esophageal cancer	Respiratory effects
Kidney cancer	Other Effects
Laryngeal cancer	Cataract
Leukemia	Diminished health status/morbidity
Lung cancer	Hip fractures
Oral cancer	Low bone density
Pancreatic cancer	Peptic ulcer disease
Stomach cancer	
Cardiovascular Diseases	
Abdominal aortic aneurysm	
Atherosclerosis	
Cerebrovascular disease	
Coronary heart disease	

Source: US DHHS, *The Health Consequences of Smoking: A Report of the Surgeon General, 2004*

Data Highlights

- The percent of adults reporting current smoking ranges from 14 percent (Perry) to 15 percent (Cumberland) to 19 percent (Dauphin), using data from 2006-2012 U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance Surveys.
- Eight percent of males in the Southcentral Health District report using smokeless tobacco products.
- There is a direct relationship between population density and prevalence of smoking adults. There is an inverse relationship between population density and smokeless tobacco use (rural populations use smokeless tobacco products more).
- Smoking is a causative factor for many diseases and ill health effects, including a range of cancers, cardiovascular diseases, respiratory diseases, and other effects like cataracts, low bone density, hip fractures, peptic ulcers, and diminished health status/morbidity.

Sources

Robert Wood Johnson Foundation,
County Health Rankings
<http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/factors/9/description>

Pennsylvania Department of Health,
Pennsylvania Tobacco Facts 2007
<http://www.dsf.health.state.pa.us/health/lib/health/tobacco/TobaccoFacts2007.pdf>

Indicator – Obesity and Overweight

Research has shown that as weight increases to reach the levels referred to as "overweight" and "obese," the risks for several health conditions also increases. These conditions include coronary heart disease, Type 2 diabetes (the most common forms of diabetes), high blood pressure, strokes and osteoarthritis.

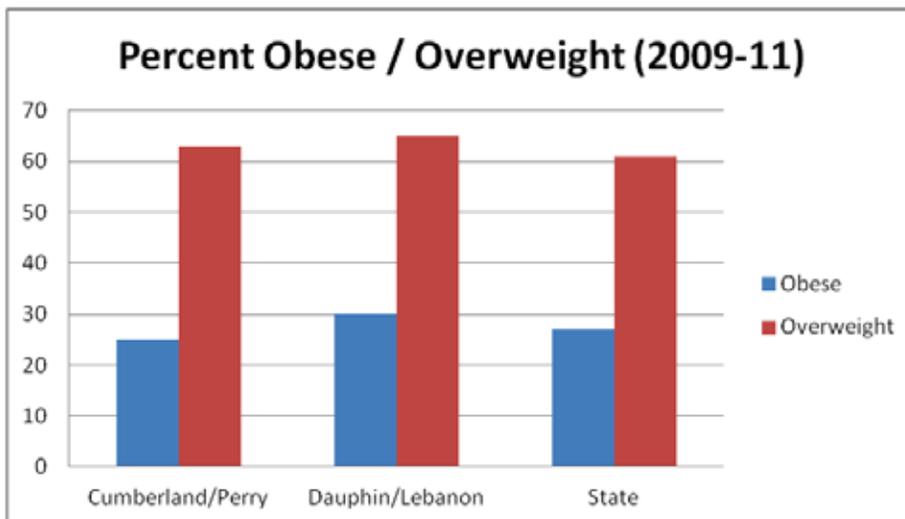
Overweight and obesity and their associated health problems have a significant economic impact on the U.S. health care system in terms of both direct (e.g. treatment of obesity-related diseases) and indirect costs (e.g., restricted mobility).

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. Individuals with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI greater or equal to 30 are considered obese.

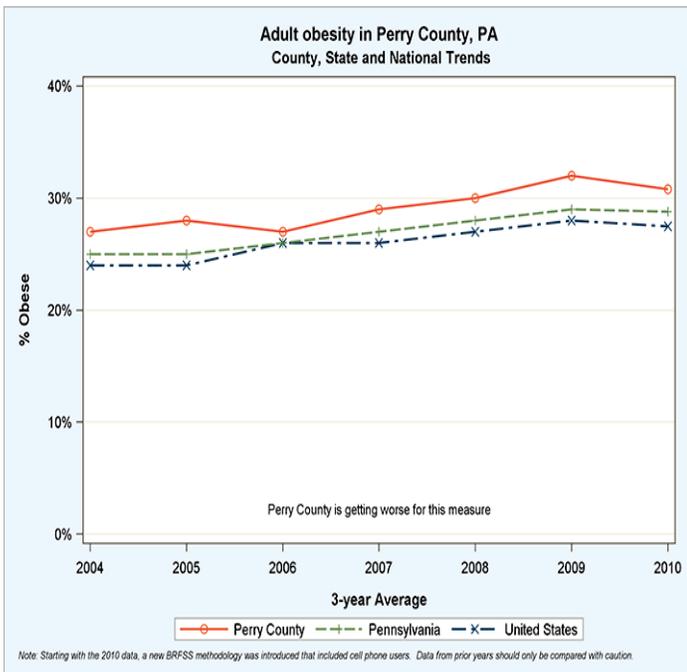
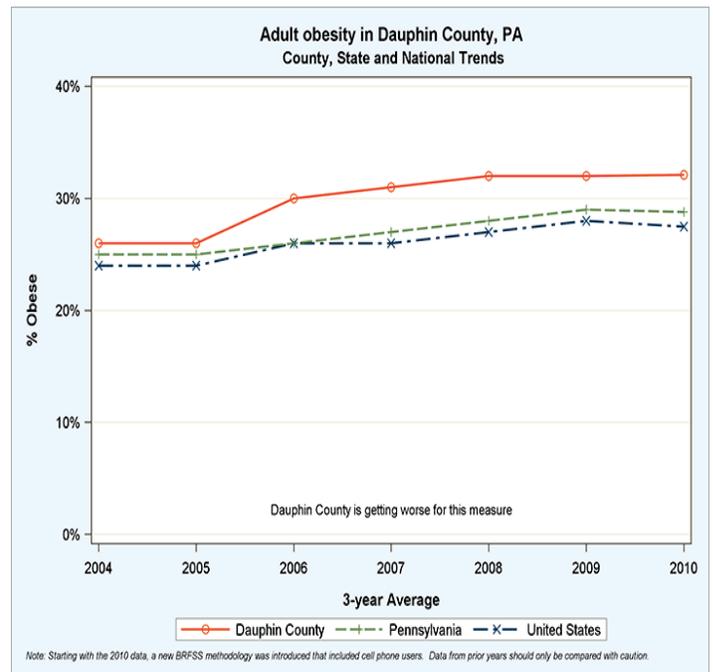
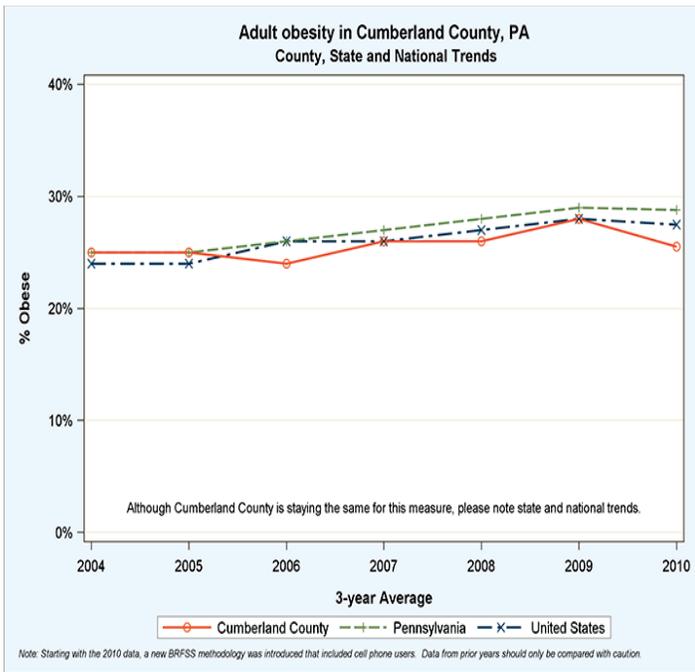
The data show substantial rates of obese adults and alarming rates of adults who are considered either obese or overweight. Two thirds of the population in

the Capital Region has a weight problem. Almost a third of the population is obese, and another third is overweight.

The 10-year trend shows that obesity in the nation, state, and Dauphin and Perry counties is increasing. Furthermore, Dauphin and Perry counties (65 percent) have existing percentage rates that exceed both national and state levels (61 percent). Cumberland County is an exception in that its trend is flat. Its existing percentage rates, however, are pretty much in line with state and national levels.



Obesity Trends per County, State and Nation



Data Highlights

- Almost two thirds of the population in the Capital Region has a weight problem. Nearly a third of the population is obese, and another third of the population is overweight.
- The rates of obesity/overweight in Dauphin and Perry counties are above the state and national averages and show a 10-year increasing trend. Cumberland County has a level trend and matches the state average percentage.

Sources

Robert Wood Johnson Foundation, County Health Rankings <http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/factors/11/description>

U.S. Centers for Disease Control and Prevention, Overweight and Obesity: Causes and Consequences <http://www.cdc.gov/obesity/adult/defining.html>.

Pennsylvania Department of Health, County Health Profiles <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Indicator – The Uninsured

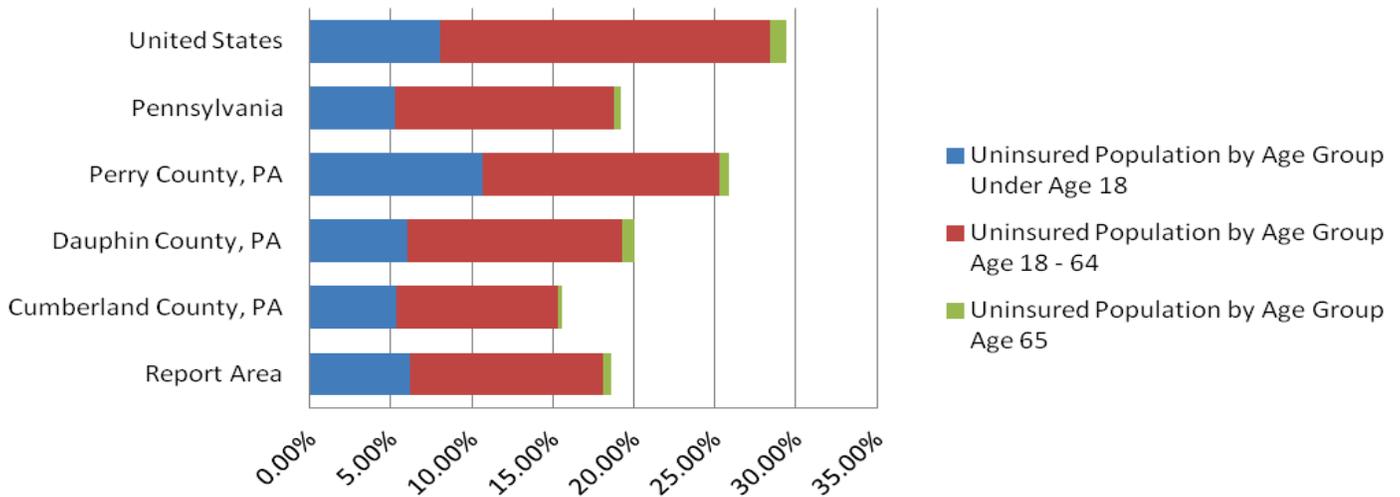
In connection with total population uninsured rates, the Capital Region is better off (18.6 percent) than the national average (29.4 percent) but about the same as the Pennsylvania state average (19.2 percent). Perry County possesses the highest rate of uninsured people across all ages (25.9 percent). Dauphin County has the region's second-highest rate of uninsured people (20 percent), followed by Cumberland County (15.5 percent). The age group presenting the most need is 18-64 year olds. The over 65 age group has an uninsured rate of less than one percent.

Children in the Capital Region were estimated to have uninsured rates of 5.4 percent in Cumberland County, six percent in Dauphin County, and 10.7 percent in Perry County.

The Kaiser Family Foundation produced a primer, which aggregated and analyzed the large body of data regarding insurance coverage. Nationally, most coverage (55.7 percent) is employer-sponsored. Medicaid and other public sources provide about 20.8 percent of insurance coverage. Private, non-group coverage accounts for 5.8 percent of coverage. The 17.7 percent of people (47.3 million) who are uninsured tend to represent persons in various categories of poverty.



Uninsured Population by Age Group (2011)



US Census Bureau, Small Area Health Insurance Estimates, 2011

Area	Total Population Age 18 - 64	Population With Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Report Area	336,093	292,421	87.01 percent	43,671	12.99 percent
Cumberland County	139,849	124,138	88.80 percent	15,710	11.20 percent
Dauphin County	167,471	144,255	86.10 percent	23,216	13.90 percent
Perry County	28,773	24,028	83.50 percent	4,745	16.50 percent
Pennsylvania	7,701,944	6,598,684	85.68 percent	1,103,260	14.32 percent
United States	190,888,983	150,591,311	78.89 percent	40,297,670	21.11 percent

Data Highlights

- For the Capital Region, Perry County is estimated to have the largest problem in connection with the uninsured. The county’s overall uninsured rate is estimated at 25.9 percent for all age groups combined. The rate is 16.5 percent for 18-64 year olds and for 10.7 percent for the under 18 population.
- The Capital Region is better off than the average national rate of uninsured people.
- Cumberland County has the Capital Region’s lowest rate of uninsured, 15.5 percent.
- Nationally, the majority of health insurance coverage is employer sponsored (55.7 percent).

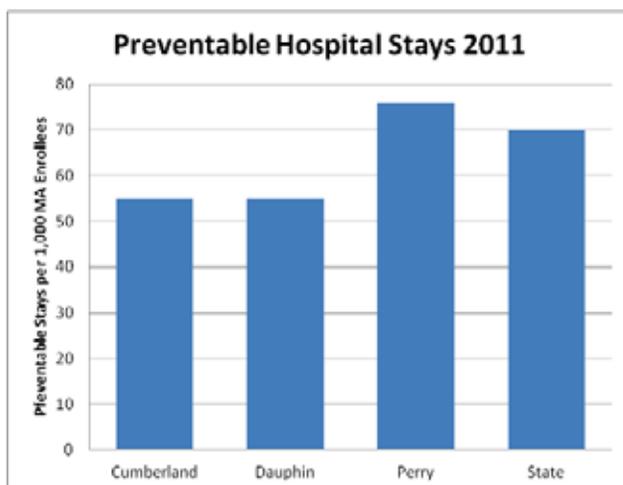
Sources

- Robert Wood Johnson Foundation, County Health Rankings <http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/factors/85/data>
- U.S. Census, Small Area Health Insurance Estimates-2011 <https://www.census.gov/did/www/sahie/>
- U.S. Census, Small Area Health Insurance Estimates-2012 Highlights <https://www.census.gov/did/www/sahie/data/2012/2012highlights.pdf>
- The Kaiser Family Foundation, The Uninsured: A Primer - Key Facts about Health Insurance on the Eve of Coverage Expansion <http://kff.org/uninsured/report/the-uninsured-a-primer-key-facts-about-health-insurance-on-the-eve-of-coverage-expansions/>

Indicator – Hospital Usage

Preventable hospital stays is measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. Ambulatory care-sensitive conditions include convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, diabetes and dehydration. The rate of preventable hospital stays is often used to assess the effectiveness and accessibility of primary health care. A weakness of this measure is that it uses Medicare claims data, which limits the population evaluated to mostly individuals age 65 and older. This measure, therefore, may potentially miss trends and disparities among younger age groups.

Cumberland and Dauphin counties have rates (55 per 1,000 Medical Assistance (MA) enrollees) below the state rate (70 per 1,000 MA enrollees) while Perry County's (75 per 1,000 MA enrollees) rate is significantly higher than the state rate.



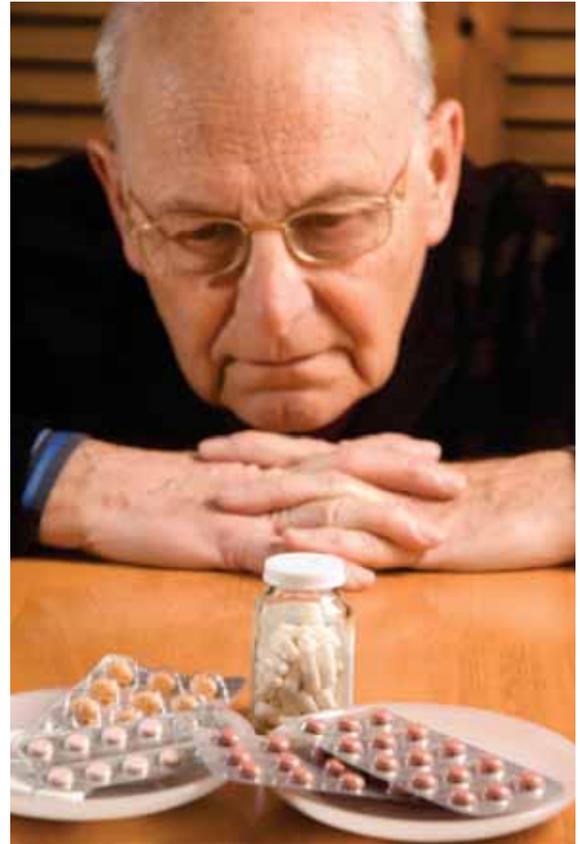
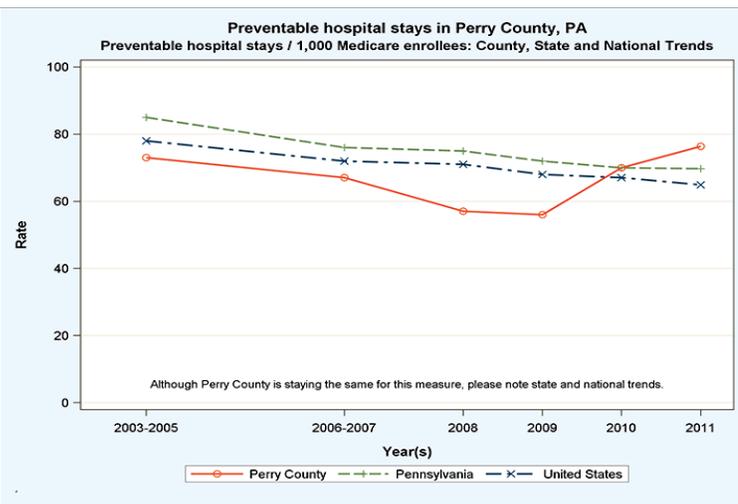
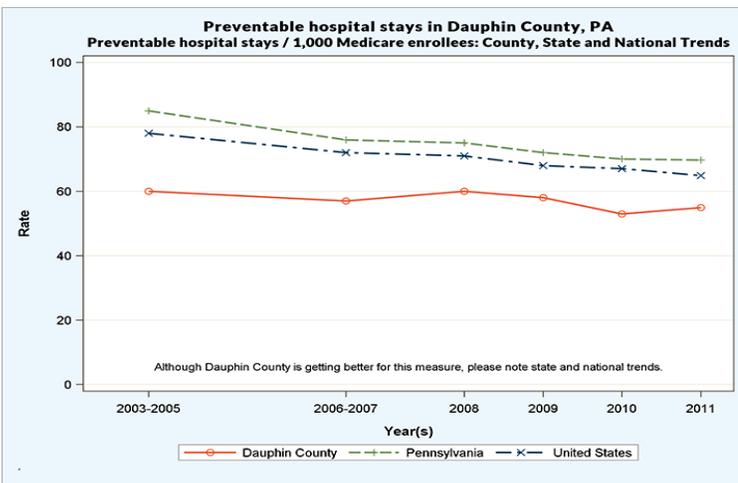
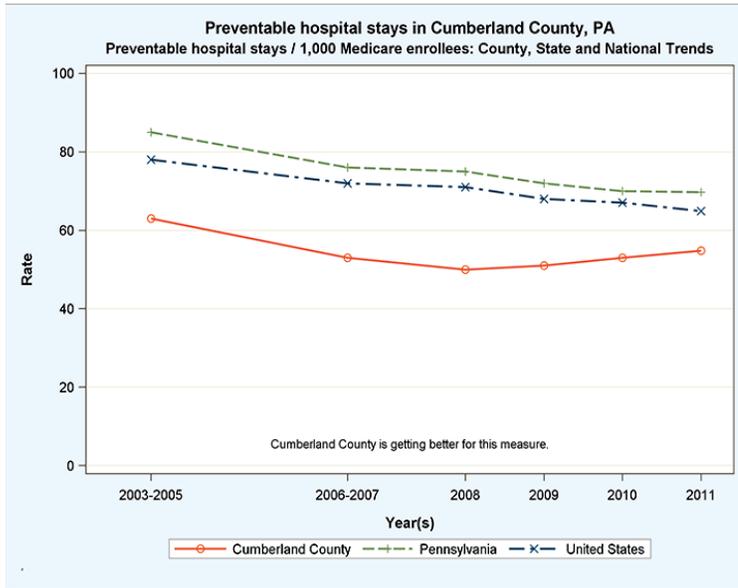
Injuries resulting in hospitalization present another source of demand on hospital resources – and a

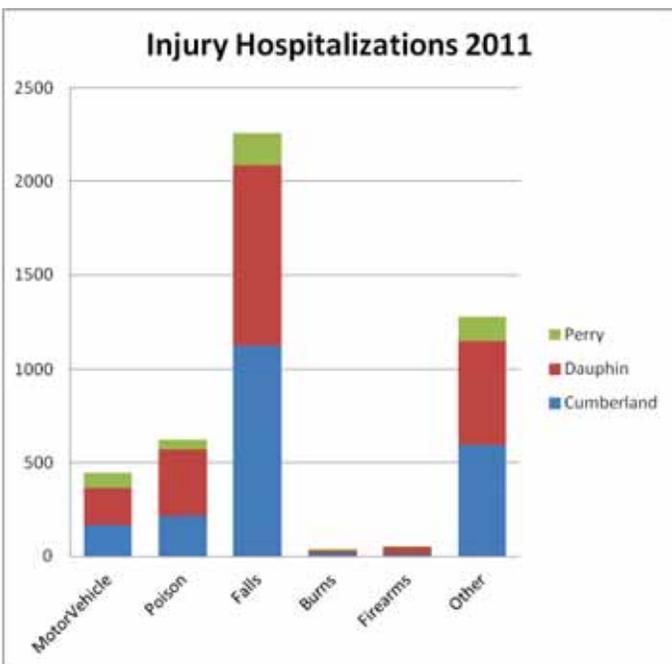
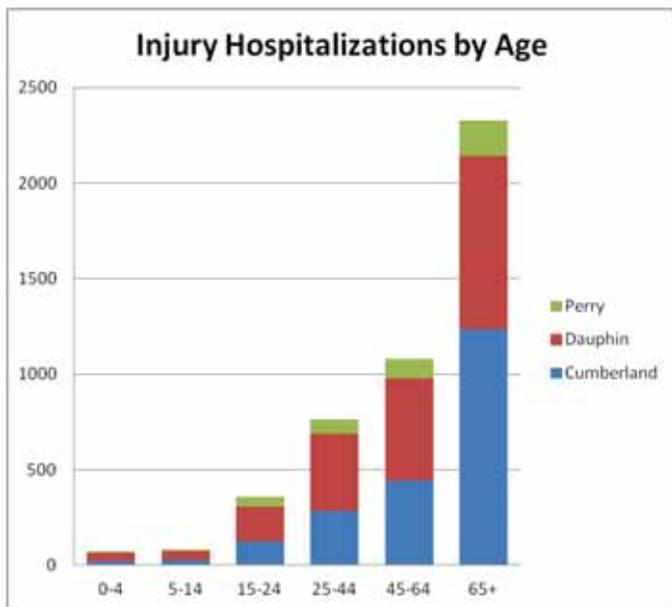
demand which could be “preventable” to the extent that injuries are unintended or accidental. In 2011, the volume of injury hospitalizations was largest for Cumberland County (2,130 cases), then Dauphin County (2,117 cases), and then Perry County (440 cases). There is a distinct trend in all three counties for increasing levels of injury hospitalization with increasing age. The leading cause of injury hospitalization was falls (2,258 cases). Falls was followed by a generic category of “other,” (1,275 cases), and then poison (624 cases), motor vehicle injuries (444 cases), firearms injuries (48 cases), and burns (38 cases). Males were the majority of victims for all categories of injury hospitalizations except for those related to falls and poison.

Dauphin County has 1,040 inpatient hospital beds (3.9 beds per 1,000 people). Cumberland County has 445 inpatient hospital beds (1.9 beds per 1,000 people). The state average availability is 2.6 beds per 1,000 people. The occupancy rate in Dauphin County is 73.9 percent and 60.2 percent in Cumberland County. The state average occupancy rate is 65.6 percent. Perry County has no inpatient hospitals.

The number of preventable hospital stays in Dauphin and Cumberland counties are below state and national averages. Dauphin and Cumberland counties show a decreasing trend over the past 10 years for preventable hospital stays. Perry County had preventable hospital stay rates below state and national averages until the most recent years reported, 2010 and 2011. Perry County also had a declining trend in rate of preventable hospital stays until the most recent years reported, when the rate suddenly increased to the highest in the Capital Region and exceeded state and national averages.

Preventable Hospital Stays by County





Data Highlights

- The number of preventable hospital stays in Dauphin and Cumberland counties are below state and national averages.
- Dauphin and Cumberland counties show a decreasing trend over the past 10 years for preventable hospital stays.
- Perry County had preventable hospital stay rates below state and national averages until the most recent years reported, 2010 and 2011. Perry County also had a declining trend in rate of preventable hospital stays until the most recent years reported, when the rate suddenly increased to the highest in the Capital Region and exceeded state and national averages.
- In 2011, injuries resulted in 4,687 hospital stays in the Capital Region. Cumberland County had the most injury hospitalizations (2,130 cases), followed closely by Dauphin County (2,117 cases), and then Perry County (440 cases).
- The leading cause of injury hospitalization was falls (2,258 cases). Falls was followed by a generic category of "other" (1,275 cases), and then poison (624 cases), motor vehicle injuries (444 cases), firearms injuries (48 cases), and burns (38 cases).
- Males were the majority of victims for all categories of injury hospitalizations except for those related to falls and poison.
- Dauphin County provides the majority of inpatient hospital resources (1,040 beds) compared to Cumberland County (445 beds) and Perry County (no inpatient beds). The hospital occupancy rate in Dauphin County is 73.9 percent and 60.2 percent in Cumberland County. The state average occupancy rate is 65.6 percent.

Sources

Robert Wood Johnson Foundation, County Health Rankings
<http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/factors/5/description>

Pennsylvania Department of Health, County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Indicator – Mental Health

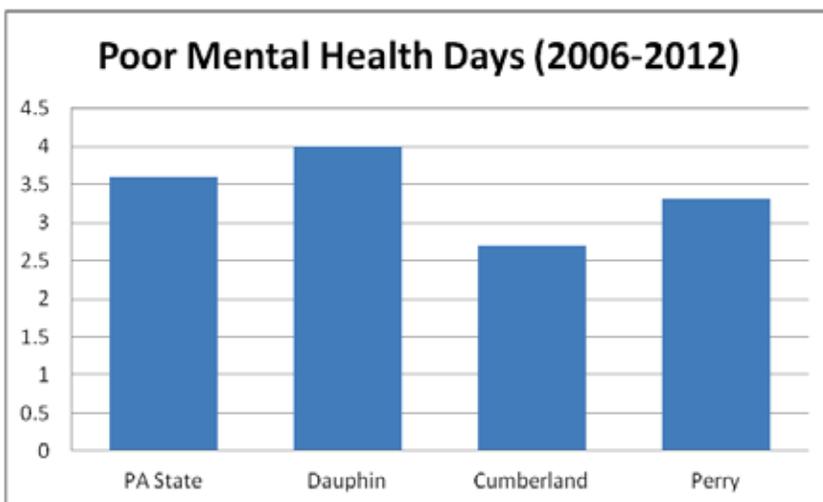
The measure for “poor mental health days” is based on survey responses in the U.S. Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, and the values derive from the Robert Wood Johnson Foundation’s County Health Rankings. The values are the average number of days the adult respondents report that their mental health was not good. It is not a very useful “criterion-based” measure; that is, there is not a cut-off value to indicate a healthy vs. not health community. Nevertheless, the value is useful for relative comparisons of general mental health.

Compared to the state average, Dauphin County (four) shows a greater incidence of poor mental health. Cumberland and Perry (3.3) counties, on the other hand, show less incidence of poor mental health than the state average. Cumberland County (2.7) respondents report the lowest amount of poor mental health in the Capital Region.

Similarly, the measure for adequate social or emotional support derives from the same survey efforts, but the

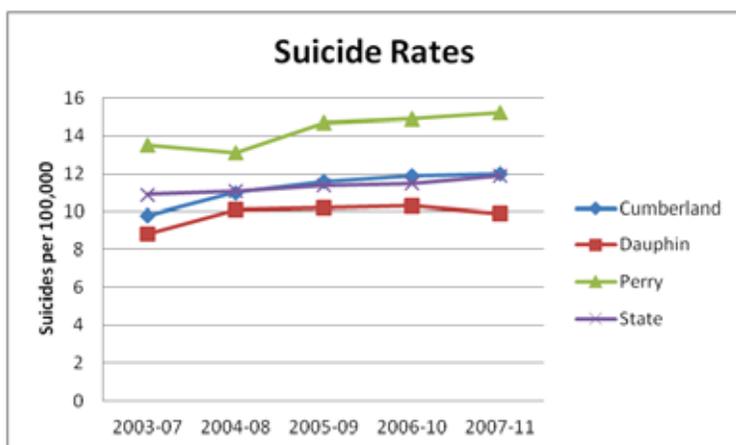
responses are “yes/no,” and the values represent the percentage of people who report a lack of social or emotional supports. As with the poor mental health measure, Cumberland County fares the best (16 percent reporting a lack of social or emotional supports), well below the state average. Dauphin and Perry counties are well above the state average (24.6 percent and 23.7 percent, respectively).

Suicide rates present a different picture regarding mental health. The trends both statewide and for the Capital Region show increasing rates of suicides between 2003 and 2011. Perry County has the highest rates (15 per 100,000), which are well above the state averages (12 per 100,000) for the period. Dauphin County, on the other hand, shows the lowest suicide rates (10 per 100,000), and these rates are below the state averages. Cumberland County’s suicide rate is almost identical to the state average.



Adequate Social or Emotional Support

Report Area	Total Population Age 18 +	Estimated Population Without Adequate Social and Emotional Support	Percent Population Without Adequate Social and Emotional Support
Report Area	420,542	87,413	20.79 percent
Cumberland County	182,886	29,262	16 percent
Dauphin County	202,889	49,911	24.60 percent
Perry County	34,767	8,240	23.70 percent
Pennsylvania	9,791,063	2,046,332	20.90 percent
United States	229,932,154	48,120,965	20.93 percent

Data Highlights

- An estimated 87,000 people in the Capital Region lack adequate social or emotional support.
- Dauphin County has the highest average incidence of poor mental health days and this incidence is above the state average. Perry County is slightly below the state average for poor mental health days, but the incidence of these days is substantially higher than in Cumberland County.
- While Cumberland County fares better than Dauphin County on most measures of health and mental health, Cumberland County has a higher rate of suicide than Dauphin County, and its trend trajectory is increasing more.
- Perry County has the highest rate of suicide (15 suicides per 100,000 people) in the Capital Region.

Sources

Robert Wood Johnson Foundation, County Health Rankings
<http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/factors/9/description>

Healthy People 2020
<http://www.healthypeople.gov/2020/data/default.aspx>

Pennsylvania Department of Health, County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Indicator – Diabetes

Diabetes death rates for the Capital Region show a slightly declining trend over the past seven years. The diabetes death rates in Dauphin and Perry counties are roughly similar the state average of 69 per 100,000 population. The diabetes death rate in Cumberland County (58 per 100,000) shows a slightly declining trend, but the rate is substantially below the state average and below the rates for Dauphin (64 per 100,000) and Perry (82 per 100,000) counties.

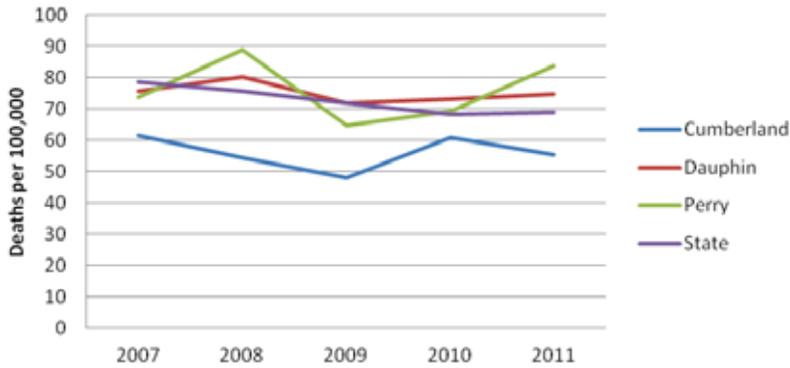
In its County Health Profiles, the Pennsylvania Department of Health summarizes data from behavioral risk surveys to generate diabetes prevalence rates for Cumberland and Perry counties combined and for Dauphin and Lebanon counties combined. The results, trending over a 10-year period, suggest that the Capital Region has a slightly higher prevalence of diabetes than the state overall. Further, the Cumberland County/Perry County area has a notably higher prevalence of diabetes

than the Dauphin County/Lebanon County area. Finally, the 10-year trend shows a slightly increasing prevalence for the Dauphin County/Lebanon County area and a non-linear upward-then-downward trend for the Cumberland County/Perry County area.

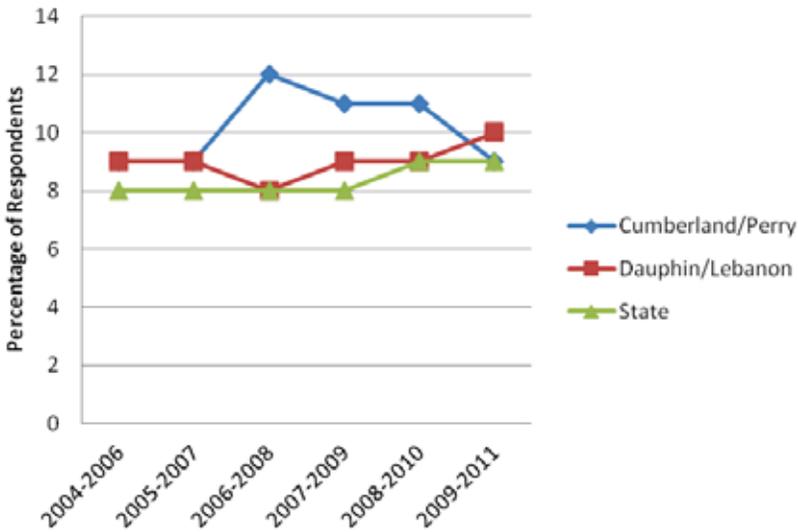
Ninety students in Cumberland County, 125 students in Dauphin County and 18 students in Perry County have Type 1 diabetes. Five students in Cumberland County, 38 students in Dauphin County and three students in Perry County have Type 2 diabetes.



Diabetes Death Rates



Percent Told They Have Diabetes



Data Highlights

- Ninety students in Cumberland County, 125 students in Dauphin County and 18 students in Perry County have Type 1 diabetes.
- Five students in Cumberland County, 38 students in Dauphin County and three students in Perry County have Type 2 diabetes.
- The Capital Region has a higher prevalence of diabetes than the state overall. The 10-year trend shows a slightly increasing prevalence for the Dauphin County/Lebanon County area and a non-linear upward-then-downward trend for the Cumberland County/Perry County area.
- Diabetes death rates in the Capital Region are trending slightly downward, except for a recent acceleration in Perry County

Sources

Robert Wood Johnson Foundation, County Health Rankings
<http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/factors/7/data>

Healthy People 2020
<http://www.healthypeople.gov/2020/data/default.aspx>

Pennsylvania Department of Health, County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Pennsylvania Department of Health, Chronic Diseases
http://www.portal.state.pa.us/portal/server.pt/community/schools/14130/chronic_diseases/556721

Indicator – HIV and AIDS

HIV is an important marker for a range of risky health behaviors and can be a valuable source of data for communities in understanding the toll that risky health behaviors take on their population and health care system.

Dauphin County presents the highest HIV prevalence rate (393 cases per 100,000 people), which is well over the rate for the state overall. While Cumberland and Perry counties have notable HIV rates (179 cases per 100,000 people in Cumberland County and, 71 cases per 100,000 people in Perry County), these are far below the state average.

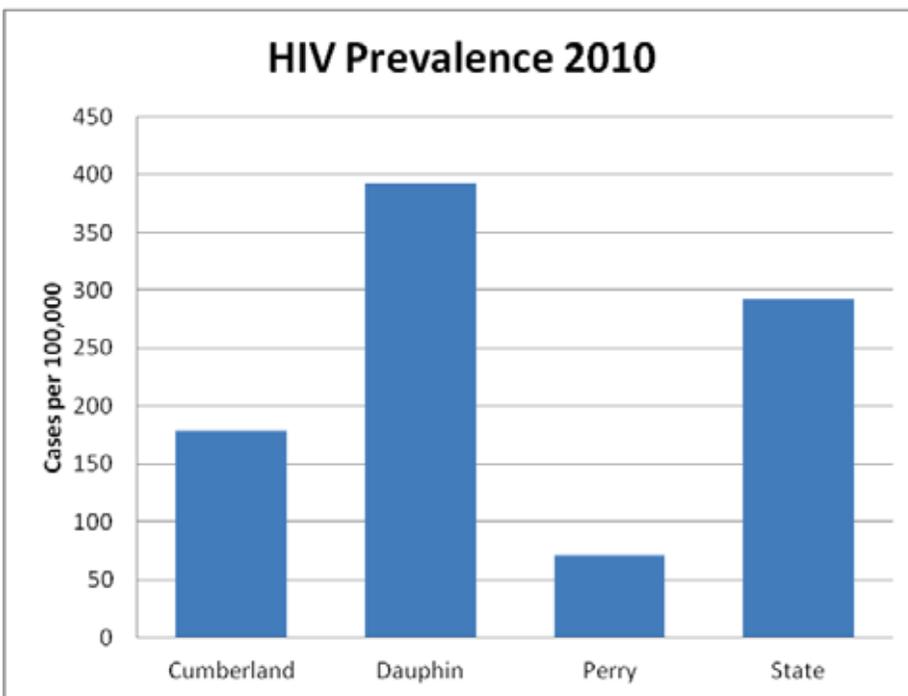
The incidence of AIDS in the Capital Region is highest in Dauphin County, which has an AIDS prevalence rate

above the state average. While the AIDS incidence trend over the past 10 years has been declining for the state overall, Dauphin County has seen increasing trends until the most recent years reported.

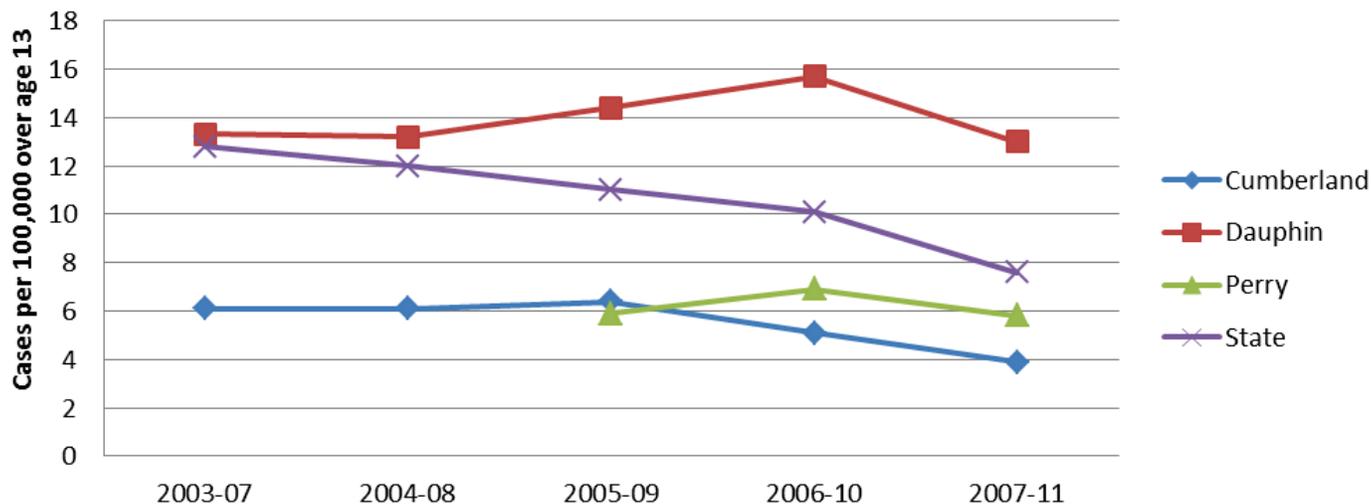
HIV death rates have been declining for the state overall and for Dauphin County in particular. The death rates for Cumberland and Perry are too small for reliable calculations of rates per 100,000.

In 2010 Dauphin County had an HIV prevalence rate of 393 cases per 100,000 people, which is higher than the state average (292 cases per 100,000 people). Cumberland County's HIV prevalence rate was 179 cases per 100,000 people, and Perry County's prevalence rate was 71 cases per 100,000 people.

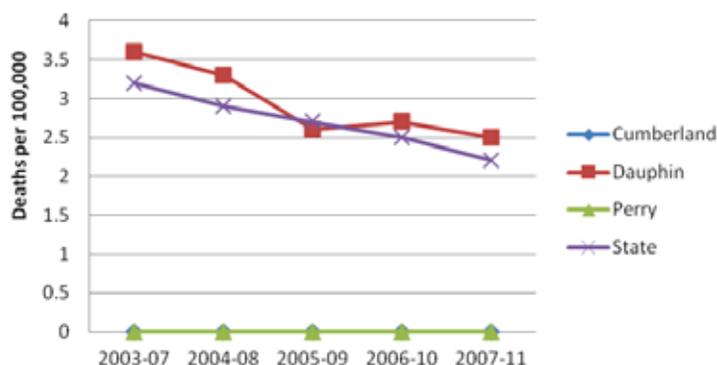
HIV Prevalence Rate (cases per 100,000 people)



AIDS Incidence Rate (reported cases per 100,000)



HIV Disease Death Rate (per 100,000)



Data Highlights

- In 2010 Dauphin County had an HIV prevalence rate of 393 cases per 100,000 people, which is higher than the state average (292 cases per 100,000 people). Cumberland County's HIV prevalence rate was 179 cases per 100,000 people, and Perry County's prevalence rate was 71 cases per 100,000 people.
- The incidence of AIDS and death rates due to HIV show a declining trend over the past 10 years, but Dauphin County still has higher rates than state averages.

Sources

Robert Wood Johnson Foundation, County Health Rankings
<http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/additional/61/data>

Healthy People 2020
<http://www.healthypeople.gov/2020/data/default.aspx>

Pennsylvania Department of Health, County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Indicator – Premature Death

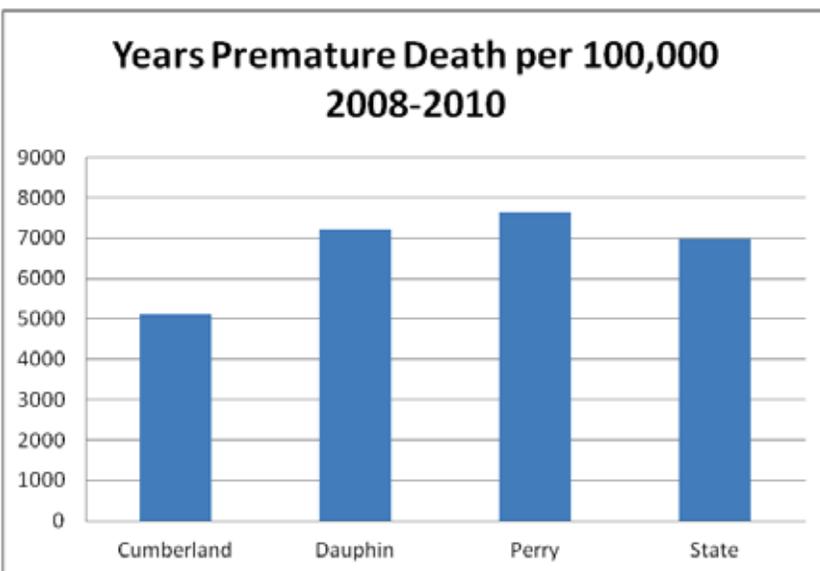
Premature death is represented by the “Years of Potential Life Lost” (YPLL) before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost. The YPLL measure is presented as a rate per 100,000 people and is age-adjusted to the 2000 U.S. population.

Measuring premature mortality, rather than overall mortality, reflects the intent to focus attention on deaths that could have been prevented. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly.

In the Capital Region, Dauphin and Perry counties show the largest rate of YPLL. The rates are above the state average. Cumberland County shows a rate of YPLL well below the state average and even further below the rates for Dauphin and Perry counties.

Data Highlights

- Dauphin and Perry counties show the largest rate of “Years of Potential Life Lost (YPLL) in the Capital Region. The rates are above the state average.
- Cumberland County shows a rate of YPLL well below the state average and even further below the rates for Dauphin and Perry counties.



Sources

Robert Wood Johnson Foundation, County Health Rankings
<http://www.countyhealthrankings.org/app/pennsylvania/2014/measure/outcomes/1/description>

Healthy People 2020
<http://www.healthypeople.gov/2020/data/default.aspx>

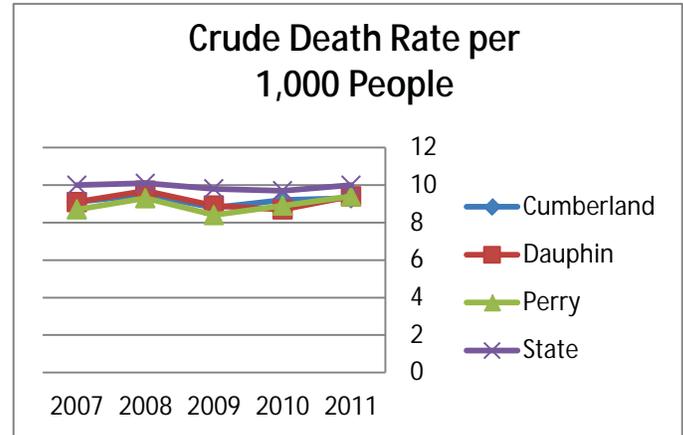
Pennsylvania Department of Health, County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Indicator – Mortality Rate

Crude death rate is the number of deaths in a given period per 1,000 people. The crude death rate for the Capital Region is slightly lower than the state average during the period 2007–2011. The rates do not differ appreciably from one county to another in the region. There is a curious up and down pattern from year to year in which all three counties followed the same pattern.

The leading causes of death are fairly similar among the three counties and consistent with the state averages: heart disease, cancer, stroke, accidents and chronic lower respiratory disease. There are slight variations in the orders of rank.

The leading causes of death in the Capital Region vary according to age group. For children under five, the leading causes of death are perinatal conditions, birth defects, and accidents. From ages five to 24, the leading causes of death are accidents, assaults (homicides), and suicides. From ages 25 to 44, the leading causes of death are accidents, cancer, heart disease and suicide.



From ages 44 to 64, the leading causes of death are cancer, heart disease and accidents. For adults age 65 and older, the leading causes of death are heart disease, cancer, stroke and chronic lower respiratory disease. The death rates are directly related to age. The older the age group, the higher the death rate.

Death Rate by Cause of Death 2009 - 2011 (per 100,000 People)

	Cumberland County	Dauphin County	Perry County	State
Heart Disease	189.9	212.2	216.1	186.6
Cancer	158.6	175.3	198	180
Stroke	38.4	38.3	37.3	39.3
Chronic Lower Respiratory Disease	38.3	34.3	39.4	38.9
Accidents	29.5	34.9	57.2	40.8
Alzheimer's	18.1	19.7	19.3	19.3
Diabetes	12.8	19.1	27.5	20.2
Nephritis	21.5	21.8	21.9	17.7
Influenza	19.9	18.3	24.3	14.7
Septicemia	14.5	21.5	13.1	13.7

Selected Leading Causes of Death Number by Age Group (State and County Deaths 2011)

Under Five Years of Age	State	Cumberland County	Dauphin County	Perry County
Perinatal Conditions	492	6	13	
Birth Defects	181		7	
Accidents	79			3
Assault (Homicide)	24			
TOTAL	1,063	13	24	7
Five - 24 Years of Age				
Accidents	628	10	7	8
Assault (Homicide)	253		5	
Suicide	202	3	3	
Cancer	104			
Heart Disease	41			
TOTAL	1,470	18	20	10
25 - 44 Years of Age				
Accidents	1483	15	29	10
Cancer	607	8	18	2
Heart Disease	540	8	22	3
Suicide	536	11	8	2
Assault (Homicide)	273	4		2
TOTAL	4,727	65	107	22
45-64 Years of Age				
Cancer	7,366	116	163	44
Heart Disease	4,556	84	146	15
Accidents	1,633	22	32	6
Chronic Lower Respiratory Disease	781	9		
Diabetes	723			6
TOTAL	22,240	334	536	89
65 Years and Older				
Heart Disease	26,490	499	562	98
Cancer	20,545	359	368	56
Stroke	5,966	114	119	22
CLRD**	5,777		80	20
Influenza/Pneumonia		67		
Nephrosis			65	
Alzheimer's Disease	3,443			
TOTAL	97,619	1775	1843	304

Data Highlights

- Crude death rates (deaths per 1,000 people) are similar and relatively steady for all three counties in the Capital Region, ranging from 8.4 (Cumberland County) to 9.7 (Perry County) over the five-year period 2007 to 2011.
- Crude death rate in the Capital Region is slightly lower than the state average over the five-year period 2007 to 2011.
- The death rate increases with the age of the cohort grouping. Older groups have higher rates than younger groups.
- The leading causes of death are similar in Cumberland, Dauphin and Perry counties and in the state overall (e.g., heart disease, cancer, stroke, chronic lower respiratory disease, and accidents).
- The leading causes of death vary according to age groups. Accidents, assaults, and suicides appear among the younger groups, but give way to cancer, heart disease, and chronic lower respiratory disease among the older groups.

Source

Pennsylvania Department of Health,
County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Indicator – Heart Disease

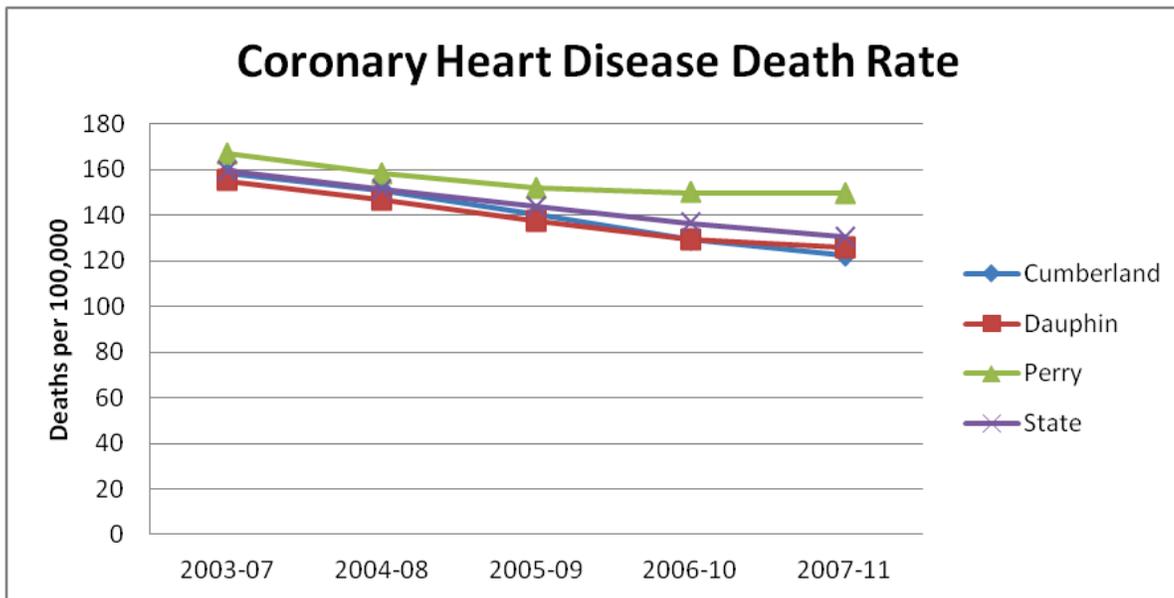
Heart disease is an umbrella term for a variety of diseases that impair the normal functioning of the heart due to structural or functional abnormalities of the heart or of the blood vessels supplying the heart. There can be statistical confusion as the International Classification of Diseases (ICD-10) lists diseases of the heart as codes 100-109, 111, 113, and 120-151. Cardiovascular disease, however, can be any code between 100 and 178. So, depending on how sources aggregate the counts by code, one may see differences in death rates, prevalence, etc.

The death rates for coronary heart disease in Dauphin and Cumberland counties are very similar to the statewide averages. Perry County death rates for coronary heart disease are higher than the rates in Cumberland and Dauphin counties, as well as statewide averages. The death rates per 100,000 people have

declined between 2003 and 2011. In the most recent report years (2007-2011), the rates ranged between 122.3 (Cumberland County) and 149.9 (Perry County). The goal for Healthy People 2020 is to lower the death rate to 100.8.

A higher percentage of students in Cumberland (1.9 percent), Dauphin (1.2 percent) and Perry (1.2 percent) counties are diagnosed with cardiovascular conditions compared to the statewide percentage (1.1 percent). Cumberland County has the highest percentage, which is nearly twice the statewide average. It's difficult to interpret these results. It could be that better and more comprehensive diagnosis is occurring in the Capital Region or it could be that the disease conditions are actually more prevalent in the region.

Coronary Heart Disease Death Rate (per 100,000 people)



Students With Medical Diagnosis of Cardiovascular Conditions (2009)

	Cumberland County	Dauphin County	Perry County	Statewide
Enrollment (average daily)	30,352	42,431	6,648	1,958,987
Cardiovascular Conditions	588	489	85	20,634
Percentage	1.9 percent	1.2 percent	1.3 percent	1.1 percent



Data Highlights

- Heart disease is the leading cause of death in the Capital Region and nationwide.
- Death rates for coronary heart disease in Dauphin and Cumberland counties are approximately the same as statewide averages.
- Perry County death rates due to coronary heart disease are higher than those of Dauphin and Cumberland counties and above the statewide averages.
- The death rates for coronary heart disease among all three counties has been declining over the period 2003 to 2011.
- A higher percentage of students in the Capital Region are diagnosed with cardiovascular conditions compared to the statewide percentage.

Source

Pennsylvania Department of Health,
County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

Healthy People 2020
<http://www.healthypeople.gov/2020/data/default.aspx>

Pennsylvania Department of Health,
Chronic Diseases
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Health Status Indicators for
Pennsylvania Counties and Health
Districts 2009/2010
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Indicator – Cancer

Cancer is the second-leading cause of death in the Capital Region, state and nation. Except for Perry County, the regional trend between 2007 and 2011 is slightly decreasing death rates. The cancer death rates for Dauphin and Cumberland counties are consistently below the state average, while Perry County is consistently above the state average.

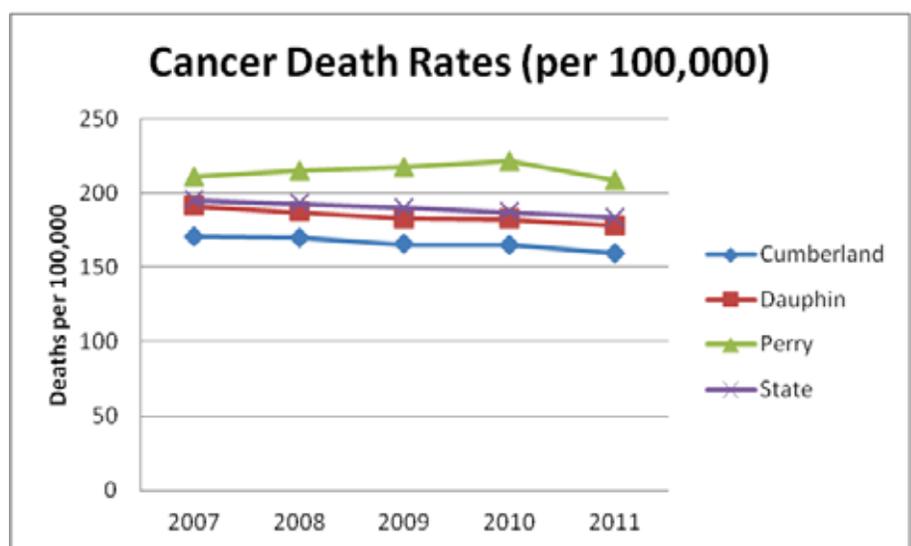
There are different types of cancer (based on the organ of origin), and these cancers occur in varying frequencies and with varying lethality. The death rates vary among the types of cancer. Death rates due to lung cancer are the highest for the Capital Region. The next-highest death rates are for breast, prostate, and colorectal cancers.

The national incidence of lung and bronchus cancer has been declining over the past 10 years. Nevertheless, the incidence is higher for males than females, and higher for black males than white males. Incidence for either gender is lowest for American Indians/Native Alaskans, Asians, and Hispanics/Latinos. The death rates follow the same pattern as the incidence rates. Locally, Perry County has the highest death rates for lung cancer, 58 per 100,000 people (contrary to the demographic patterns of lung cancer) and smoking. Dauphin and Cumberland counties are slightly below the state average for lung cancer, 47 and 41.6 per 100,000 people, respectively.

Breast cancer is the most common cancer in women in the Capital Region, regardless of race and ethnicity. It is the most common cause of death from

cancer in Hispanic/Latino women, and the second-most common cause of death from cancer among all other categories of women. The incidence of breast cancer has remained level for the past 10 years, except a slight increase for black women. The mortality trends, on the other hand, have decreased slightly (1.5 – two percent) among all categories of women over the same time period, except for American Indian/Native Alaskan. Very likely, the improvements in breast cancer mortality are due to better screening. Breast cancer has the highest mortality rate among women in the U.S. Cumberland County has the lowest breast cancer death rates locally, while Dauphin County has the highest rates.

Aside from non-melanoma skin cancer, prostate cancer is the most common cancer among men in the United States. It is also one of the leading causes of cancer death among men of all races and Hispanic/Latino populations. Over the past 10 years, the incidence and mortality of prostate cancer has been decreasing among all racial/ethnic categories of men, except



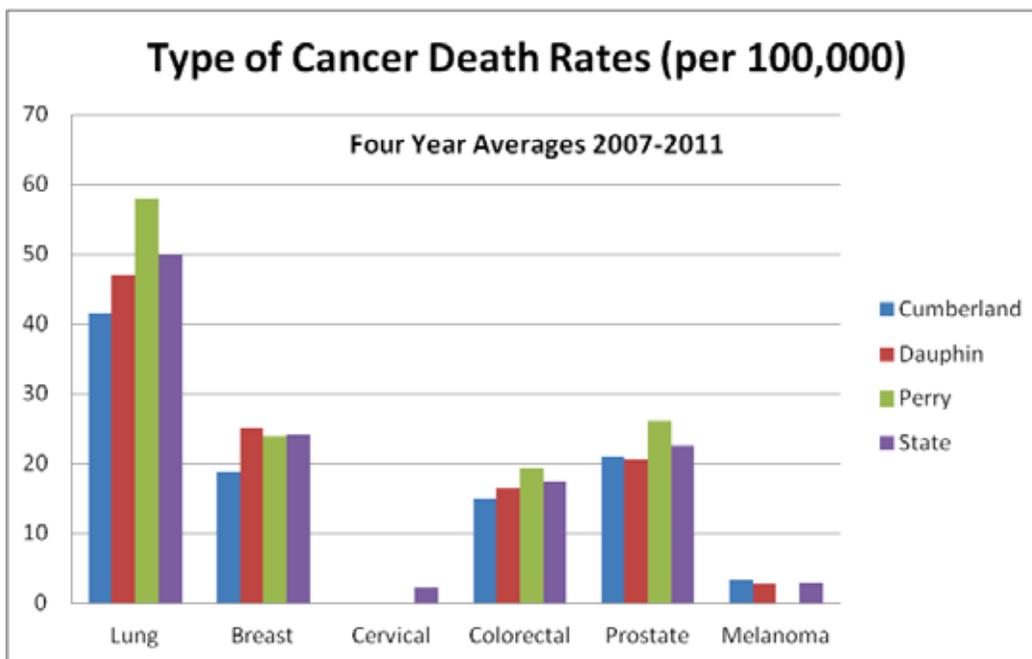
American Indian/Native Alaskan. Prostate cancer is the most common cancer in men (except for skin cancer) and a leading cause of cancer deaths in men. Dauphin and Cumberland counties are below the state average death rate due to prostate cancer, and Perry County is above the state average.

Of cancers that affect both men and women, colorectal cancer is the second-leading cause of cancer-related deaths in the United States and the third most common cancer in men and in women. In 2010 (the most recent year numbers are available), 131,607 people in the United States were diagnosed with colorectal cancer, including 67,700 men and 63,907 women. A total of 52,045 people in the United States died from colorectal cancer, including 27,073 men and 24,972 women. The trends for both incidence and mortality show decreases over the past 10 years for all races/ethnicities and gender, except for American Indian/Native Alaskan. Incidence for men remained the same, and the mortality for men and women remained the same. Locally, Perry County has the highest death rates for lung cancer, 58 per 100,000 (contrary to the

demographic patterns of lung cancer) and smoking. Dauphin and Cumberland counties are slightly below the state average for lung cancer, 47 and 41.6 per 100,000, respectively.

Of the cancers that affect both men and women, colorectal cancer is the second leading cause of cancer related deaths in the U.S., and the third most common cancer in men and women. Nationally, the trend for incidence and mortality show decreases over the past 10 years. Locally, Perry County has the highest rates, and these rates exceed the state average.

Deaths due to cervical cancer in the Capital Region are too low to determine a rate per 100,000 people. Cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have decreased significantly. In the Capital Region, both the incidence and mortality trends between 2001 and 2010 have decreased for women of all races and ethnicities except American Indian/Alaska Native.



Data Highlights

- Cancer death rates in Dauphin and Cumberland counties show a slightly decreasing trend over the period 2007-2011, and the rates are below state averages.
- Perry County has the highest rates of death due to cancer in the Capital Region, and these rates are above the state averages. Perry County also seems to lack the decreasing trends that appear in the neighboring counties and the state overall.
- Lung cancer has the highest mortality rate in the Capital Region among the cancers that afflict both men and women.
- Breast cancer has the highest mortality rate among women in the U.S. Cumberland County has the lowest breast cancer death rates locally, while Dauphin County has the highest rates.
- Prostate cancer is the most common cancer in men (except for skin cancer) and a leading cause of cancer deaths in men. Dauphin and Cumberland counties are below the state average death rate due to prostate cancer, and Perry County is above the state average.
- Of the cancers that affect both men and women, colorectal cancer is the second leading cause of cancer related deaths in the U.S., and the third most common cancer in men and women. Nationally, the trend for incidence and mortality show decreases over the past 10 years. Locally, Perry County has the highest rates, and these rates exceed the state average.
- Cervical cancer is almost non-existent in the Capital Region. This cancer used to be a leading cause of cancer deaths for women, but due to screening and early detection of pre-cancerous cells, this cancer now is low on the mortality scale.



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Pennsylvania Department of Health, County Health Profiles

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U.S. Department of Health and Human Services, Cervical Cancer: National Institutes of Health Consensus Development Conference Statement

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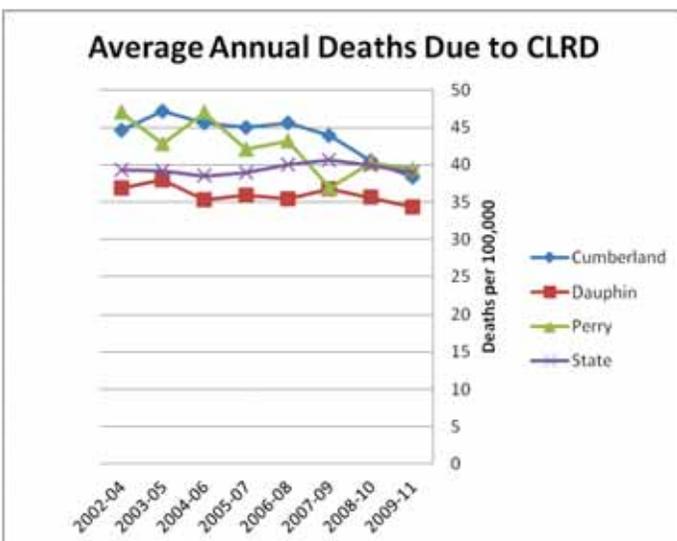
<http://www.cdc.gov/uscs>

Indicator – Chronic Lower Respiratory Disease (CLRD)

According to the United States Centers for Disease Control and Prevention (CDC), Chronic Lower Respiratory Disease (CLRD), Primarily Chronic Obstructive Pulmonary Disease (COPD) was the third leading cause of death in the United States in 2011. The disease is likely to be underreported because the CDC reports that more than 50 percent of adults with low pulmonary function are not aware that they had COPD. A number of groups are likely to report COPD including people age 65 to 74, women, current and former smokers, and people with asthma, as well as people with lower incomes and/or education levels. Exposure to tobacco smoke is a key factor in the development of COPD, but exposure to air pollutants, genetic factors and history of respiratory infection play a role, too.

Cumberland and Perry counties show higher death rates for CLRD than the state average, but they also show declining trends during the past 10 years. Dauphin County has lower CLRD-related death rates than the state overall and also shows a slight declining trend in death rates. For population age groups over 45 in the Capital Region, chronic lower respiratory disease is the fourth leading cause of death, following cancer, heart disease and accidents.

Chronic Lower Respiratory Disease (CLRD) Death Rate (per 100,000 people)



Data Highlights

- For population age groups over 45 in the Capital Region, chronic lower respiratory disease is the fourth leading cause of death, following cancer, heart disease, and accidents.
- Cumberland and Perry counties have the highest mortality for CLRD, higher than the state average and higher than Dauphin County.
- Dauphin County has the lowest local mortality rate for CLRD.
- All three Counties show a declining trend in death rates due to CLRD, even as the statewide remains the same.

Sources

Pennsylvania Department of Health, County Health Profiles

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

U.S. Centers for Disease Control and Prevention, What is COPD? <http://www.cdc.gov/copd/index.htm>

Indicator – Strokes

There are different kinds of stroke: Ischemic stroke, hemorrhagic stroke, and transient ischemic attack (mini-stroke). Most strokes (85 percent) are ischemic strokes. These strokes occur when an artery to the brain becomes blocked, usually by a blood clot. Hemorrhagic strokes result from leakage or rupture of an artery in the brain. A transient ischemic attack (TIA) is different from a major stroke because blockage of blood flow is temporary (usually no more than 5 min.). A TIA is a warning sign of a future stroke.

Many risk factors contributing to stroke are behavioral, and thus targets for stroke prevention (e.g., high fat and salty diets, lack of exercise, overweight, drinking alcohol, using tobacco). Certain racial and ethnic populations have higher risk for stroke (i.e., blacks, Hispanics/Latinos, American Indians, and Alaska Natives). Both men and women are susceptible to stroke. Strokes are more common in men, but death due to stroke is more common in women.

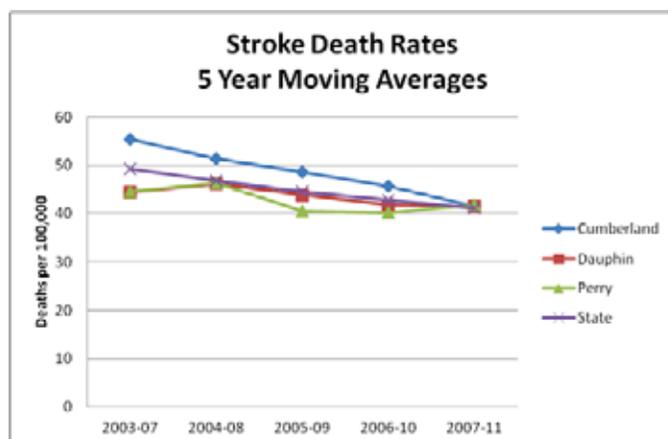
The chance of having a stroke doubles every 10 years after age 55. Gender has mixed associations. Strokes are more common for men, but women are more likely to die from stroke than are men. Blacks, Hispanics/Latinos, American Indians, and Alaska Natives

have a greater chance of having a stroke than do non-Hispanic whites or Asians. The risk of having a first stroke is nearly twice as high for blacks than for whites. Blacks are also more likely to die from stroke than are whites.

Deaths due to strokes in the Capital Region show a declining trend over the past 10 years. The rates are highest in Cumberland County, averaging 55.4 per 100,000 for 2003-07, and 41.5 per 100,000 for 2007-11. These rates exceed the state averages. Perry County is below the state average, and Dauphin County is approximately equal to the state average. Strokes are among the top five leading causes of death in the Capital Region.

Data Highlights

- Death rates due to stroke are slightly declining for the United Way service area and for Pennsylvania overall.
- Cumberland County has the highest death rates due to stroke, and these exceed the state average.
- Perry County death rates due to stroke are below the state average. Dauphin County death rates due to stroke are about the same as the state average.



Sources

Healthy People 2020

<http://www.healthypeople.gov/2020/data/default.aspx>

Pennsylvania Department of Health, County Health Profiles
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2>

U.S. Centers for Disease Control and Prevention, Stroke
<http://www.cdc.gov/stroke/index.htm>

Indicator – Accidents and Unintentional Injuries

Accidents and unintentional injuries are among the top 15 causes of death in the United States, according to Healthy People 2020. The same is true for the Capital Region. While the range of causes is very broad, accidents and unintentional injuries have consequences beyond the immediate health problems. These consequences include disability, premature death, poor mental health and loss income. In addition, the consequences extend beyond just the injured individual and can affect family members, employers, coworkers, and the community.

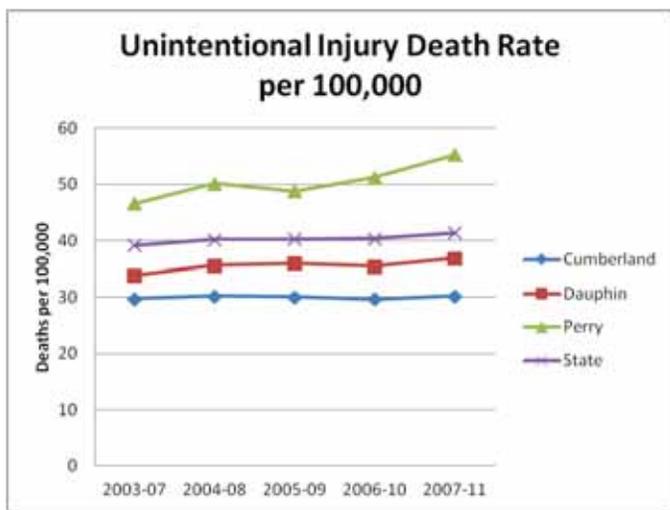
Unintentional injury death rates (that is, nonviolent) are highest for the Capital Region in Perry County and trending slightly upward. The rates reached 55 per 100,000 people in recent five-year average.

Cumberland County has the lowest death rates in the Capital Region for unintentional injury. Cumberland County's rate is about 30 per 100,000 people. Dauphin County death rates due to unintentional injury are below the state average. Dauphin County shows a slightly increasing trend moving from 33.9 to 36.9 per 100,000 people over the period between 2003 and

2011. Unintentional injury is the fifth-leading cause of death overall, but the highest-ranking cause of death for younger populations in the Capital Region.

Data Highlights

- Unintentional injury death rates (that is, nonviolent) are highest for the Capital Region in Perry County and trending slightly upward. The rates reached 55 per 100,000 people in recent five-year average.
- Cumberland County has the lowest death rates in the Capital Region for unintentional injury. Cumberland County's rate is about 30 per 100,000 people.
- Dauphin County death rates due to unintentional injury are below the state average. Dauphin County shows a slightly increasing trend moving from 33.9 to 36.9 per 100,000 people over the period between 2003 and 2011.
- Unintentional injury is the fifth leading cause of death overall, but the highest-ranking cause of death for younger populations in the Capital Region.



Sources

Healthy People 2020

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Pennsylvania Department of Health, County Health Profiles

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<http://www.cdc.gov/nchs/fastats/accidental-injury.htm>

Section Summary

Education plays a major role in individual success and provides a foundation for a healthy community. It is essential to create an environment where the educational needs of children are addressed prior to a child entering kindergarten and where support continues through a child's post-secondary education. There are many factors within the Capital Region that may impact how a child performs educationally. Research indicates that investing in early childhood educational services such as pre-kindergarten may have long-term benefits for children, including improved child literacy, language and math skills. However, there is no compulsory requirement in Pennsylvania for kindergarten or preschool, and therefore many children who do not participate in early education services may already be at risk for poor school performance.

More than 75 percent of children age three and four in Cumberland, Dauphin and Perry counties are without access to high-quality pre-kindergarten programming. Even when available, costs may inhibit children from participating.

In addition, early child preparedness provides an indication of future educational success. A national



study released recently shows that students who do not read proficiently by third grade are four times more likely to leave high school without a diploma than proficient readers. Poverty compounds the problem as students who have lived in poverty are three times more likely to drop out or fail to graduate on time than their more affluent peers. Additionally, third grade reading level is shown to be a significant predictor of eighth grade reading level and ninth grade course performance even after accounting for demographic characteristics and how a child's school influences their individual performance. Third grade reading level also is shown to be a predictor of high school graduation and college attendance, even when demographic characteristics are included as controls.

Once enrolled, a student may continue to encounter significant barriers to school success, including having special physical, behavioral, emotional or cognitive needs. These issues, along with possible family or economic challenges, may play a role in students experiencing high levels of tardiness or absenteeism, habitual truancy or even homelessness, all of which may



put the child at high risk for dropping out. If left unattended, these barriers tend to have a significant cost to the individual and to the community. According to the Office of Juvenile Justice and Delinquency Prevention, the potential cost to the community is more than \$800,000 in programs and services over the course of a student's lifetime. Certain areas in Dauphin County continue to report very high truancy and dropout rates, which is a concern for the entire Capital Region.

There also are many factors outside of a student's or family's control that may negatively affect a child's chances to succeed educationally, including class size, school district funding, community resources such as libraries and post-secondary institutions, and less tangible resources such as community economic stability factors and educational attainment levels within the region. For example, research supports the notion that children learn more and teachers are more effective in smaller classes. Additionally, funding for public education is based on challenging funding formulas that include local property tax revenues and state support. This funding system creates inequities in school funding between poorer communities and more affluent neighborhood schools. This significant reliance

on local funding places Pennsylvania 45th in the nation for state-funded education. Community resources also play a role in educational outcomes.

Local libraries play an important role in preserving, sustaining and advancing the community and cultural heritage of local places, and institutions of higher learning within the community play a role in providing resources in support of public education.

The significant indicators examined in this chapter provide strong evidence that education is key to a child's future success and include preparing young children for school readiness, supportive services for at-risk students and more resources to fund a strong education system.

Key Findings

- In 2012-2013, there were a reported 19,459 homeless students enrolled in school in Pennsylvania, which equates to approximately one percent of the total student school population. In the Capital Region, 808 school children were reported to be homeless.



- Each dollar spent on pre-kindergarten services may save up to \$17 in services and benefits. More than 75 percent of children ages three and four in Cumberland, Dauphin and Perry counties are without access to high-quality pre-kindergarten programming.
- Truancy programs that work tend to be comprehensive, flexible and responsive to student needs. These programs also tend to have family and community involvement and a long-term investment in the student.
- Education has a significant effect on one's life from pre-kindergarten through post-secondary education. Individuals with a minimum of a bachelor's degree earned a median income more than 60 percent greater than individuals attaining just a high school degree.
- While the Scholastic Aptitude Test (SAT) and American College Testing (ACT) are designed to be good predictors of college success, recent studies suggest that high school grades are a better indicator of college success. According to the data, if high school grades are not high, good testing does not promise college success. Students with good grades and modest testing did better in college than students with higher testing and lower high school grades.
- There is much controversy surrounding the use of standardized tests as a predictor of future success. Results from a recent study indicate that students who tend to perform well on the Pennsylvania System of School Assessment (PSSA) also can be expected to perform well on the university proficiency exams and vice-versa. Students' course GPAs in their first college English and math class generally show positive relationships with both the PSSA and the university proficiency exams.
- A national study released recently shows that students who do not read proficiently by third grade are four times more likely to leave high



school without a diploma than proficient readers. Poverty compounds the problem: Students who have lived in poverty are three times more likely to drop out or fail to graduate on time than their more affluent peers

- Class size is an important determinant of student outcomes.

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Indicator – Homeless Children in School

The McKinney-Vento Homeless Assistance Act is a federal law that requires states to coordinate services to help assure educational success for children who are homeless. According to the act, the term homeless children and youth is defined as children and youth who do not have a regular and sufficient nighttime residence. Homeless children may include children sharing a household with others because of personal or economic difficulties, those living in a shelter or other facility, individuals living in a public space, living in a hotel, waiting to be placed in foster care or migratory children who may be defined as homeless.

In 2005, the Commonwealth adapted a regional approach to implement the McKinney-Vento Act in Pennsylvania. Perry and Cumberland counties fall into Region Three, and Dauphin County is in Region Two. The concept behind using a regional approach was to help homeless children access services across school districts and county boundaries. However, this method has also create barriers to developing a more coordinated approach to addressing homelessness across the state and in collecting accurate data on homeless children at the district and county levels. In 2012, the Pennsylvania General Assembly created a task force within the Department of Education to facilitate a more coordinated effort to educating homeless youth.

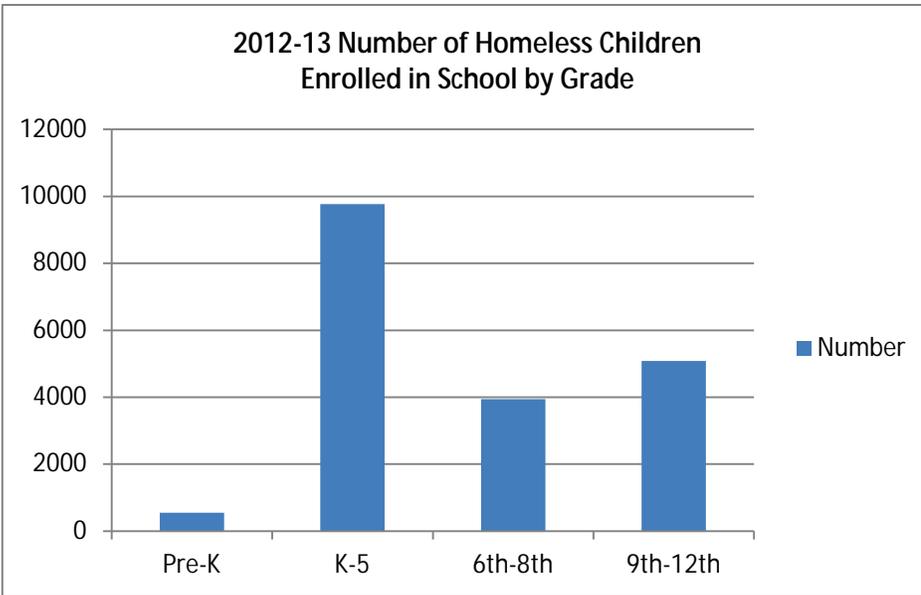
According to the 2014 Commonwealth of Pennsylvania Task Force on Homelessness, there are many factors that play into homelessness being a barrier to school success. Homeless children are identified as having disabilities and are placed in special education programs at higher rates than the general school age population, they tend to fall behind academically and they are less likely to graduate on time. Additionally, there may be other factors that impede school success such as a lack

of regular healthy meals and being at higher risk for medical and mental health issues. Young children who experience homeless may be at high risk for a variety of behavioral issues such as aggression, social isolation, depression and anxiety.

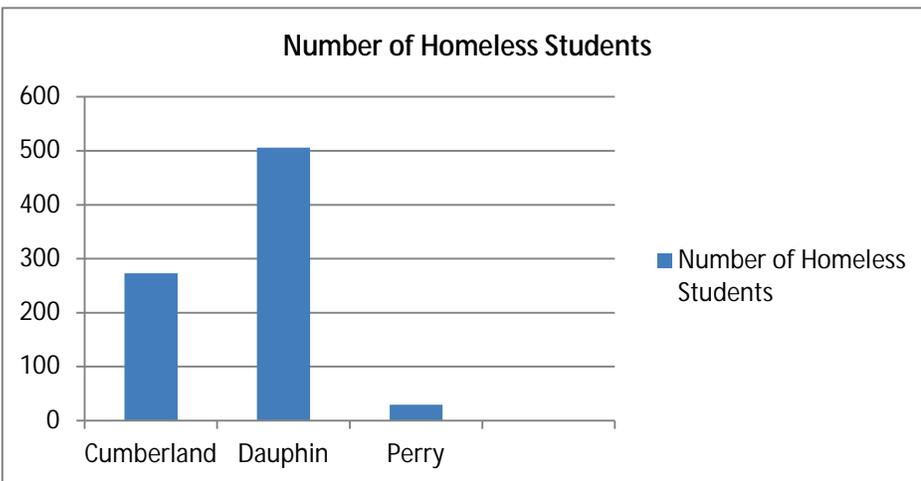
Data for homeless school children in Pennsylvania prior to 2012 is sporadic. However, in 2012-2013, there were a reported 19,459 homeless students enrolled in school, which equates to approximately one percent of the total student population enrolled. Of those children identified as homeless and attending school, approximately 60 percent were living with others, while approximately 30 percent were living in shelters. Additionally, more than 50 percent of homeless school children were in pre-kindergarten through fifth grade. During this time period, 808 school children were reported as homeless within the Capital Region, Dauphin County reported the highest number (506), and Perry County identified the lowest number of homeless school children (29).

There are many challenges to determining an accurate number of homeless children, especially if they are not identified through the school system or through receiving services within shelters or other supportive programs.

Homeless children are at a higher risk for a multitude of issues that make educational success a challenge. A coordinated approach at the state level, which could be replicated at the regional, county and district levels, could provide strategies to help identify, enroll and serve homeless students.



Source: 2014 Commonwealth of Pennsylvania Task Force on Homeless



Source: Data Collection Evaluation Report, data provided by the Pennsylvania Department of Education

Data Highlights

- The educational needs of homeless children in Pennsylvania are addressed on a regional level rather than a county or district level.
- In 2012-2013, there were a reported 19,459 homeless students in Pennsylvania enrolled in school, which equates to approximately one percent of the total student, school population.
- Young children who experience homelessness may be at high risk for a variety of behavioral issues such as aggression, social isolation, depression and anxiety.
- Of the 808 school children reported as being homeless in 2012-2013 within the Capital Region, Dauphin County reported the highest number (506), and Perry County identified the lowest number of homeless school children (29).

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<http://www.homelesshub.ca/resource/meeting-educational-needs-pennsylvania%E2%80%99s-homeless-children-and-youth>

Indicator – Preschool/Head Start Rates

In Pennsylvania, the compulsory school age for children is age eight. As a result, there is no requirement for kindergarten or preschool. Preschool and kindergarten programs are often at high risk of being cut or underfunded during periods of budget shortfalls. Head Start is a federally funded program that provides education and other services to low-income children age three or four and their families to promote school readiness. Early Head Start programs serve toddlers and their families until age three.

Research indicates that investing in early services for children, including pre-kindergarten, may have long-term benefits for children. Pre-kindergarten programs may significantly improve literacy, language and math skills for children entering kindergarten and reduce special education placements through second grade. In addition, a longitudinal study conducted through the HighScope Educational Research Foundation showed significant long-term improvements for adults who participated in high-quality preschool programs compared to a group that did not participate in preschool. Participants in the study who attended preschool reported higher high school graduation and employment rates, reported higher earnings, and were less likely to have committed crimes.

Additionally, each dollar spent on pre-kindergarten services may save up to \$17 in services and benefits. However, research from the Head Start Impact Study indicates that children do show some improvements in

school readiness, but those improvements do not tend to last past the second grade. The research from Head Start demonstrates the need to clarify what are the components of high-quality programs and what are the potential benefits of high-quality preschool programs compared to lower quality programs.

According to Pennsylvania Partnerships for Children, more than 75 percent of children ages three and four in Cumberland, Dauphin and Perry counties are without access to high-quality pre-kindergarten programming. Perry County is reported to have the highest percentage of children without quality pre-kindergarten (92 percent). Although children in Dauphin County apparently have greater access to Head Start services, 75 percent of children in Dauphin county still do not have access to quality pre-kindergarten services.

Components of high quality pre-kindergarten programs include qualified teachers, high program standards, small group sizes and high student-to-adult ratios. It should be noted that private kindergarten costs approximately \$9,000 per year, which can make it too expensive for many lower- and middle-income families to afford.

Children Ages Three to Five Not Enrolled in Nursery School, Preschool or Kindergarten (Pennsylvania)					
Data Type	2008	2009	2010	2011	2012
Number	176,000	172,000	173,000	185,000	179,000
Percentage	40 percent	39 percent	39 percent	41 percent	40 percent
Source: National KIDS COUNT					

County	Total	Federally Funded Head Start Children Ages 3-4	Federally Funded Early Head Start Children Ages 0-2	Head Start Children Ages 3-4 Funded by PA State Supplemental
Cumberland County	194	164	30	0
Dauphin County	803	533	110	160
Perry County	55	55	0	0

Source: Pennsylvania Partnerships for Children

County-Level Data for "A Smart Choice for a Solid Start: The Case for Pre-K in PA" Issued by Pennsylvania Partnerships for Children – February 2014						
County	Population: Children Age 3-4	Estimated Population Age 3-4 Below 300 Percent Poverty	Children Age 3-4 Without Access to High Quality Pre-K	Percentage of Children Age 3-4 Without Access to High Quality Pre-K	Children Age 3-4 Without Access to Publicly Funded High Quality Pre-K	Percentage of Children Age 3-4 Without Access to Publicly Funded High Quality Pre-K
Pennsylvania	296,957	178,795	208,991	70 percent	244,024	82 percent
Cumberland County	5,219	2,921	4,105	79 percent	4,929	94 percent
Dauphin County	6,718	4,178	5,065	75 percent	5,441	81 percent
Perry County	1,113	697	1,026	92 percent	1,038	93 percent

Source: Pennsylvania Partnership for Children

Data Highlights

- Each dollar spent on pre-kindergarten services may save up to \$17 in services and benefits.
- Pre-kindergarten programs may significantly improve child literacy, language and math skills for children entering kindergarten.
- As a result of having no compulsory requirement for kindergarten or pre-school, programs in the Capital Region are at high risk of being cut or underfunded during periods of budget shortfalls.
- More than 75 percent of the children age three and four in Cumberland, Dauphin and Perry counties are without access to high-quality pre-kindergarten programming.

Sources

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<http://www.highscope.org/content.asp?contentid=219>
- National Kids Count
<http://datacenter.kidscount.org/data/tables/5109-children-ages-3-to-5-not-enrolled-in-nursery-school#national>
- Office of Head Start
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- Pennsylvania Head Start Association
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Indicator – Truancy

Truancy is defined by the Pennsylvania Department of Education as an unlawful absence or equivalent unexcused tardy of more than six school days within a school year. Research shows that truancy rates matter, as truancy tends to be an early warning sign of student difficulties and may ultimately lead to poor school performance, increased probability of dropping out and a higher likelihood of substance abuse and juvenile delinquency. According to a national survey, a high percentage of students who dropped out of school reported being truant in the year prior to becoming a dropout. Additionally, truancy is associated with negative behaviors such as suicidal thoughts and first-time drug use.

Truancy issues have long-term impacts for both the student and society. Students who are truant tend to have lower self-esteem, may not connect the importance of school with employment, and may struggle to find future success in a career or marriage. According to Office of Juvenile Justice and Delinquency Prevention, if a student drops out, it may cost the community more than \$800,000 in programs and services over the course of a student's lifetime. Additionally, cost-benefit studies report truancy reduction and prevention programs are well worth the investment.

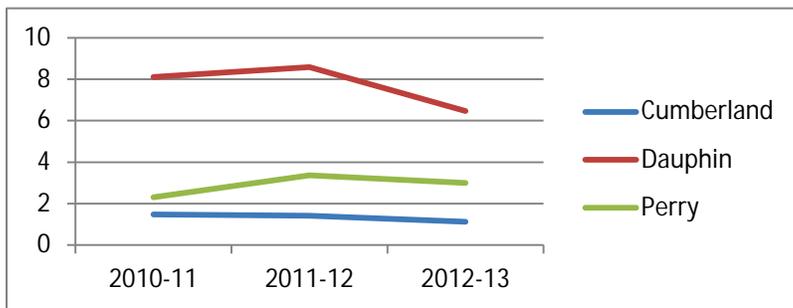
Truancy data from the Capital Region provides insight for addressing truancy. Although there have been reported improvements for all three counties from 2011-2013, some areas especially within Dauphin County continued to report very high truancy rates in 2013. For example, Dauphin County reported 15 schools with a more than 10 percent truancy rate for 2012-2013, with a high number of those schools being located in the Harrisburg City, Steelton-Highspire and

Susquehanna school districts. Additionally, truancy tends to be more of an issue across all grades in many Dauphin County schools, while rates tend to dramatically increase in Cumberland and Perry counties around sixth grade. Cumberland County reported no schools with a truancy rate of more than 10 percent, and only one school in Perry County (Perry-Newport Middle School) reported a truancy rate of more than 10 percent. (It should also be noted that Perry-Newport High School's truancy rate was more than nine percent.)

In the 2013 Report to the Pennsylvania Roundtable, there were several recommendations for addressing truancy that should be explored further, including the need to clarify how excessive tardiness may play a role in school failure and the need to clarify truancy versus habitual truancy definitions. There was also concern related to a lack of monitoring of attendance for cyber schools, especially if a public school student ultimately enrolls in cyber education as an option to address truancy.

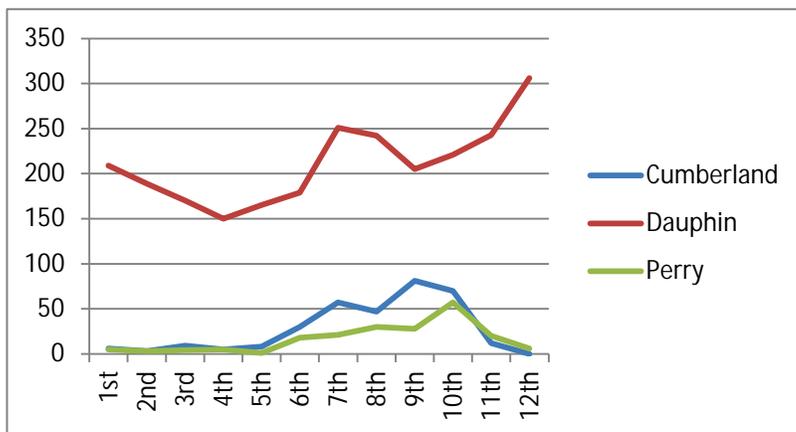
Truancy programs that work tend to be comprehensive, flexible and responsive to student needs. These programs also tend to have family and community involvement and a long-term investment in the student. Ultimately, programs addressing truancy need to help students successfully engage in school and understand how schooling affects current and future success.

County Truancy Rates 2010 - 2011 to 2012 - 2013



Source: Data Provided by the PA Department of Education – June 2014

County Truancy Rates by Grade 2012 - 2013



Source: Data Provided by the PA Department of Education – June 2014

Data Highlights

- Although truancy rates have declined for all three counties from 2011-2012 to 2012-2013, Dauphin County continues to have more than double the truancy rate of Perry and Cumberland counties.
- Truancy rates tend to be high across all grades in Dauphin County, while truancy numbers tend to increase significantly starting in sixth grade for Cumberland and Perry counties.
- Dauphin County reported 15 schools with a more than 10 percent truancy rate for 2012-2013, with a high number of those schools being located in the Harrisburg City, Steelton-Highspire and Susquehanna school districts.
- There were no reported truancy rates of more than 10 percent in Cumberland County for the 2012-2013 school year.
- One school in Perry County (Perry-Newport Middle School) reported a truancy rate of more than 10 percent. It should also be noted that Perry-Newport High School’s truancy rate was more than nine percent.
- Truancy programs that work tend to be comprehensive, flexible and responsive to student needs. These programs also tend to have family and community involvement and a long-term investment in the student.

Sources

2013 Report to the Pennsylvania Roundtable: Educational Success and Truancy Prevention
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Center for Children and Youth Justice, Truancy Reduction: Research, Policy and Practice
http://www.ccyj.org/uploads/PPO/TRUANCY_Updated_July2012.pdf

Pennsylvania Department of Education, Office for Safe Schools
http://www.education.state.pa.us/portal/server.pt/community/office_of_elementary_secondary_education/7209/office_for_safe_schools/1152067

Center for Schools and Communities, Pennsylvania Truancy Toolkit
<http://www.patruancytoolkit.info/>

Indicator – Educational Attainment

Educational attainment is defined as the highest grade or degree completed by an individual at any point in time. For the purpose of this assessment, the age of 25 was selected because the information is readily available through the U.S. Census Bureau at the county level. This selection may inhibit an accurate picture of attainment of graduate or professional degrees since a higher percentage of individuals have completed these degrees by age 25, but the data does provide a picture of trends for each county in this area.

According to the U.S. Department of Education, educational attainment is a strong indicator of future employment and financial success. Additionally, individuals with a minimum of a bachelor's degree earned a median income more than 60 percent greater than those attaining just a high school degree. The higher the level of education, the higher the likelihood an individual will report better health and well-being and lower levels of divorce and incarceration. Also, educational attainment data may provide some insight into the job market within a community and the number of role models or mentors available for youth within the region.

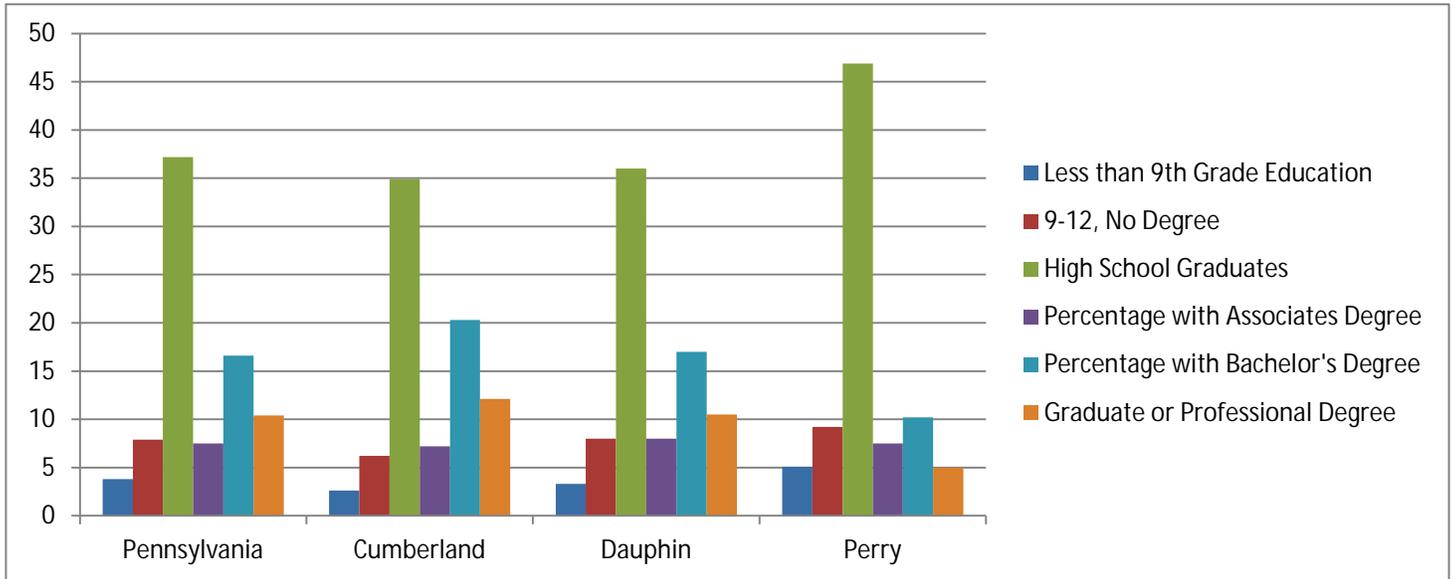
When comparing the educational attainment of residents age 25 in each county in the Capital Region to the same indicator statewide, Cumberland County is well below the state percentage for the categories of less than a ninth grade education or some high school experience and much higher than the state percentage in attainment of an associate's degree, bachelor's degree or a master's or professional degree. Perry County is above the state percentage for the categories of less than a ninth grade education or some high school experience, and lower than the state percentage in attainment of an associate's degree, bachelor's

degree or a master's or professional degree. Dauphin County tends to parallel state percentages related to information on high school education, but has slightly higher percentages of individuals with an associate's, bachelor's or professional degree than the state.

When considering how to make a significant difference in the a community's educational attainment, attention must be given to substantial investments in improving the education of students at all levels to include preparing children for entry into primary, secondary and post-secondary education; providing early identification and support for at-risk children and youth; engaging parents and families more effectively in their children's education; expanding mentoring, service learning and other community-based supports for learning; and better connecting more effective educational pathways for post-secondary education and careers. Additionally, some experts suggest that it is essential to target multiple indicators when addressing educational issues with children and youth to assure that actual improvements are made.

Research may indicate that addressing specific indicators could result in improvements in some educational areas for students while having negative impacts on students in other areas. Suggestions to assist in creating an atmosphere where multiple services could be provided would include creating schools as community centers to centralize resources and to develop specific partnerships between community schools and businesses, institutions of higher learning, nonprofits, government agencies, and families to maximize resources.

Educational Attainment by County



Data Source: US Census Bureau, American Community Survey, 2008 - 2012

Data Highlights

- Individuals with a minimum of a bachelor's degree earned a median income more than 60 percent greater than those attaining just a high school degree.
- The higher the level of education, the higher the likelihood an individual will report better health and well-being and lower levels of divorce and incarceration.
- Perry County is above the state percentage for the categories of less than a ninth grade education or some high school experience, and lower than the state percentage in attainment of an associate's degree, bachelor's degree or a master's or professional degree.
- Creating schools as community centers may assist in centralizing resources and developing specific partnerships between community schools and businesses, institutions of higher learning, nonprofits, government agencies, and families could maximize resources.

Sources

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<http://www.unitedway.org/our-work/education>

Indicator – High School Dropout Rates

The Pennsylvania Department of Education defines a drop out as, “A student who, for any other reason than death, leaves school before graduation without transferring to school/institution.” A more specific definition can be found in Act 22 PA Code Sect. 1124 that states schools can remove a child from enrollment after missing 10 consecutive days. According the Pennsylvania Department of Education, the dropout rate is determined by the total number of dropouts for the school year divided by the fall enrollment for the same year.

The removal of a child from official enrollment records may depend on a number of factors, which makes it difficult to determine consistent reporting practices. According to the Pennsylvania Department of Education, academic problems and/or age limits are the most frequently cited reason for dropout.

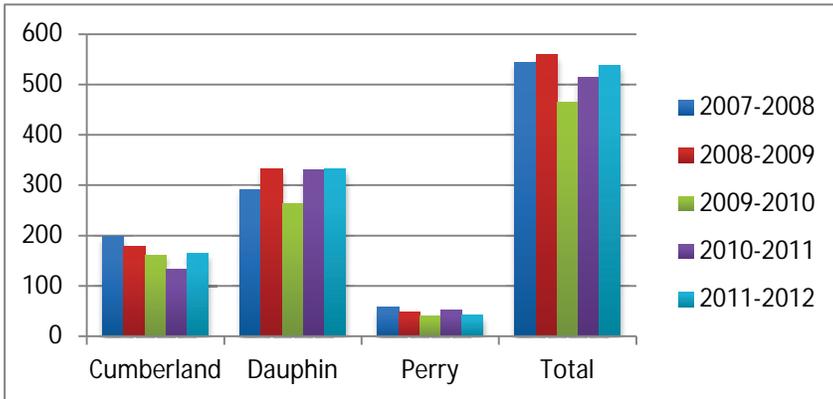
Research cautions against over simplistic assumptions that students voluntarily decide to drop out of school. There are several studies that indicate how school policies and procedures cause “involuntarily” student discharges and/or transfers due to low grades, poor attendance and misbehavior. Unfortunate evidence is given of schools that have systematically discharged the most difficult and lowest-performing students to enhance test scores. Research also indicates that a student’s background characteristics should be considered. For example, students who move around a lot (e.g., students who come from migrant families or homeless students) have a higher risk for dropout than students who have a stable home.

In looking at dropout statistics in the Capital Region, out of the 67 counties across Pennsylvania that reported dropout rates for 2011-2012, Cumberland County ranked 24th (1.2 percent), Perry County ranked 27th (1.3

percent) and Dauphin County ranked 44th (1.6 percent). A closer look at local schools in 2011-2012 reveals that Harrisburg High School had the highest dropout rate of almost 12 percent, which is significantly above the reported county average. Additionally, for this same time period, the dropout rate is disproportionately higher among African-Americans (4.6 percent) and Hispanics/Latinos (4.8 percent) than whites (1.2 percent). The most frequently cited reason for dropouts from grade 7-12 across the state was due to exceeding maximum school age and/or incomplete state/district approved educational programs. The second-most frequently cited reason for dropout was a dislike of school.

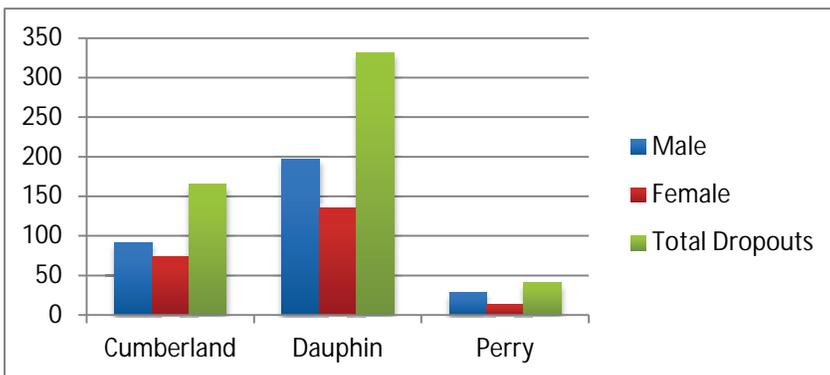
Despite many questions that surround this indicator, dropout statistics can be helpful in determining school effectiveness when used alongside other indicators. While it is certainly desirable when schools report positive outcomes across multiple indicators, it is important to note that some schools may perform better on one type of outcome as opposed to another. Effective interventions in one area may be categorically different and could even be in competition with effective strategies in other areas. For instance, if social/emotional interventions like the use of counselors and consistent discipline policies have been shown to reduce dropout rates, they may not have the same desired effect on improving other indicators like academic climate or test scores. In a challenging economic climate with limited resources, school administrators may find themselves in the difficult position of being forced to choose one intervention over another. A clear and shared understanding of what constitutes student achievement or school success is critical. For instance, it is short sighted to frame student achievement in terms of improving test scores if students aren’t actually graduating.

Comparison of Dropouts Due to Exceeded Max Age/Incomplete Requirements



Source: Pennsylvania Department of Education Dropout Data and Statistics

2011 - 2012 High School Dropout Statistics by Gender



Source: Pennsylvania Department of Education Dropout Data and Statistics

Data Highlights

- Out of the 67 counties across Pennsylvania that reported dropout rates for 2011-2012, Cumberland County ranked 24th (1.2 percent), Perry County ranked 27th (1.3 percent) and Dauphin County ranked 44th (1.6 percent).
- A closer look at particular schools within the tri-county region in 2011-2012 reveals that Harrisburg High School had the highest dropout rate of almost 12 percent, which is significantly above the reported county averages.
- In 2011-2012, the most frequently cited reason for dropouts from grade 7-12 across the state was due to exceeding maximum school age and/or incomplete state/district approved educational programs. The second-most frequently cited reason for dropout was a dislike of school.
- Research indicates that a student's background characteristics should be considered. For example, students who move around a lot (e.g., students who come from migrant families or homeless students) have a higher risk for dropout than students who have a stable home.
- Throughout Pennsylvania in 2011-2012, the dropout rate is disproportionately higher among African-Americans (4.6 percent) and Hispanics/Latinos (4.8 percent) than whites (1.2 percent).

Sources

Rumberger, R.W. & Palardy, G.J. (2005). Test scores, dropout rates, and transfer rates as alternative indicators of high school performance. *American Educational Research Journal*, 42(3), 3-42.
<http://education.ucr.edu/pdf/faculty/palardy/Palardy3.pdf>.

Pennsylvania Department of Education, Dropout Data and Statistics
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Indicator – District Funding

In the national rankings, Pennsylvania holds the 45th spot for state-funded public education spending an average of about \$13,149.00 per pupil. As an indicator, district funding examines the amount of financial resources that are dedicated to resourcing public schools in the tri-county area. District funding affects all areas of education from curriculum and supplies to the number of teachers and even the number of schools that districts are able to carry from one year to the next. For example in 2010-2011, the Harrisburg School District was forced to shut six schools citing low student enrollments and budget challenges. During this time, costs of special education steadily increased as well.

While expenses can fluctuate significantly from year to year, funding allocations also vary widely from one fiscal cycle to the next. Political budget negotiations at the state level are often contentious, making it difficult for local school administrators to plan. Budget cuts have threatened the existence of pre-kindergarten and kindergarten programs (which are not required by Pennsylvania law), as well as important arts and intramural activities. With the exception of 2011 (when all three counties seemed to have placed a moratorium on capital growth), Perry County schools have not reported any significant facility acquisitions or construction over the past five years, whereas Cumberland County has consistently exceeded \$300,000 of expenditures in this area.

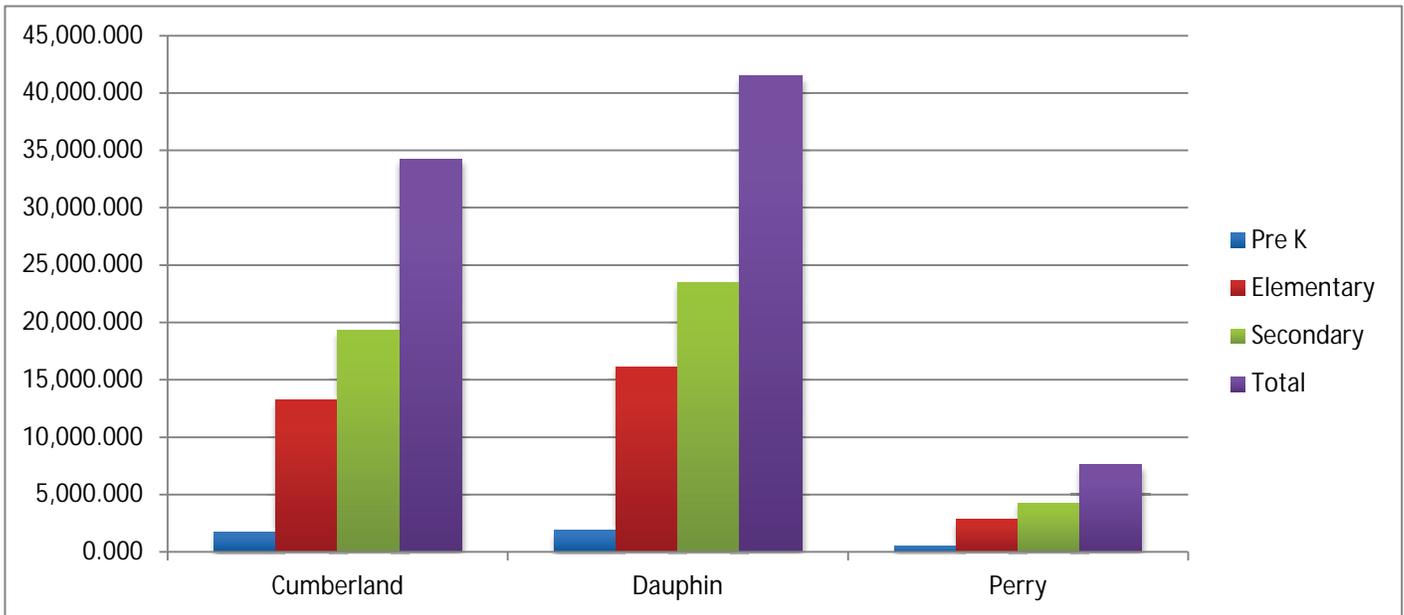
The formulas for determining annual school district budgets are complex. The increasing rise of cyber, charter and alternative school options poses a significant financial challenge for taxpayers and public schools, effectively creating more of a competitive as opposed to complimentary fiscal climate for education.

The historic use and reliance on local property taxes as a way of funding public education in Pennsylvania is an important variable in considering school funding and its impact on students. Given that school taxes are based on millage rates of assessed property values, wealth is not evenly distributed. According to a Pennsylvania Department of Education report, “an independent study in 2007 showed that property and income wealth per pupil ranged from \$33,647 to \$676,294 (across the state). This disparity is reflected in actual spending by districts; current expenditures per pupil range from \$8,659 to \$22,962; the difference equates to more than \$357,000 per year in a classroom of 25 students.”

Based on current funding formulas, neighborhood schools in poor communities are especially at risk to languish year after year. This problematic cycle is created and maintained when families with school-aged children choose not to move into a specific neighborhood because of stigmas surrounding the community and public schools located there. So the conundrum continues when public schools are increasingly dependent on increased local property tax revenues but are themselves a deterrent to attracting new investments and prospective families.

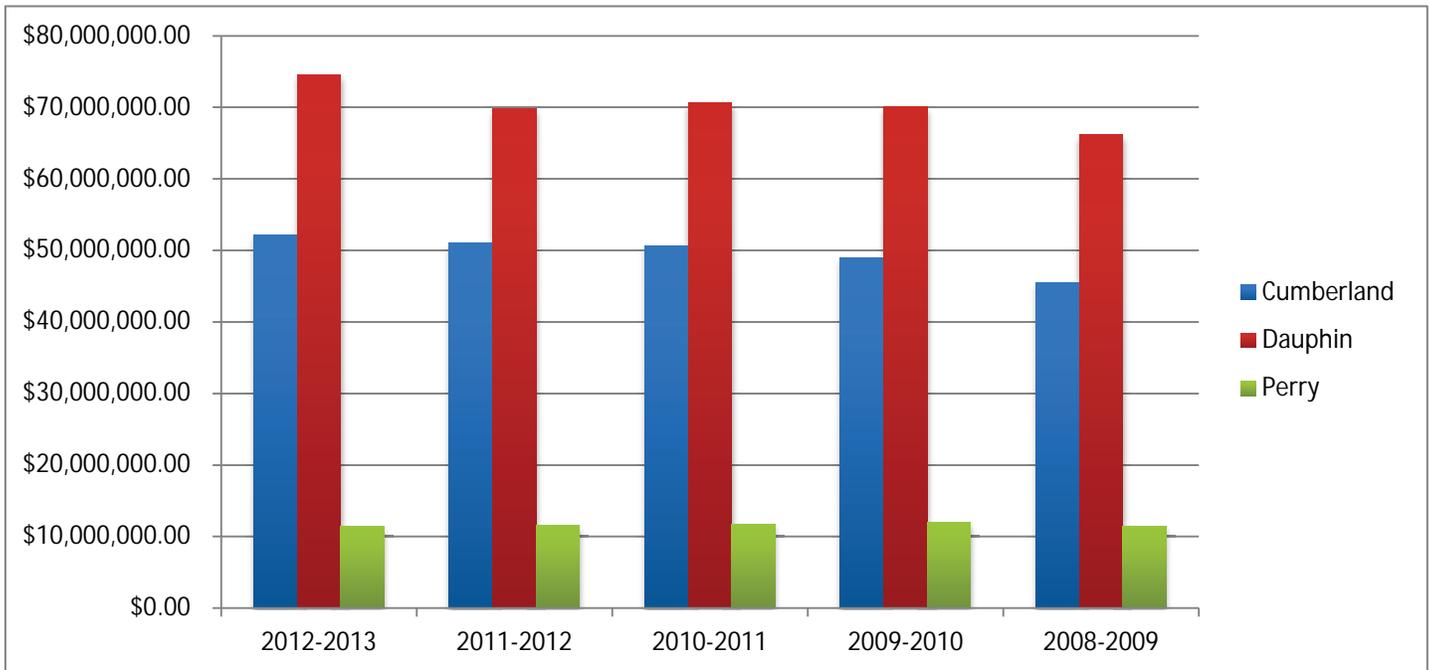
The rising cost to deliver quality special education also is an important consideration when examining school funding. It is a time-intensive and expensive enterprise to comply with the legal requirements to design individualized education programs (IEPs) for each student who has been diagnosed with a disability.

2011 - 2012 School District Funding



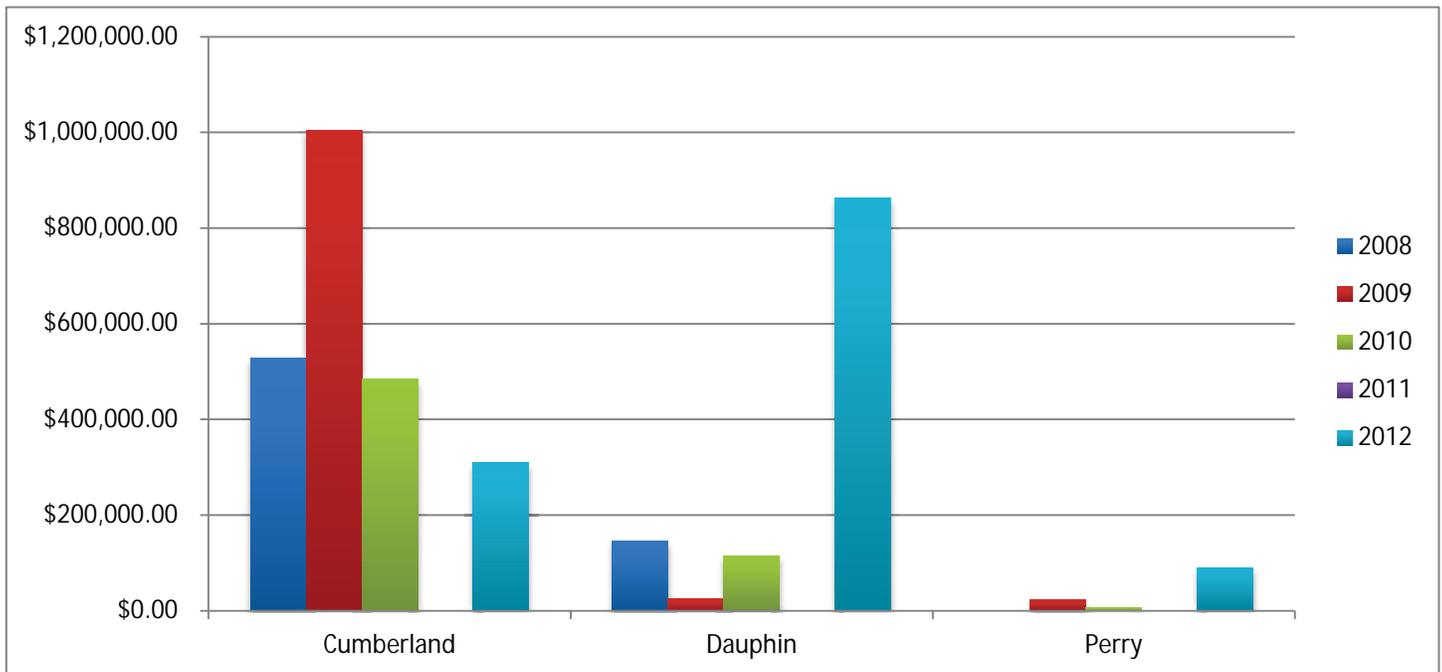
Source: Pennsylvania Department of Education, Financial Data Elements
http://www.pde.state.pa.us/portal/server.pt/community/financial_data_elements/7672

Five-Year Comparison of Special Education Funding



Source: Pennsylvania Department of Education, Financial Data Elements
http://www.pde.state.pa.us/portal/server.pt/community/financial_data_elements/7672

Five-Year Comparison of Special Education Funding



Source: Pennsylvania Department of Education, Financial Data Elements
http://www.pde.state.pa.us/portal/server.pt/community/financial_data_elements/7672

Data Highlights

- Pennsylvania ranks 45th in the nation for state-funded education.
- On average, Pennsylvania school districts spend about \$13,149 per pupil.
- From 2010-2011, the Harrisburg School District was forced to shut six schools citing low student enrollments and budget challenges.
- Costs of special education have steadily increased over the past five years.
- With the exception of 2011 (when all three counties seemed to have placed a moratorium on capital growth), Perry County schools have not reported any significant facility acquisitions or construction over the past five years, whereas Cumberland County has consistently exceeded \$300,000 of expenditures in this area.

Sources

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Indicator – Number of Teachers

Effective education is much more than simple content delivery. Students need teachers who inspire them and help them grasp and apply educational content in a variety of diverse contexts. The number of teachers is an important variable in considering student achievement and school success.

As role models who serve a diverse range of stakeholders that include under-represented and underserved students, parents and caregivers, teachers must be equipped and empowered for inclusive excellence. Particular attention should be given to racial/ethnic representation among teachers serving districts with high concentrations of minority students. For instance, it is important to note that in Dauphin County the student teacher ratio is 14:1 (mirroring the state average), and minority enrollment is 43 percent of the student body (exceeding the state average of 29 percent). It is also important to note that teachers within the Steelton-Highspire School District work with the highest concentration of racial/ethnic minority students in the Capital Region.

Whereas in Perry County, the student teacher ratio is 13:1, and minority enrollment is only five percent across 15 public schools. Given the lack of racial/ethnic minority students enrolled in Perry County, teachers will need different supports to help prepare students to learn, serve and lead in an increasingly global 21st century.

While very different, teachers in both counties require specialized supports to effectively meet the unique needs of the local communities they serve and consideration should also be given to the fact that Dauphin County employs 751 more classroom teachers

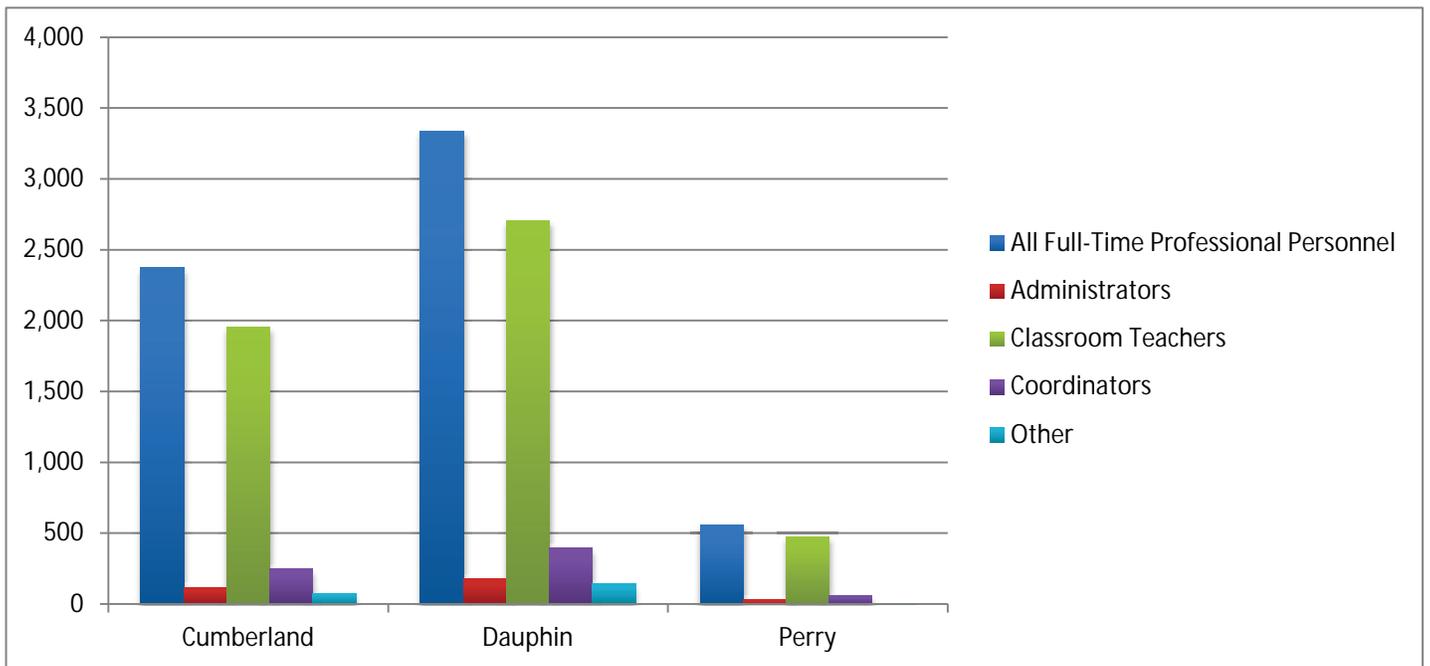


than Cumberland County and 2,231 more classroom teachers than Perry County.

The demands on contemporary teachers are great, stretching them to do more than facilitate learning in the classroom. Teachers are responsible for a significant amount of administrative work that includes many compliance and safety issues. They often serve on several committees and are frequently engaged in ongoing professional development activities.

In Dauphin County, budget shortfalls have forced salary and benefit concessions. Massive restructuring and school closures in some districts have effectively destabilized teachers and strained relationships with administrators. The ongoing threat of layoffs, benefit reforms and/or school closures has clouded the future for many teachers.

Total Number of Teachers



Source: Pennsylvania Department of Education, Professional and Support Personnel Data and Statistics
http://www.portal.state.pa.us/portal/server.pt/community/professional_and_support_personnel/7429

Data Highlights

- Teachers in the Steelton-Highspire School District are working with the highest concentration of racial/ethnic minority students in the Capital Region.
- Given the lack of racial/ethnic minority students enrolled in Perry County, teachers will need different supports to help prepare students to learn, serve and lead in an increasingly global 21st century.
- Dauphin County employs 751 more classroom teachers than Cumberland County and 2,231 more classroom teachers than Perry County.

Sources

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http://www.publicschoolreview.com/county_schools/stateid/PA/county/42043

Pennsylvania School Funding Project, Unequal Opportunities for Students
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Indicator – Scholastic Aptitude Test (SAT) Scores

The Scholastic Aptitude Test (SAT) and SAT Subject Tests are designed to assess academic readiness for college. These exams provide a path to opportunities, financial support, and scholarships in a way that is fair to all students. The SAT and SAT Subject Tests keep pace with what colleges are looking for today, measuring the skills required for success in the 21st century. There are 20 SAT Subject Tests in five general subject areas: English, history, languages, mathematics and science.

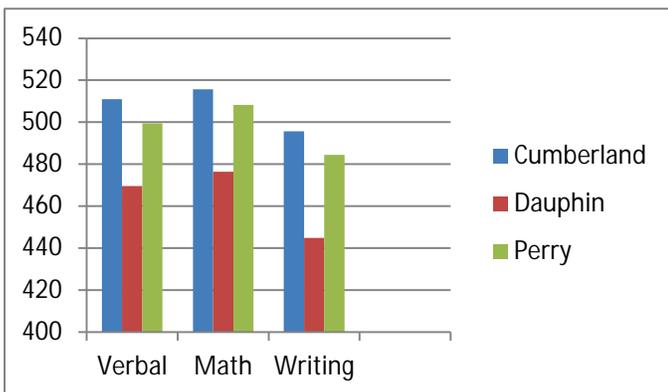
According to the data from a recent report investigating optional standardized testing policies, SAT scores alone are not sufficient indicators for college success. A higher SAT score along with good high school grades, including a higher student GPA is more predictive of academic success. If high school grades are not high, good testing scores do not promise college success. Students with good grades and modest testing did better in college than students with higher testing and lower high school grades. Another study suggests that the SAT will remain a weak predictor of undergraduate success with high school grades continuing to forecast students' graduation chances more accurately.

Although SAT scores alone may not provide evidence of student success, SAT scores may assist in better understanding educational issues across the region and within specific districts. The evidence collected in this research provides the following information. In 2011, 2012, and 2013, the average SAT scores in Dauphin County were significantly lower than those in Cumberland and Perry counties. Two school districts in particular account for these lower numbers. Students in Harrisburg School District and Steelton-Highspire School District both scored an average of 100 points lower during each of the three years in each of the three categories – verbal, math and writing.

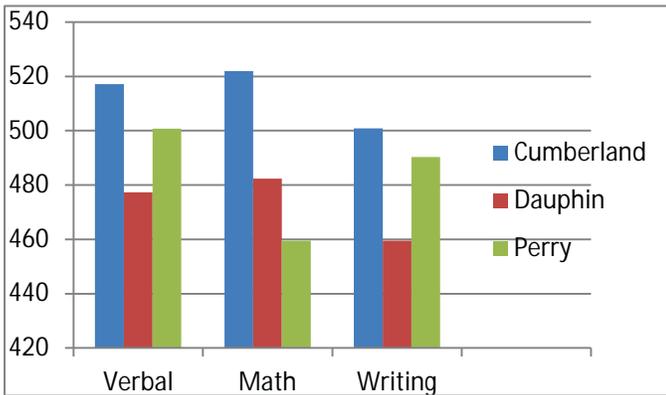
In 2013, average SAT scores for Dauphin County were lower than the previous year. Again, these differences are due to the low SAT scores for both Steelton-Highspire and Harrisburg school districts.

Based on the research, it would appear that interventions to increase SAT scores would not be sufficient to increase student success. Comparing SAT scores with additional data including PSSA scores, third grade reading levels and preschool and kindergarten rates provides strong evidence that certain areas within the Capital Region need early intervention services to increase the likelihood of long-term educational success.

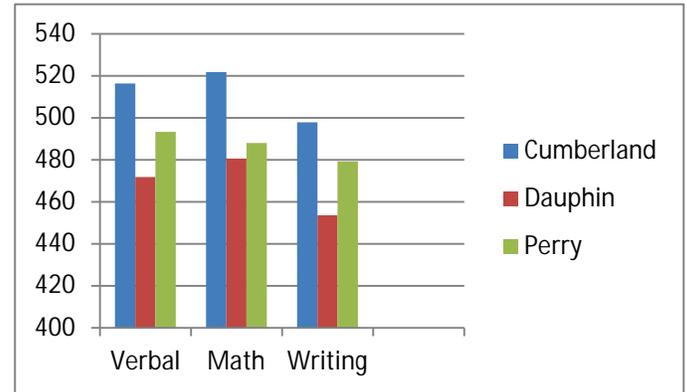
SAT Scores 2011



SAT Scores 2012



SAT Scores 2013



Data Highlights

- In all three years (2011, 2012, and 2013) the average SAT scores in Dauphin County are significantly lower than those in Cumberland and Perry counties. Two school districts in particular account for these lower numbers. Students in Harrisburg School District and Steelton-Highspire School District both scored an average of 100 points lower during each of the three years (2011, 2012, and 2013) in each of the three categories – verbal, math and writing.
- In 2013, average SAT scores for Dauphin County were lower than the previous year (2012). Again, these differences are due to the low SAT scores for both Steelton-Highspire and Harrisburg school districts.

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Virtually No Difference

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Study: SAT Scores Predict Academic Success

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Study Finds High SAT and ACT Scores Might Not Find Success at College

<http://www.pbs.org/newshour/bb/study-finds-high-sat-act-scores-might-not-spell-success/>

SAT I: A Faulty Instrument For Predicting College Success

<http://www.fairtest.org/sat-i-faulty-instrument-predicting-college-success>

Pennsylvania Department of Education

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Pennsylvania School Performance Profile

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Pennsylvania Department of Education, Academic Achievement Report: 2011-2012

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The National Center for Fair and Open Testing

<http://www.fairtest.org/>

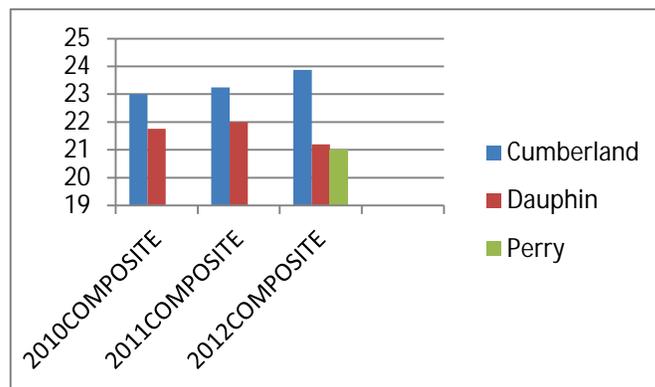
Indicator – American College Testing (ACT) Scores

According to the ACT Research Report series, the ACT college readiness assessment is a curriculum- and standards-based educational and career planning tool that assesses students' readiness for college. The ACT originally consisted of tests in English, mathematics, social studies and natural sciences. In 1989, the social studies test was changed into a reading section (which included a social studies subsection) and the natural sciences test was renamed the science reasoning test, with more emphasis on problem-solving skills.

Additionally, ACT composite scores provide greater differentiation across levels of achievement than do high school GPAs in terms of students' probable success during their first year in college. College admissions officials typically use both high school GPA and scores on college entrance tests (such as the ACT) to predict, formally or informally, an applicant's probability of academic success in the first year of college.

The ACT has seen a gradual increase in the number of test takers since its inception, and in 2011, the ACT surpassed the SAT for the first time in total test takers; that year, 1,666,017 students took the ACT and 1,664,479 students took the SAT. In Dauphin County, even though fewer students from Harrisburg School District took the ACT, the scores were significantly lower than those in Cumberland and Perry counties. However, the ACT score data was similar to SAT data in that Cumberland County reported the highest scores and students in Dauphin and Perry counties scored much lower. Long term, ACT scores may provide more reliable data for understanding potential student success at the college level. However, current data may not be sufficient to determine trends within each county.

2010 - 2012 ACT Composite Scores



Data Highlights

- ACT scores were first reported for Perry County in 2012.
- In Dauphin County, even though fewer students from Harrisburg School District took the ACT, the scores were significantly lower than those in Cumberland and Perry counties.

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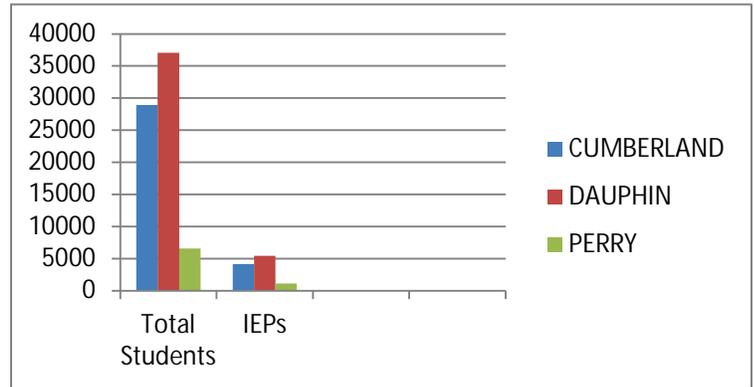
Indicator – Number of IEPs

The Pennsylvania School Performance Profile identifies an Individualized Education Program (IEP) as a written document outlining a child's specific education path. Parents and school personnel work together to set annual goals and short-term objectives for a child with an IEP. Annual goals describe what the child can be expected to do within a 12-month period. Short-term objectives identify the steps by which a child will reach those goals.

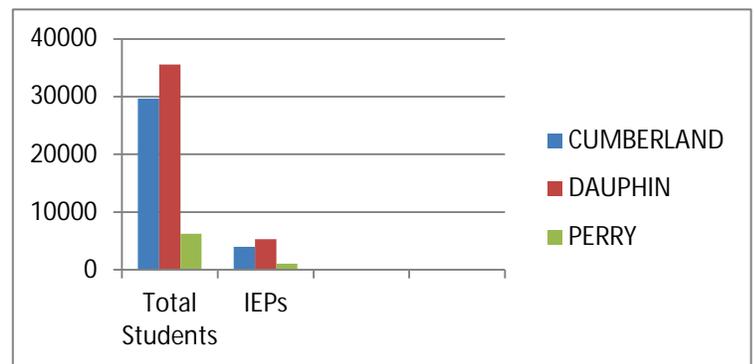
IEPs are required by federal law. The Individuals with Disabilities Acts and Section 504 of the Rehabilitation Act of 1973 guarantee children with special needs a free public education designed to address their unique needs. The IEP is the measure used to guarantee that this is occurring.

In the study of the three counties, the percentage of students with IEPs remained fairly consistent over the three-year period (2012-2014), with Cumberland County experiencing a slight drop in 2012-2013 and remaining consistent in 2013-2014. The average percentage of students requiring an IEP over the three-year period is 13.7 percent in Cumberland County, 14.9 percent in Dauphin County, and 17 percent in Perry County. Data on the number of students with an IEP do not provide specific information on whether or not students will be successful. An IEP provides a plan for success but it does not guarantee success. There are many factors that play into IEP effectiveness, including the type of issue that initiated an IEP being developed and the types of services provided to assist students in meeting educational objectives. In 2013-2014, Dauphin County alone generated 5,317 Individual Educational Plans for students. A significant amount of resources are necessary to sufficiently meet IEP expectations.

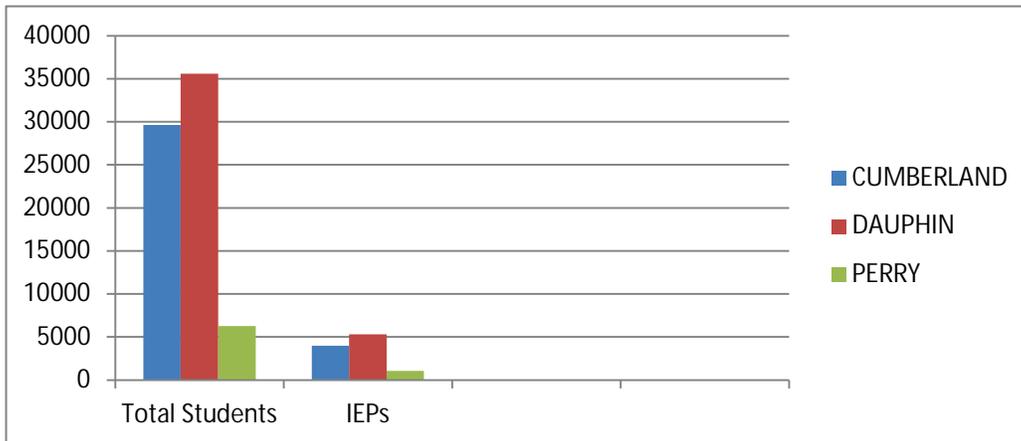
Number of IEPs 2011 - 2012



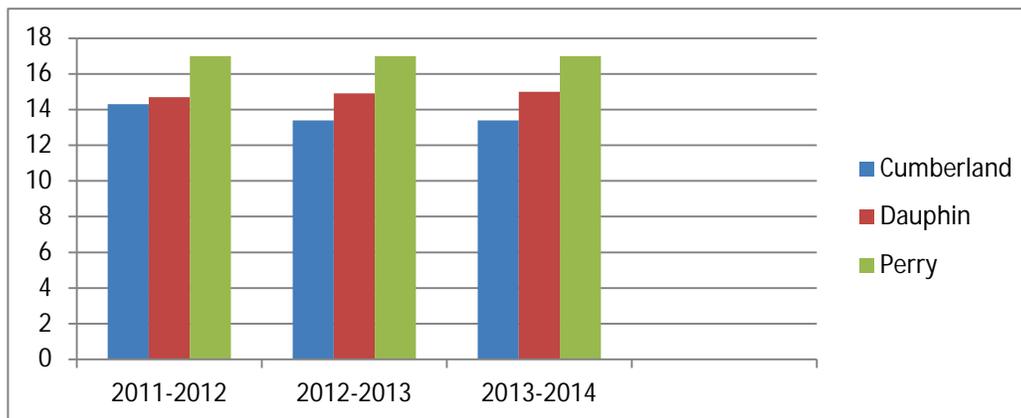
Number of IEPs 2012 - 2013



Number of IEPs 2013-2014



Percent of Students Receiving Special Education Services



Data Highlight

- The percentage of students with IEPs remained fairly consistent between 2012 and 2014, with Cumberland County experiencing a slight drop in 2012-2013 and remaining there in 2013-2014. The average percentage of students requiring an IEP over the three-year period is 13.7 percent in Cumberland County, 14.9 percent in Dauphin County, and 17 percent in Perry County.

Sources

8 Steps to a Successful IEP Meeting
<http://www.greatschools.org/special-education/legal-rights/3317-iep-for-autism.gs>

Strategies for a Successful Individual Education Plan (IEP) Meeting
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Pennsylvania School Performance Profile - <http://paschoolperformance.org/>

Pennsylvania Department of Education, Academic Achievement Report
<http://paayp.emetric.net/>

Indicator - Pennsylvania System of School Assessment (PSSA) Scores

According to the Pennsylvania Department of Education, the Pennsylvania System of School Assessment (PSSA) tests students in grades 3, 4, 5, 6, 7, 8 and 11. Students are assessed in English language arts and mathematics. In addition, students in grades four and eight are administered the science PSSA.

The PSSA is a standards-based, criterion-referenced assessment used to measure a student's attainment of the academic standards while also determining the degree to which school programs enable students to attain proficiency of the standards.

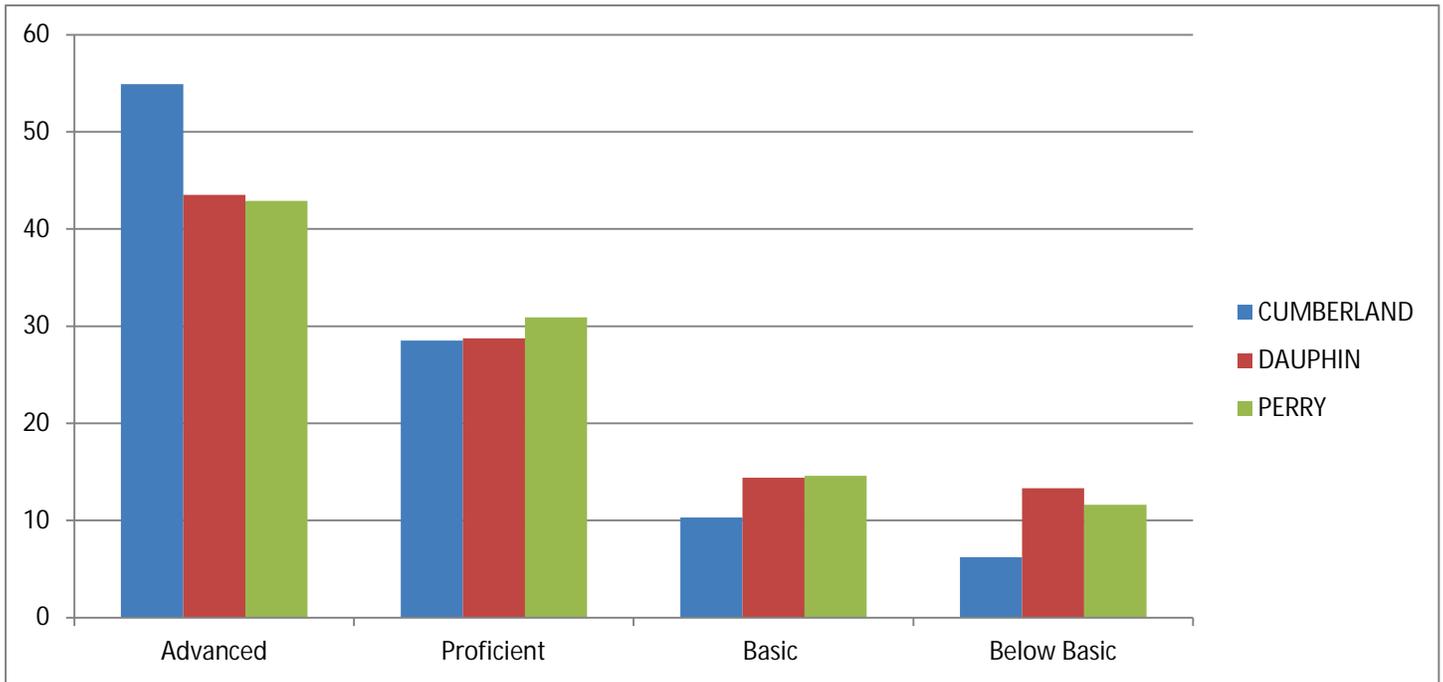
Individual student scores are to be used by teachers to identify students who may be in need of additional educational opportunities and school scores provide information to schools and districts for curriculum and instruction improvement. Given that every Pennsylvania student in grades 3 through 8 and grade 11 is assessed in reading and math, every Pennsylvania student in grades 5, 8 and 11 is assessed in writing and every Pennsylvania student in grades 4 and 8 is assessed in science, these data provide a longitudinal picture of student educational attainment.

Data related to test scores over time show that between 2010 and 2012, Cumberland County had an increase of students scoring in the "advanced" category in both reading and math. However, the percentage of Dauphin County students with "below basic" scores in reading increased between 2010 and 2012 (16.9 percent in 2010, 15 percent in 2011, and 16.5 percent in 2012). These high percentages of "below basic" scores are primarily because of the scores in Harrisburg City School District and Steelton-Highspire School District.

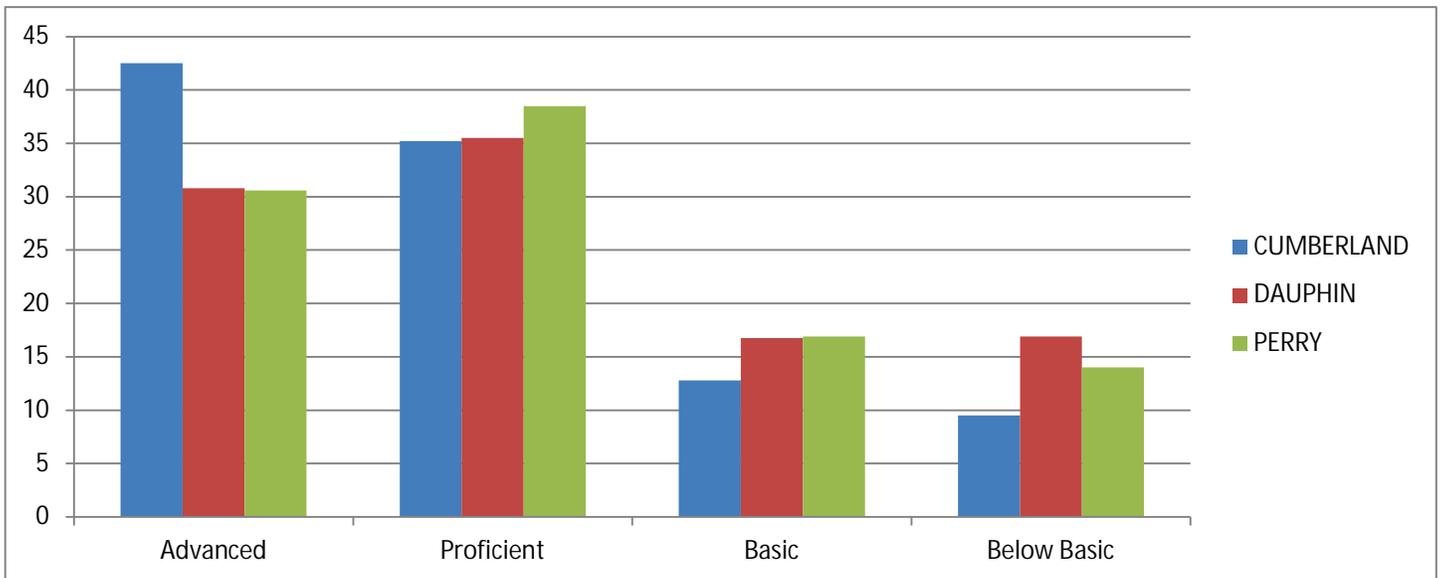
For Perry County, there was a decrease in the number of students scoring "below basic" in both math and reading from 2010-2012. However, in 2011, Perry County had an increase in the number of students scoring "below basic" in reading. The number decreased the following year.

When comparing data from PSSA student scores for the Capital Region with SAT and ACT scores, there seems to be consistency related to specific areas of concern. In Dauphin County, these areas tend to be focused in the Harrisburg City and Steelton-Highspire school districts.

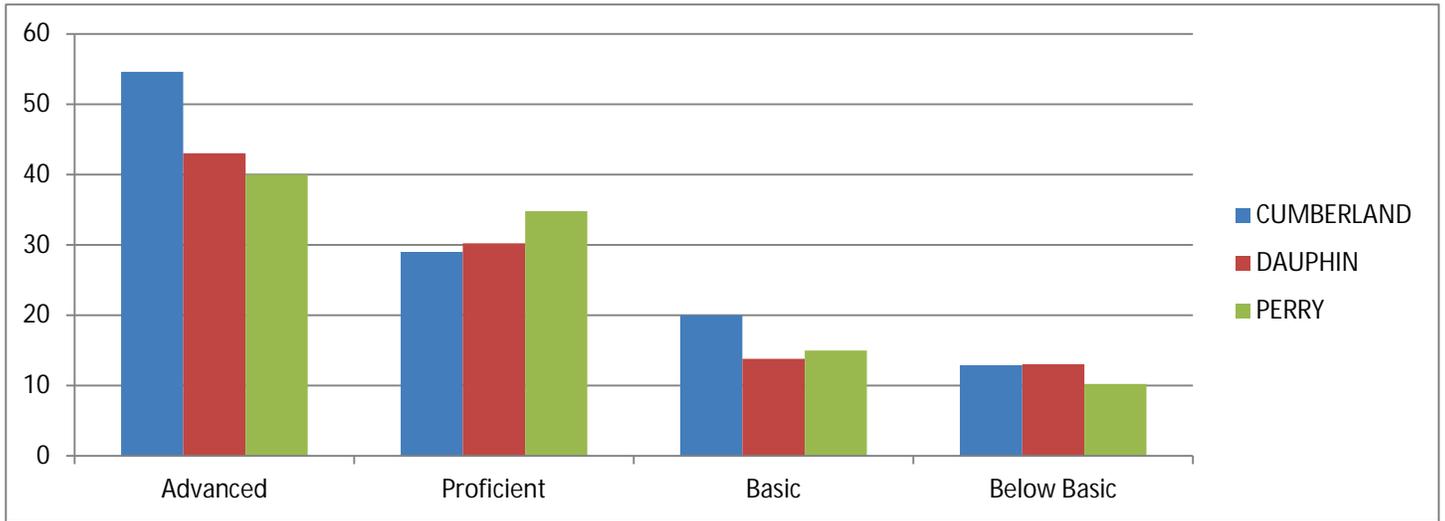
Percent of Students Scoring "Advanced," "Proficient," "Basic," and "Below Basic" in Math - 2010



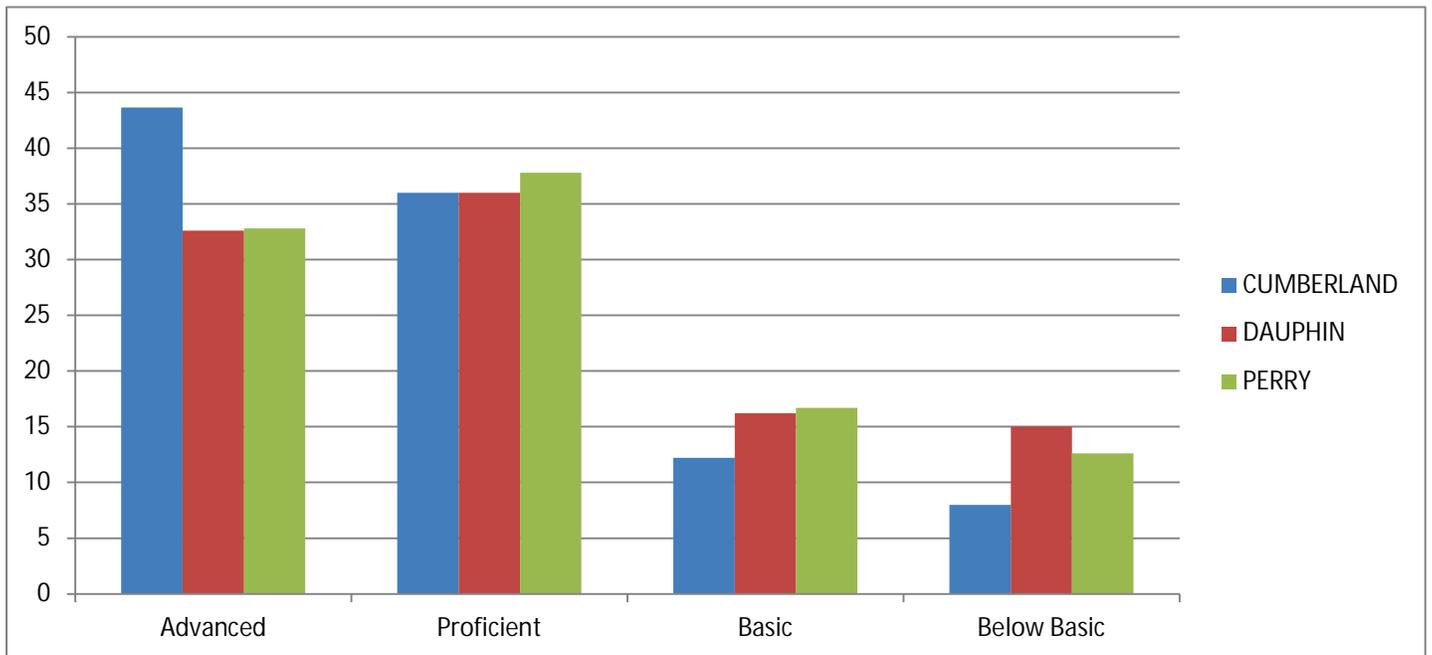
Percent of Students Scoring "Advanced," "Proficient," "Basic," and "Below Basic" in Reading - 2010



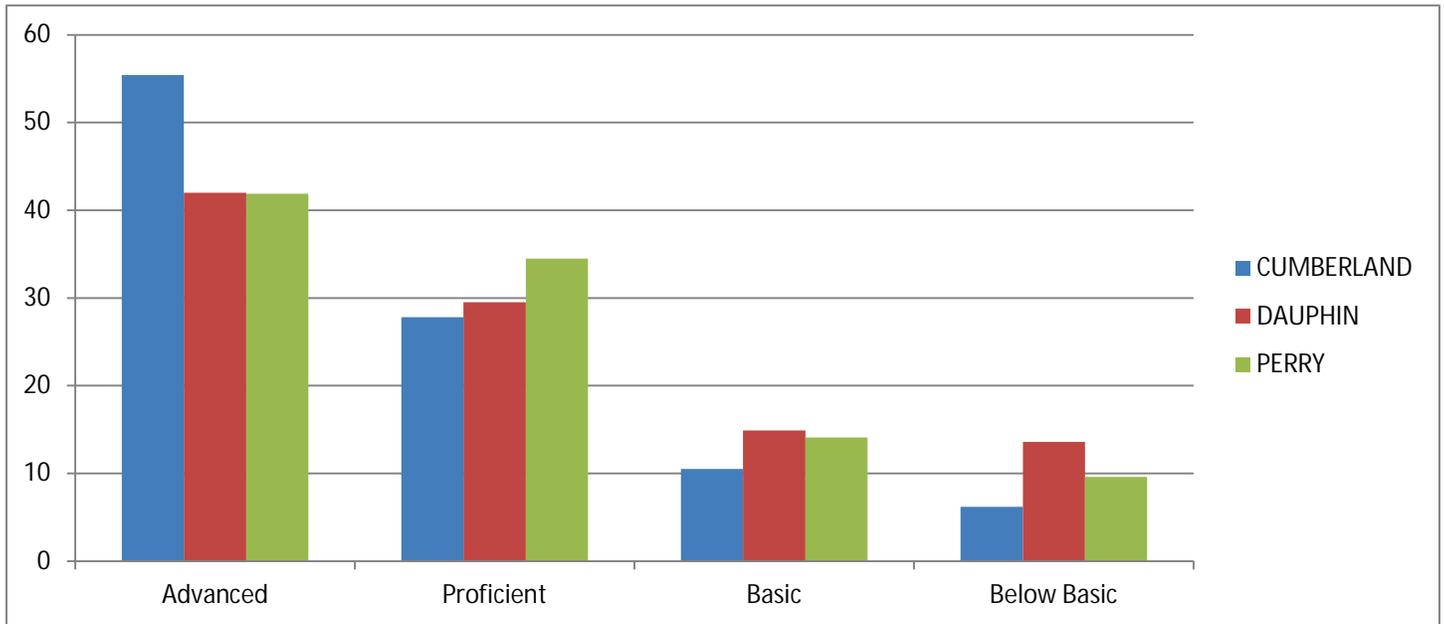
Percent of Students Scoring "Advanced," "Proficient," "Basic," and "Below Basic" in Math - 2011



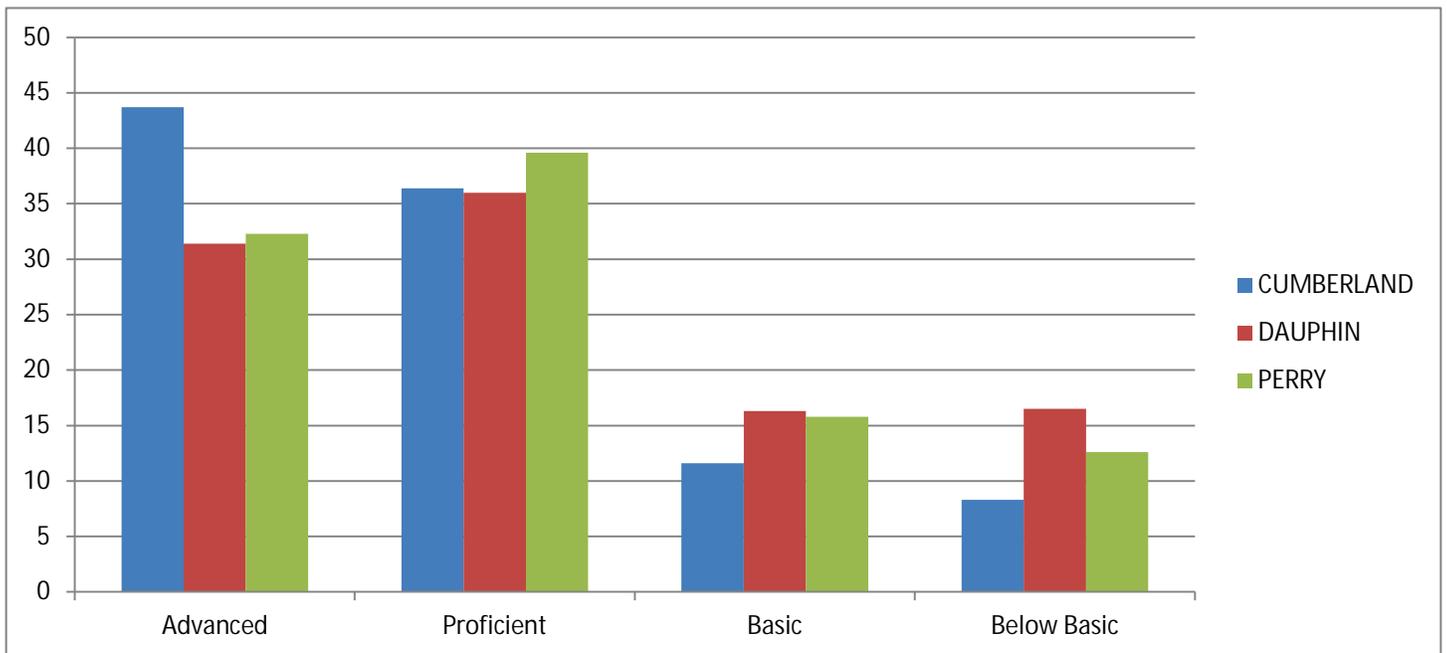
Percent of Students Scoring "Advanced," "Proficient," "Basic," and "Below Basic" in Reading - 2011



Percent of Students Scoring "Advanced," "Proficient," "Basic," and "Below Basic" in Math - 2012



Percent of Students Scoring "Advanced," "Proficient," "Basic," and "Below Basic" in Reading - 2012





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Pennsylvania School Performance Profile

<http://paschoolperformance.org/>

Pennsylvania Department of Education, Academic Achievement Report

<http://paayp.emetric.net/>

Data Highlights

- The percentage of Dauphin County students with “Below Basic” scores in reading increased between 2010 and 2012 (16.9 percent in 2010, 15 percent in 2011, and 16.5 percent in 2012). These high percentages of “Below Basic” scores are primarily because of the scores in Harrisburg City School District and Steelton-Highspire School District.
- In each of the three years (2010–2012), Cumberland County had an increase of students scoring in the “Advanced” category in both reading and math.
- From 2010-2012, Perry County had a decrease in the number of students scoring “Below Basic” in both math and reading.
- In 2011, Perry County had an increase in the number of students scoring “Below Basic” in reading. The number decreased the following year.
- Every Pennsylvania student in grades 3 through 8 and grade 11 is assessed in reading and math. Every Pennsylvania student in grades 5, 8 and 11 is assessed in writing. Every Pennsylvania student in grades 4 and 8 is assessed in science.

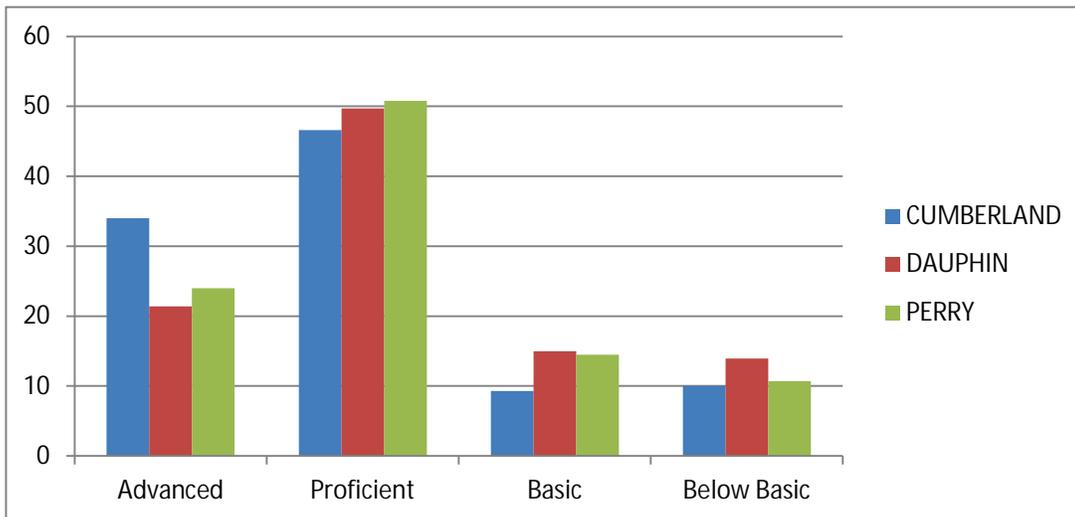
Indicator – Third Grade Reading Levels

A national study by the Annie E. Casey Foundation shows that students who do not read proficiently by third grade are four times more likely to leave high school without a diploma than proficient readers. Poverty compounds the problem: Students who have lived in poverty are three times more likely to drop out or fail to graduate on time than their more affluent peers. This is critical information because third grade reading level was shown to be significant predictor of eighth grade reading level and ninth grade course performance even after accounting for demographic characteristics and how a child’s school influences individual performance.

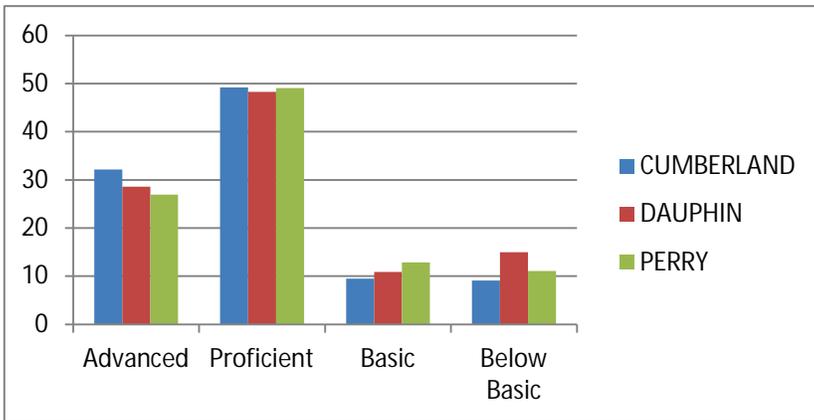
scoring “below basic” in third grade PSSA reading levels in Dauphin County increased between 2010 and 2012. The increase is significant considering that all students are supposed to be at the proficient level in 2014. Perry County has decreased the number of students reading “below basic” from 10 percent to five percent. During the period between 2010 and 2012, 56.4 percent of students in Cumberland County, 83 percent of students in Dauphin County and 56.1 percent of students in Perry County scored “basic” or “below basic” in third grade reading levels.

Given that third grade reading levels are a strong indicator of long-term school success and provide some indication of vocational success and overall achievement in life, it is important to pay particular attention to areas that may be performing below standards. For example, the percentage of children

Percent of Third Grade Students Scoring “Advanced,” “Proficient,” “Basic,” and “Below Basic” in Reading - 2010



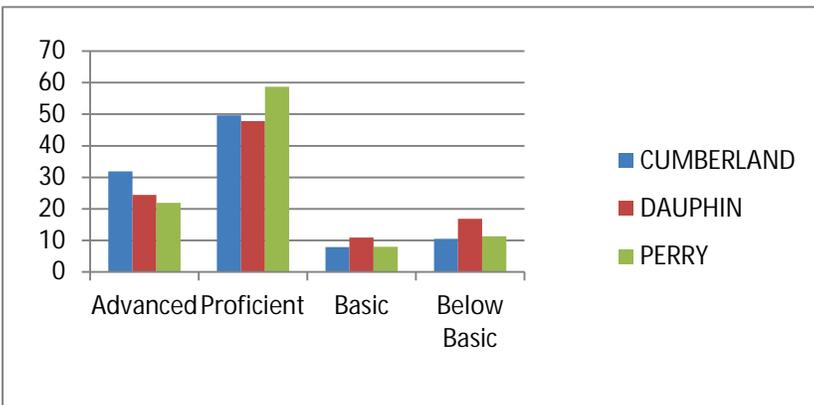
Percent of Third Grade Students Scoring “Advanced,” “Proficient,” “Basic,” and “Below Basic” in Reading - 2011



Data Highlights

- The percentage of children scoring “Below Basic” in third grade PSSA reading levels in Dauphin County has increased during period between 2010 and 2012. The increase is significant considering that all students are supposed to be at the proficient level in 2014. Evidence suggests that the low scores in both the Harrisburg School District and Steelton-Highspire School District are responsible for these numbers.
- Perry County has decreased the number of students reading “Below Basic” from 10 percent to five percent.
- During the period between 2010 and 2012, 56.4 percent of students in Cumberland County, 83 percent of students in Dauphin County and 56.1 percent of students in Perry County scored “basic” or “below basic” in third grade reading levels.

Percent of Third Grade Students Scoring “Advanced,” “Proficient,” “Basic,” and “Below Basic” in Reading - 2012



Sources

Reading on Grade Level in Third Grade: How Is It Related to High School Performance and College Enrollment?
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Pennsylvania School Performance Profile
<http://paschoolperformance.org/>

Pennsylvania Department of Education, Academic Achievement Report
<http://paayp.emetric.net/>

Indicator – Class Size

According to the Pennsylvania Department of Education, class size plays a significant role in student success. Research supports the notion that children learn more and teachers are more effective in smaller classes. Importantly, small classes have been found to have positive impacts on test scores.

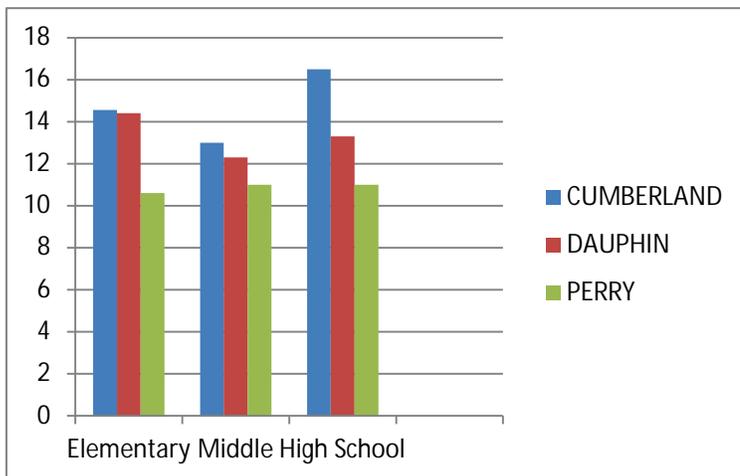
There are two critical outcomes associated with class size. The evidence suggests that increasing class size will harm not only children’s test scores in the short run but also their long-term human capital formation. Money saved today by increasing class sizes will be offset by more substantial social and educational costs in the future. The payoff from class-size reduction is greater for low-income and minority children, while any increases in class size will likely be most harmful to these populations.

The regional data collected related to this indicator were in student teacher ratios, which is different than class size. Student teacher ratio refers to the number of students in a particular school divided by the number of teachers, whereas class size refers to the number of students in each class.

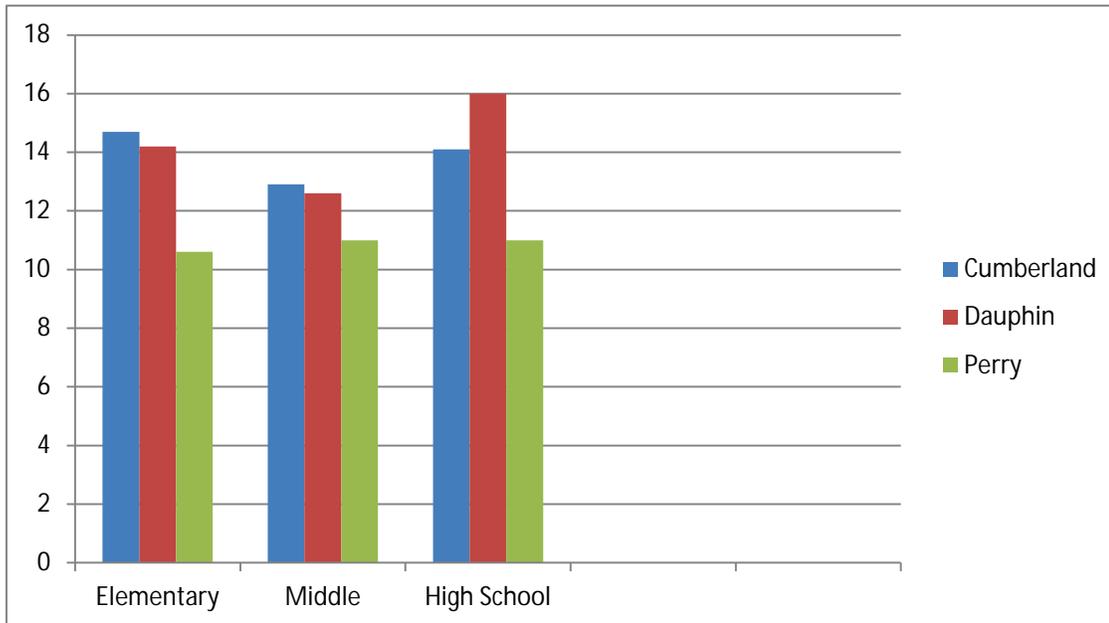
When looking at the Capital Region related to student-teacher ratios, it appears that the teacher-student ratios in Cumberland, Dauphin and Perry counties are at acceptable levels. At the elementary level for 2012-2014, Cumberland and Dauphin counties were at a 14:1 ratio, and Perry County was at an 11:1 ratio. For middle school, Cumberland and Perry counties were at a 12:1 ratio and Dauphin was at an 11:1 ratio. In high school, Cumberland County averaged a 15:1 ratio, Dauphin County a 14:1 ratio and Perry County an 11:1 ratio.

Although data for class size were not available, there may be some indication that class size may be much higher than the ratios provided. Since the National Education Association recommends one teacher for every fifteen students, this indicator may need further investigation. Additionally, it should be noted that this indicator is significantly impacted by legislation and funding, and therefore this may be an area for future advocacy and policy support.

Student - Teacher Ratios 2012 - 2013



Student-Teacher Ratios 2013 - 2014



Data Highlights

- Teacher-student ratios in all three counties in the Capital Region are at an acceptable level. It is important to note that the data reported is teacher-student ratios, which are different than class size. Class size data was not available. At the elementary level for 2013-2014, Cumberland and Dauphin counties were at a 14:1 ratio, and Perry County was at a 10:1 ratio. For middle school, Cumberland and Dauphin counties were at a 12:1 ratio and Perry was at an 11:1 ratio. In high school, Cumberland County averaged a 14:1 ratio, Dauphin County a 16:1 ratio and Perry County an 11:1 ratio.
- One teacher for every 15 students is the number recommended by the National Education Association. Although not addressed in this report, there are indications that class size in the three counties may be higher than the recommendation by the National Education Association.
- Class size is an important determinant of student outcomes, and one that can be directly determined by policy. All else being equal, increasing class sizes may have a negative impact on student outcomes.

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<http://paschoolperformance.org/>

Pennsylvania Department of Education, Academic Achievement Report
<http://paayp.emetric.net/>

Section Summary

From one perspective, the Capital Region's glass is half-full: The area has greater income equity and higher bottom-half incomes than the state as a whole. This is a solid economic foundation for meeting human needs, sustaining strong families and communities and achieving a good quality of life.

Some indicators of the region's relative income equity include:

- Median household incomes that are three percent, nine percent and 15 percent above the statewide average in Dauphin, Perry, and Cumberland counties, respectively, and substantially smaller shares of income going to the top one percent and top 10 percent of earners than in the state as a whole.
- Poverty rates are at the state rate in Dauphin County and below in Cumberland and Perry counties.
- Lower shares of people below a "self-sufficiency income" (assumed to be 200 percent of the poverty line). The share of children below 200 percent of poverty is higher in Dauphin County.
- Unemployment rates just below the statewide average in Perry and Dauphin counties and 1.5 percentage points lower in Cumberland County, along with employment-to-population ratios consistently about four percentage points above the statewide average.

A diverse economy and the size and stability of employment directly and indirectly linked to state government employment help explain the region's relatively strong income and job performance. Jobs linked to state government tend to be middle class rather than low-wage or very high-income. They are also less cyclical than some private jobs (e.g., manufacturing).

From another perspective, the region's glass is half-empty: Since 2007, and for longer periods of time by most available measures, the incomes and economic status of middle- and low-income families in the Capital Region have not improved.

- Since the late 1970s, virtually all the increase in income in the region has gone to the top one percent of earners.
- Over the same period, the size of the middle-class (defined as the share of households with incomes close to the median household income) has declined from 63 to 55 percent, while the share of households with lower income (defined as the share of households with incomes below two thirds of the median household income) rose from about a fifth to nearly a third.
- Since 2007, Dauphin and Cumberland counties experienced declines in median household income of six and 8.8 percent, respectively, while Perry County had a small increase (1.5 percent).
- Poverty rates in the area have risen since the beginning of the Great Recession in late 2007 by roughly a third (two to three percentage points), twice as much as in the state, with a particularly large jump in Dauphin County in 2008-2010 and an increase in Cumberland and Perry counties in 2012.



- Per capita income in the region now trails the state by five percent (more than \$2,400) compared to two percent (about \$880) in 2000. Most of the increase in the gap emerged from 2004 to 2007, primarily because top incomes grew dramatically in the state but not in the region.

The trends above are variations on national and state themes, although some of the more recent economic indicators (since 2004 or 2007) are slightly worse regionally.

There is not a singular explanation for recent regional trends. In and after the Great Recession, private sector job growth has been slower (or job loss greater) in the region than in Pennsylvania in the transportation and logistics, finance and insurance, and manufacturing sectors. Job growth also has been slower in Dauphin County in the construction sector and state government.

A contributing factor to low per capita income is the region's low share of high-earning financial services and high-end corporate executives, which holds down top (and per capita) income growth.

Recent economic trends point to two challenges going forward. As long as the economy remains below full employment, depressing the income of many families, the services delivered by United Way agencies are more important than ever to keep individuals, families, children and communities financially stable. This reality can be seen in the increased importance to regional income of social programs and increased incidence of food insecurity. Beyond meeting immediate needs in the next one to three years, the Capital Region needs to address the root causes of longer-term growth that, even in recent economic expansions, barely lifts up middle- and low-income families.



Key Findings

- In 2012, median household incomes were \$53,000, \$55,800, and \$58,900 in Dauphin, Perry, and Cumberland counties, respectively. These median incomes were three percent, nine percent and 15 percent above the statewide average of \$51,400.
- Since 2007, Dauphin and Cumberland counties experienced declines of six percent and 8.8 percent in median household income, while Perry County had a small increase (1.5 percent).
- Poverty rates in 2012 in the Capital Region ranged from 8.7 percent in Cumberland County to 11 percent in Perry County to 13.6 percent in Dauphin County compared to 13.6 percent in Pennsylvania.
- Poverty rates in the area have risen since the beginning of the Great Recession in late 2007 by roughly a third (two to three percentage points), twice as much as in the state, with a jump in Dauphin County in 2008-2010 and an increase in Cumberland and Perry counties in 2012.
- A higher share of children qualified for lunch assistance in Perry and Dauphin counties (35 percent and 41 percent, respectively) than in Cumberland County, where about 23 percent of students were eligible. The statewide share is 39 percent.

- The share of children eligible for subsidized school lunch doubled over the last decade in the Capital Region, partly because it tripled in Cumberland County.
- The share of people with income below twice the poverty rate – a proxy for a “self-sufficiency income” high enough to make ends meet without public assistance – ranged from 10.6 percent in Cumberland County to 26.5 percent in Perry County, to 29.1 percent in Dauphin County, compared to the statewide rate of 30.1 percent.
- The share of income going to the top one percent and top 10 percent of earners is lower in the Capital Region than in the state as a whole.
- From 1978 to 2011, virtually all of the increase in income within the Capital Region went to the top one percent of earners.
- Per capita income in the region now trails the state by five percent (more than \$2,400) compared to two percent (about \$880) in 2000. Most of the increase in the gap emerged from 2004 to 2007, presumably because top incomes grew dramatically in the state but not in the region.
- Unemployment rates have been consistently slightly below the statewide average in Perry and Dauphin counties and 1.5 percentage points lower in Cumberland County.
- Employment-to-population ratios in the three-county region are consistently about four percentage points above the statewide average.
- About 14 percent of tax returns in the Capital Region received a federal Earned Income Tax Credit (EITC) in 2012, compared to the statewide average of 15.6 percent.
- The current minimum wage in Pennsylvania (\$7.25 per hour) is below the inflation adjusted value of the minimum wage in 1979.

Expense	Amount
Mortgage payment	\$550.00
Auto loan	\$280.00
Auto insurance	\$120.00
Auto expenses (gas, etc.)	\$100.00
Groceries (\$100.00/week)	\$433.33
Utilities	\$110.00
Telephone	\$35.00
Medical	\$30.00
Health insurance	\$25.00
Child care	\$180.00
Gas	\$75.00
Monthly Cash (\$50.00/week)	\$100.00

Editorial Acknowledgements: Special thanks to Stephen Herzenberg, Ph.D., Mark Price, Ph.D. and Natalie Sabadish, Keystone Research Center for the production of this chapter.

Indicator – Median Income

In 2012, real median household income in the Capital Region ranged from \$53,000 in Dauphin County to \$55,800 in Perry County to \$58,900 in Cumberland County. All Capital Region counties consistently have higher median incomes than the statewide average of \$51,400. While the distance between Cumberland County and Pennsylvania's median incomes is the greatest, the gap has been shrinking since 2009.¹

Median household income declined by about three percent from 2007 to 2012. Across the Capital Region, inflation-adjusted median household income fell or remained relatively flat over the same period. Perry County saw an increase of 1.5 percent over the five-year period, while Dauphin and Cumberland counties experienced declines of six and 8.8 percent, respectively.

Although it has been a focus of policy discussions over the past few years, there is no one definition of the middle class. About 40 percent of Americans self-identify as being part of the middle class based on income, socioeconomic status and values. One definition of the middle class is computed by looking at the share of the population living in a household that has incomes ranging from 67 to 200 percent of median income. By this definition, the middle class in the Capital Region has been shrinking over the past three decades.² In 1979, 63 percent of area households

earned a middle-class income. By 2012, just over half (55 percent) of households in the region were considered to be in the middle class. Over the same time period, both the lower and upper income groups have expanded. In 2012, the upper class (those earning more than 200 percent of median household income) represented 13 percent of the region's adults, up from nine percent in 1979. As income inequality continues to increase, this trend means that larger amounts of income and wealth are being held by a smaller pool of area households.

Data Highlights

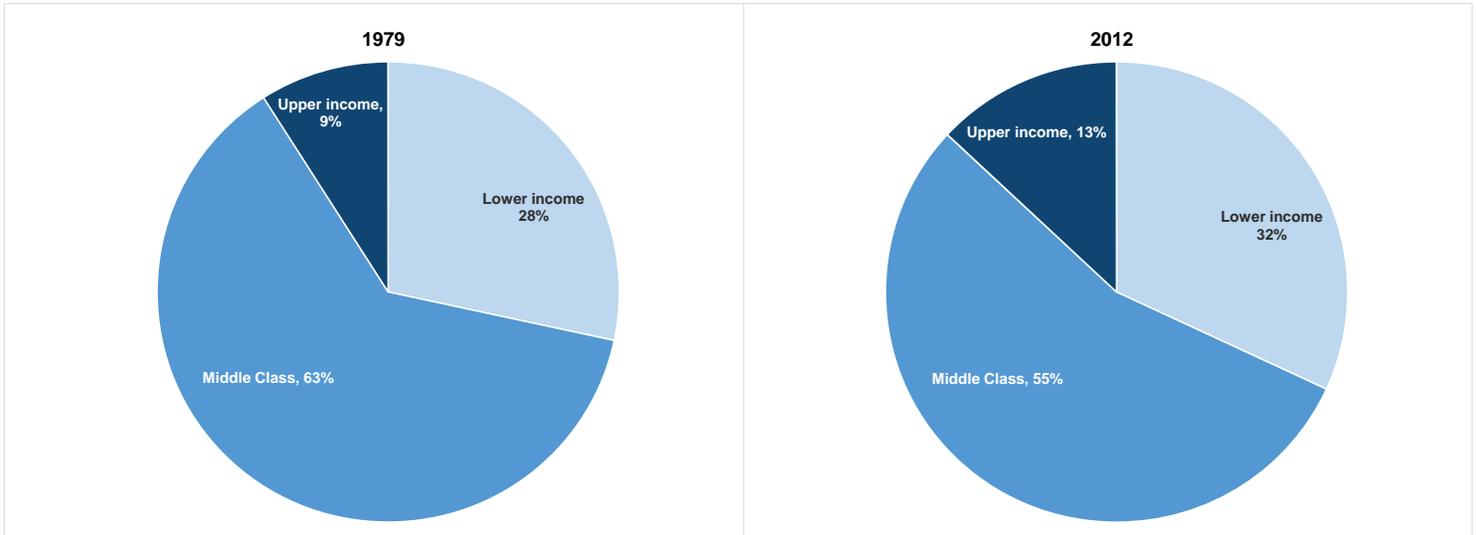
- Across the Capital Region, inflation-adjusted median household income fell or remained relatively flat between 2007 and 2012.
- Cumberland County saw the largest decline (8.8 percent) in median income since 2007. Median income in Dauphin County fell six percent over the same period, while the measure increased slightly (1.5 percent) in Perry County.
- All counties in the Capital Region consistently have higher median incomes than the statewide average.
- The middle class has been shrinking over the past three decades.³ The middle class included 63 percent of the Capital Region population in 1979, but based on the share of household incomes that are close to the median, only 55 percent of households were middle class in 2012.

¹2012 is a three-year estimate from the American Community Survey (2010-2012).

²The middle class is defined as an income between 67 and 200 percent of the median household income in the region. In the 1980 Census median household income for 1979 was \$33,705. In 2012, using the 2010-2012 American Community Survey three-year estimates, the median household income in the region was \$38,038.

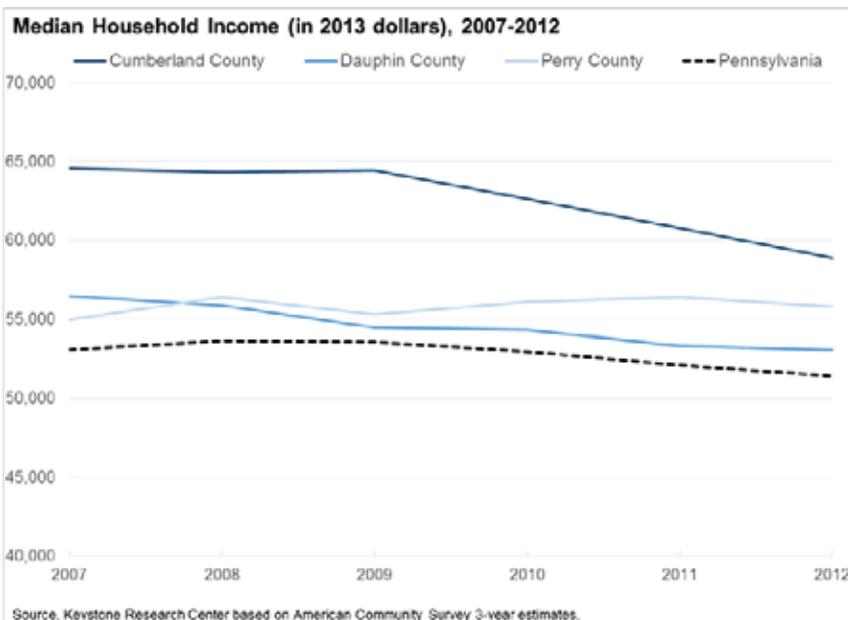
³The middle class is defined as an income between 67 percent and 200 percent of the median household income in the region. In the 1980 Census, median household income for 1979 was \$33,705. In the 2010-2012 American Community Survey, the median household income in the region was \$38,038.

Since 1979, the Capital Region’s Middle Class Shrinks While the Share of Households that are Lower-Income Rises from a Fifth to Nearly a Third



Note. The middle class is defined as an income between 67 percent and 200 percent of the median household income in the region. In the 1980 Census, median household income for 1979 was \$33,705. In 2012, using the 2010-2012 American Community Survey three-year estimates, the median household income in the region was \$38,038.

Source. Keystone Research Center based on U.S. Census and American Community Survey data provided by Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.



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Indicator - Poverty

The official poverty measure was created in 1963 and has been calculated and maintained by the U.S. Census Bureau. Individuals or families are considered to be in poverty if their pre-tax cash income is below a certain threshold based on family size and composition. The threshold measures economic deprivation and equals three times the cost of a minimally acceptable food budget. The measure is updated every year to reflect changes in inflation but does not vary geographically.

The official poverty threshold in 2012 was \$18,498 for a family of four with two children and \$11,945 for a single individual under 65. In the Capital Region, the share of individuals whose incomes fell below that line ranged from 8.7 percent in Cumberland County to 13.6 percent in Dauphin County. Poverty rates in the area have been increasing since the beginning of the Great Recession in late 2007, with a particularly large jump from 2008-2010 for Dauphin County and in 2012 for Cumberland and Perry counties.

The poverty rates for children in the area are higher than the overall rates, ranging from 11.9 percent in Cumberland County to 21.5 percent in Dauphin County. Over the past five years, child poverty rates in the Capital Region have generally followed the overall county trends. Statewide, 19.4 percent of children are living below the poverty line.

In the Capital Region, 26 percent of workers are earning poverty-level wages. Poverty-level wages are hourly wages that, even if a worker worked full-time and full-year, would generate an annual income below the federal poverty line for a family of four.⁴ The share of

workers in poverty-wage jobs in the area is slightly less than the statewide average of 27.3 percent. Capital Region workers in sales and service occupations account for two-thirds of poverty-wage jobs. About 60 percent of jobs paying poverty-level wages are in three industries: wholesale and retail trade, educational and health services, and leisure and hospitality.

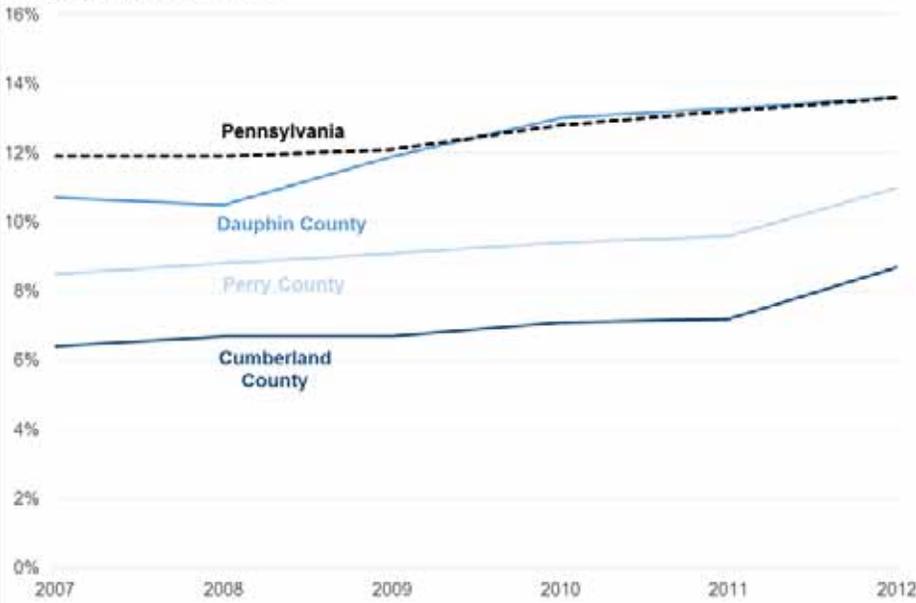
Data Highlights

- Poverty rates in 2012 in the Capital Region ranged from 8.7 percent in Cumberland County to 13.6 percent in Dauphin County. All three Capital Region counties had poverty rates equal to or below the Pennsylvania rate of 13.6 percent.
- Poverty rates in the area have been increasing since the beginning of the Great Recession in late 2007, with a particularly large jump in 2008-2010 in Dauphin County and an increase in Cumberland and Perry counties in 2012.
- A higher share of children than adults live in poverty in the Capital Region, ranging from 11.9 percent in Cumberland County to 21.5 percent in Dauphin County. The statewide child poverty rate is 19.4 percent.



⁴In 2012 dollars, the poverty wage was \$11.19 per hour or less. At this wage, a workers employed full-time year-round would earn \$23,283.

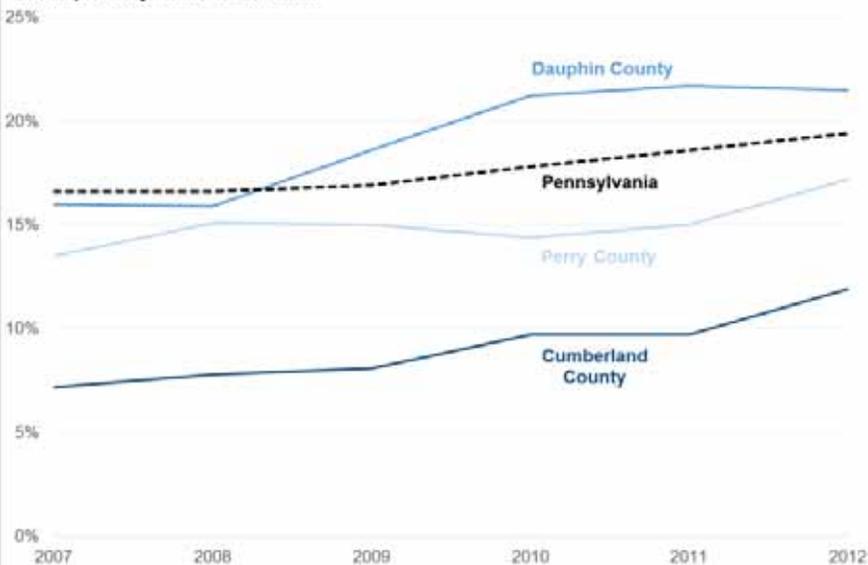
Poverty rate, 2007–2012



Source: Keystone Research Center based on American Community Survey 3-year estimates.



Child poverty rate, 2007–2012



Source: Keystone Research Center based on American Community Survey 3-year estimates.

Sources

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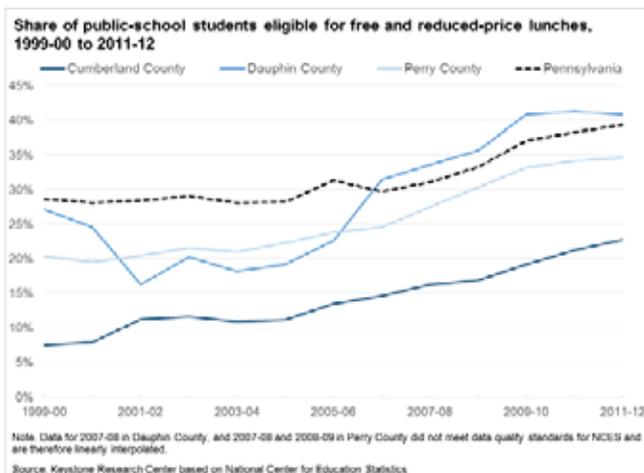
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<https://www.ipums.org/>.

Indicator– Free and Reduced-Priced Lunch

Studies show that children who eat healthy meals regularly have higher standardized test scores, better vocabulary, faster problem-solving skills and are less mistake-prone.⁵ Unfortunately about 19 percent of children (more than 20,000 children) in the Capital Region are food insecure. This means their households have limited or uncertain access to adequate food for all household members.

The National School Lunch Program is designed to address this issue, providing nutritious lunchtime meals free or at a reduced price for millions of low-income students across the country. The program serves nearly 700,000 students across Pennsylvania, and about 26,000 children in the Capital Region. Children are eligible for free lunches if their families have incomes below 130 percent of the poverty line or are receiving assistance through either Temporary Assistance for Needy Families (TANF) or the Supplemental Nutrition Assistance Program (SNAP). Children whose families have incomes between 130 percent and 185 percent of the poverty line qualify for reduced-price lunches. In the Capital Region, the share of public school students eligible for free or reduced-price lunches has



⁵For more on these findings see <http://www.schoolfamily.com/school-family-articles/article/848-can-food-help-you-learn>.

increased over the past decade. In the 2011-2012 school year, a third of students at public schools in the region were eligible for either free or reduced-price lunches. This is below the state's 39.3 percent, but the increase in the region since 1999-2000 when the rate was about 16 percent has been much greater than the increase statewide.

The share of students eligible for free and reduced-price lunches varies across the Capital Region. About 23 percent of students in Cumberland County qualified for the National School Lunch Program in the 2011-2012 school year, up from eight percent in the early 2000s. Dauphin and Perry counties have historically seen higher rates of eligibility than Cumberland County – 35 percent and 41 percent, respectively, in 2011-2012. Statewide, nearly 40 percent of students are eligible for free or reduced-price lunches.

Data Highlights

- A third of the Capital Region's 78,000 public school students were eligible for free or reduced-price lunches in the 2011-2012 school year.
- A higher share of children qualified for lunch assistance in Perry and Dauphin counties (35 and 41 percent, respectively) than in Cumberland County, where about 23 percent of students were eligible.
- The share of children eligible for subsidized school lunch doubled over the last decade in the Capital Region, partly because it tripled in Cumberland County.

Sources

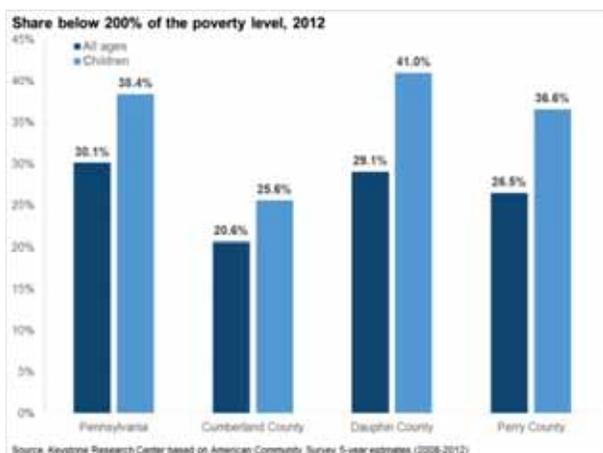
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Indicator – Population Share Above Self-Sufficiency Income

The official poverty measure was created in 1963 and is equal to three times a food budget for a family under economic stress, adjusted for family size and composition. The official poverty measure is considered by many an outdated and inadequate measure of what it takes to make ends meet. Researchers commonly use two times a poverty income as a better gauge of a self-sufficiency income high enough to pay for essential needs.

The official poverty threshold in 2012 was \$18,498 for a family of four with two children and \$11,945 for a single individual under 65, making the thresholds for the twice-poverty rate \$36,996 and \$23,890, respectively. A quarter of Capital Region residents were living below twice the poverty line in 2012. Dauphin County had the highest share of residents below a twice-poverty income (29.1 percent), and Cumberland County the lowest (20.6 percent). All three counties in the region have overall twice-poverty line lower than the statewide rate.



⁶ The data year 2012 represents five-year estimates from the American Community Survey (2008-2012).

⁷ Five-year estimate from the American Community Survey (2008-2012).

The share of children in the Capital Region living in families below 200 percent of the poverty line (34.4 percent) is higher than the region's overall twice-poverty line. In Dauphin County, 41 percent of children live in these low-income homes, compared to 25.6 percent in Cumberland County and 36.6 percent in Perry County. Statewide, 38.4 percent of children are living below twice the poverty line.

Data Highlights

- Economists use 200 percent of poverty as a rough proxy for an income that supports a family without public assistance. In the Capital Region, a quarter of residents (25.3 percent) had incomes below 200 percent of the federal poverty line in 2012.⁶
- All three counties in the region have overall twice-poverty rates lower than the statewide rate.
- More than a third of children in the region (34.4 percent) live in families below 200 percent of the poverty line.⁷

Sources

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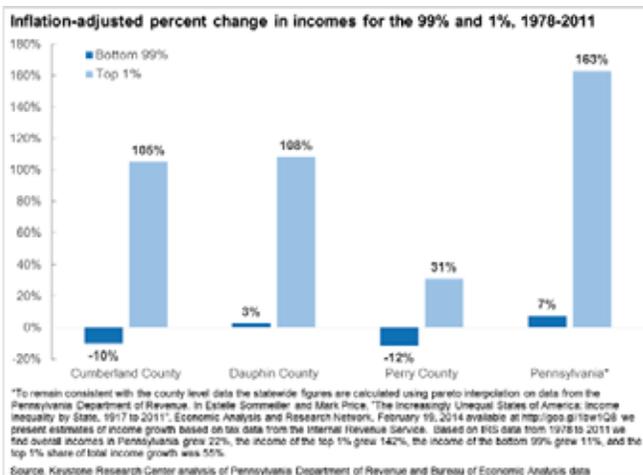
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Indicator – Top One and Top 10 Percent Share

Income inequality has increased sharply over the past few decades regionally and statewide. The majority of the growth in income went to the top segments of the income distribution. In 2011, the top 10 percent of income earners held 46 percent of the total income in Pennsylvania, while the top one percent alone held 18 percent. In the Capital Region, the share of income going to the top 10 percent ranged from 34 percent in Perry County to 42 percent in both Cumberland and Dauphin counties. The income share of the top one percent ranged from seven percent in Perry County to 14 percent in Cumberland County.

In both Pennsylvania and the Capital Region, the shares of income going to the top one percent and the top 10 percent have roughly doubled since 1978 to about a 13 percent share for the top one percent in the Capital Region and about a 40 percent share for the top 10 percent. Income shares for the top earners have increased the most in Cumberland County since 1978 – by 15 percentage points for the top 10 percent and by seven percentage points for the top one percent.



⁸To remain consistent with the county level data, the statewide averages are calculated using Pareto interpolation which is known to understate top incomes. Data from the Pennsylvania Department of Revenue indicate that the top one percent share of income in 2011 was 19.8 percent and for the top 10 percent of earners the share was 49.7 percent.

Increases over this time period in all three counties of the Capital Region were smaller than the rise in statewide income shares for the top one percent and top 10 percent. In addition, the shares of income going to the top one percent and top 10 percent are lower in the Capital Region than in the state as a whole, especially in Perry County.⁸

Between 1978 and 2011, overall income in both Cumberland and Perry counties declined while the top one percent incomes grew, more than doubling in Cumberland County. Over the same period in Dauphin County, real overall income grew by 10 percent, and three-quarters of the increase went to the top one percent. Looking at the state, income of the top one percent increased by 163 percent, while income for the remaining 99 percent grew by seven percent. Over two-thirds of the 20 percent increase in Pennsylvania income from 1978 to 2011 went to the top one percent.

Data Highlights

- In both Pennsylvania and the Capital Region, the shares of income going to the top one percent and the top 10 percent of earners have roughly doubled since 1978 to about a 13 percent share for the top one percent in the Capital Region and about a 40 percent share for the top 10 percent.
- The shares of income going to the top one percent and top 10 percent are lower in the Capital Region than in the state as a whole, especially in Perry County.
- Overall income for both Cumberland and Perry counties fell between 1978 and 2011, while the top one percent incomes grew. In Dauphin County, real overall income increased by ten percent, and three-quarters of the increase went to the top one percent.

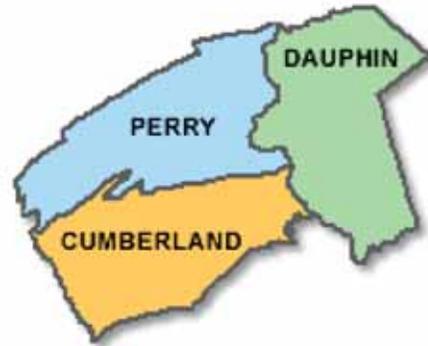
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Indicator – Per Capita Personal Income

Personal income is calculated by summing earned and unearned income with adjustments for benefits such as Social Security contributions, pensions and insurance. Per capita income takes this measure for an area and divides it by the total area population, which provides a more accurate picture of personal wealth. Higher per capita income in an area is often associated with a higher standard of living.



Average per capita personal income in the Capital Region in 2012 was \$42,678 (ranging from \$37,566 in Perry County to \$46,229 in Cumberland County); lower than the Pennsylvania average of \$45,105. The gap between statewide per capita personal income and the Capital Region average has grown over the past decade. Real per capita income in the area only lagged the statewide average by about two percent (about \$880) in 2000, and now the gap stands at about five percent (more than \$2,400).

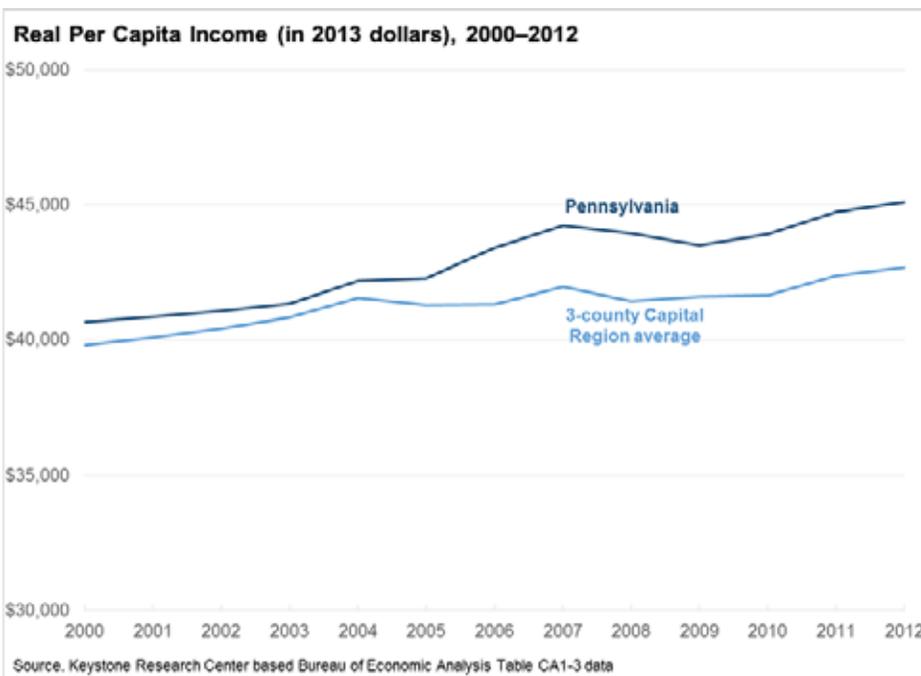
Per capita personal income growth has been flat over the last decade in the Capital Region, increasing only 7.3 percent since 2000, with almost no change from 2004 to 2010.

Data Highlights

- In 2012, per capita personal income in the Capital Region averaged \$42,678, lower than the statewide average of \$45,105.
- Income per person increased 7.3 percent from 2000 to 2012 in the Capital Region.
- Per capita personal income in the Capital Region is consistently lower than that for Pennsylvania as a whole. The gap between the region's income per person and the state's has grown since 2000, with the bulk of the divergence occurring between 2005 and 2007.

Source

U.S. Bureau of Economic Analysis
<http://www.bea.gov/regional/>



Indicator – Unemployment

In 2008, the first full year of the Great Recession, unemployment rates across the nation began climbing. The average unemployment rate for the Capital Region increased from 3.5 percent in 2007 to 7.8 percent in 2010. In Perry County, the jobless rate reached 8.4 percent. Since peaking in 2010, the unemployment rate has started to come down. However, at 6.7 percent, it still remains far above pre-recession levels. Additionally, some of the decrease can be attributed to people leaving the labor force, rather than more unemployed workers finding jobs.

The unemployment rate is one of the most important and widely cited metrics of labor market health. It measures the share of the labor force that does not have a job but is actively looking for work. The indicator does not include unemployed people who have given up looking for a job (discouraged workers) or those who are forced to work part-time hours due to poor economic conditions when they are available and willing to work full-time (involuntary part-time workers). Therefore, it is important also to look at the

underemployment rate, which captures the effects of these marginally attached workers. While this measure is unavailable at the local level, the underemployment rate for Pennsylvania was 13 percent in 2013.

While the job gains of early 2014 are encouraging, continued employment increases are needed over several more years to get back to the strong job market in December 2007, prior to the Great Recession. Pennsylvania still has 18,000 fewer jobs than in December 2007. In addition, the population has grown 3.7 percent since December 2007, so the state needs 212,200 more jobs to keep pace with population growth. This makes for a total jobs deficit of 230,200.

Data Highlights

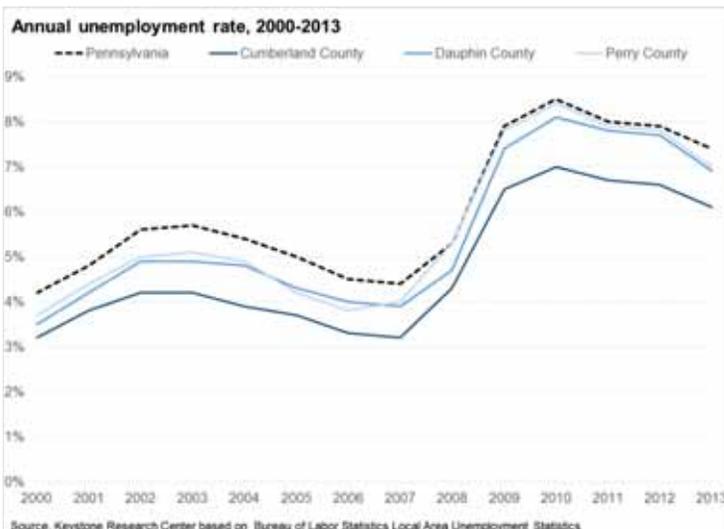
- The unemployment rates in the Capital Region have roughly followed the state trend since 2000, with the Cumberland County rate consistently 1.5 percentage points lower.
- The average unemployment rate in the Capital Region peaked at 7.8 percent in 2010 and still remains well above pre-recession levels at 6.7 percent.
- In 2013, there were 18,865 unemployed individuals in the Capital Region.

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Indicator – Employment-to-Population Ratio

Although the unemployment rate is the most cited measure of labor market “slack,” the employment-to-population ratio is another important indicator of employment prospects. While the unemployment rate can improve (decline) because people get discouraged about their job prospects and drop out of the labor market, the employment-to-population ratio is a stable measure of the number of jobs relative to the number of people who want jobs.

In the Capital Region, the employment-to-population ratio was 61.7 percent in 2012. After peaking in 2008 at 65.1 percent, the region’s ratio fell sharply until 2010 as the area felt the detrimental consequences of the Great Recession and weak recovery that affected the area’s labor market. Since 2010, the ratio in both the state and the region has remained relatively flat. The area’s ratio has consistently been about four to five percentage points higher than the statewide average.

Employment-to-population ratios are not available for individual counties. However, each county’s movement would likely mirror the trends seen in the regional and statewide ratios. The unemployment rate in the Capital Region has been declining recently, but the improvement can partially be attributed to discouraged workers leaving the labor force.

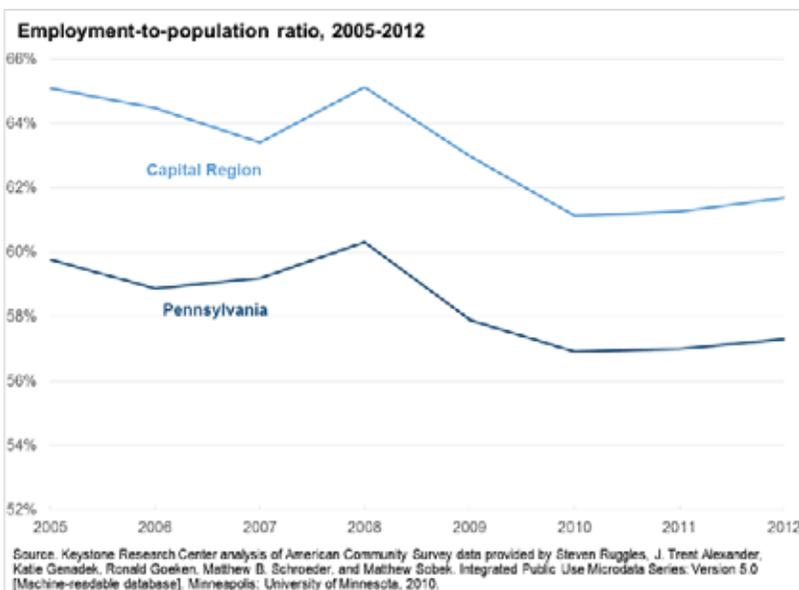
Data Highlights

- In 2012, the share of the population that was employed in the Capital Region was 61.7 percent, down 3.4 percentage points from its peak of 65.1 percent in 2008.
- The area’s employment-to-population ratio was 4.4 percentage points higher than the state’s in 2012.
- Employment-to-population ratios in both the region and the state peaked in 2008 before falling sharply through 2010 and leveling off since then.

Sources

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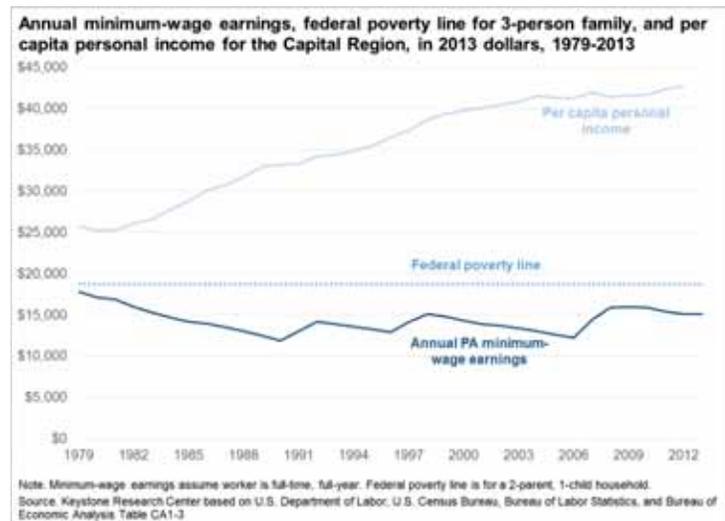
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Indicator – Minimum Wage

The minimum wage rate sets a legal floor for what employees can be paid and has a big impact on the wages of low-income workers, on poverty, and on income inequality. This wage floor, currently \$7.25 per hour in Pennsylvania, has been eroded by inflation over the last few decades. In real terms (adjusted for inflation), the minimum wage in the state is worth less than it was in 1979.

Minimum-wage employees who work full-time all year earn \$15,080 annually, which is less than the federal poverty line for a three-person family (\$18,757). Therefore, a three-person family whose sole earner is in a minimum-wage job will live in poverty, even when the worker is employed 40 hours a week and 52 weeks a year. Annual minimum-wage earnings are also far below per capita personal income in the region, which has increased slightly over the past decade while labor income from a minimum-wage job has stagnated.



⁹Metro area basic family budgets, calculated by the Economic Policy Institute, measure the income families need to attain a secure yet modest living standard based on community-specific costs of housing, food, child care, transportation, health care, other necessities and taxes.

While regional differences are not taken into account when calculating the federal poverty line, local family budget calculations can give a sense of what is necessary for a family to live an adequate yet modest lifestyle in a specific community.⁹

An adequate budget for a three-person family in the Harrisburg-Carlisle area is estimated to be more than \$60,000 – about four times the annual salary of a full-time, full-year minimum-wage worker in Pennsylvania. In fact, a family in the Capital Region with two full-time, full-year minimum-wage workers would still be earning only about half the amount necessary to reach this benchmark.

Data Highlights

- The minimum wage in Pennsylvania is currently \$7.25 per hour, the same as the federal minimum wage rate, lower than the inflation-adjusted value of the minimum wage in 1979.
- A full-time, full-year minimum-wage worker earns less than the poverty line for a three-person family.

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Indicator – Earned Income Tax Credit



The Earned Income Tax Credit (EITC) is a federal refundable tax credit that benefits low- and moderate-income families by offsetting income taxes and raising their standard of living. A refundable tax

credit means families that owe no federal income tax actually receive a check. Because the EITC requires the recipient to have labor income from a job, it encourages labor force participation and work efforts, including for single parents.

Research shows that the EITC reduces poverty, and that half of the individuals lifted out of poverty are children. Although half of all states have a state-level EITC based on the federal model, Pennsylvania does not.

About 38,200 tax returns in the Capital Region received the federal Earned Income Tax Credit in 2012, roughly 800 more than in the previous year. These credits totaled nearly \$80 million, making the average credit more than \$2,000 to area recipients. The largest number of Capital Region EITC returns was in Dauphin County, which also has both the highest overall poverty rate and the highest child poverty rate in the region.

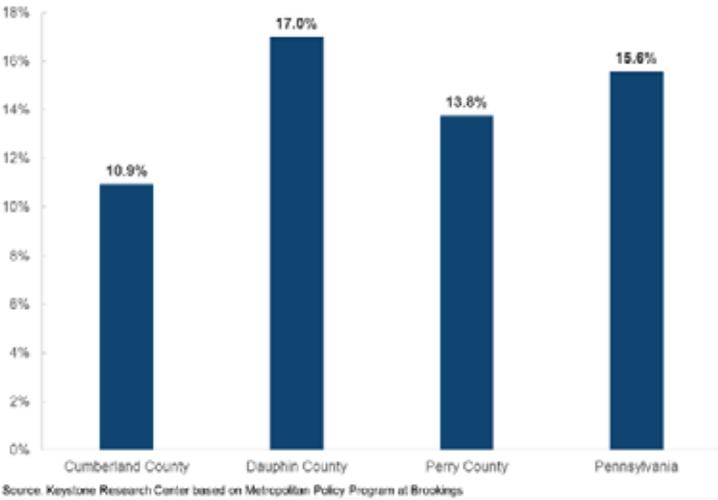
Tax returns receiving the EITC accounted for 14 percent of total tax returns in the area, which is lower than the statewide average of 15.6 percent even though the region's per capita income levels are below the state average. Again, Dauphin County had the highest share of total returns – 17 percent. About 11 percent of Cumberland County returns and about 14 percent of Perry County returns received EITC benefits.

The EITC is efficient in reaching its intended demographic target – low-to-moderate-income individuals and families. In 2012, 11 percent of EITC returns in the Capital Region went to taxpayers with less than \$5,000 in adjusted gross income (AGI). About 17 percent of returns went to filers with \$5,000 to \$10,000 in AGI, and another 30 percent to filers earning between \$10,000 and \$20,000. In all, four out of every five credits were received by taxpayers earning less than \$30,000 in AGI. Only 4.5 percent of EITC returns went to filers making more than \$40,000.



Indicator – Earned Income Tax Credit

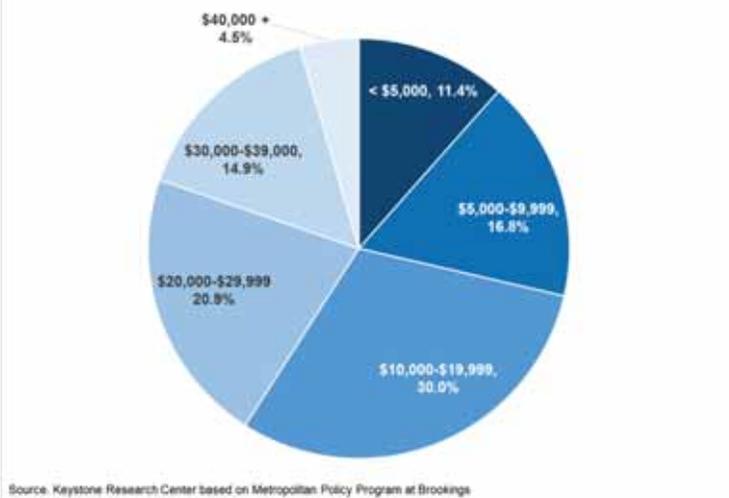
Returns receiving EITC as a share of total returns, 2012



Data Highlights

- In 2012, about 38,200 tax returns in the Capital Region received the Earned Income Tax Credit (EITC), roughly 800 more than the previous year.
- Returns receiving the EITC made up about 14 percent of all tax returns in the area in 2012, lower than the statewide average of 15.6 percent.
- Nearly \$80 million in Earned Income Tax Credits were received by Capital Region taxpayers in 2012, with the average credit being more than \$2,000.
- The majority of EITC returns were filed by low-income individuals – 80 percent had an adjusted gross income (AGI) of less than \$30,000 and about 28 percent earning less than \$10,000 in AGI.

Returns receiving the EITC, by adjusted gross income group, 2012



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Section Summary

As a result of recent income trends over the last decade, basic needs services have become even more important to well-being in the Capital Region. Government programs addressing basic needs account for a rising share of income in the Capital Region.

Between 2000 and 2010, the share of income in the region accounted for by major federal social programs (including Temporary Assistance for Needy Families or TANF, unemployment insurance, Social Security, Medicaid and Medicare) rose by a third in Dauphin County, by more than 40 percent in Cumberland County, and by a half in Perry County. These increases exceeded the roughly 30 percent increase in Pennsylvania from 2000 to 2010. Social programs' contribution to regional income grew before the start of the Great Recession and then rose rapidly from 2007 to 2010.

After a small dip in the income share from social programs between 2010 and 2012, these programs now account for about one of every seven dollars of local income, as opposed to one of nine dollars in 2000 (and one of six dollars of income in Pennsylvania in 2012).

Growing demand for social programs is mirrored in individual program data. For example, the number of people receiving assistance from the Supplemental Nutrition Assistance Program (SNAP, formerly the food stamps program) grew by 250 percent in the region from 2000 to 2011 versus 125 percent in the state. In Dauphin County (the only county for which data are available over time), the number of chronically homeless rose from just under 100 in 2008 to just over 150 in 2009, declining in 2010 and 2011 but then ticking back up to 125 in 2012, well above the 2008 level.

Dauphin County and Perry County rely more on social

services than Cumberland County on a per capita basis, but no part of the region has been immune from the social challenges resulting from stagnant income. Based on a variety of measures, demand for and supply of social services is higher in Dauphin and Perry counties than in Cumberland County. For example:

- Perry County has the highest reported rate of child abuse and Cumberland County the lowest.
- About 3,300 children receive subsidized child care per month in Dauphin County versus more than 1,000 children in Cumberland County and 138 children in Perry County.
- In Dauphin and Perry counties, 6.4 children per 1,000 were in foster care in 2013 (the same as the Pennsylvania rate) versus 3.7 children in Cumberland County.
- Cumberland County had the lowest sexual violence rates in the region and either Dauphin County or Perry County had the highest, depending on the measure used.

While reliance on social services is lower in Cumberland County, the county's reliance has still increased faster than in the state. Moreover, the gap in the need for social services between Cumberland County and Dauphin and Perry counties is not large by some measures. For example, the share of children who are "food insecure" (have limited or uncertain access to adequate food) in Cumberland County was 17.3 percent in 2012, compared to 19.1 percent in Dauphin County and 20.1 percent in Perry County. (The Pennsylvania share was 20.6 percent.)

Measuring social services relative to need is difficult in many areas. One area, however, where services are clearly limited is transportation. Only about one in every 200 workers in Cumberland and Perry counties

commute to work using public transit, and one in every 45 workers in Dauphin County use public transit. Statewide, one in every 17 workers uses public transportation for their commute.

In the Great Recession and current halting recovery, unusually large numbers of families have needed unemployment insurance, food stamps, or other temporary income assistance to make ends meet. Over a longer time period – and exacerbated by the loss of middle-class manufacturing jobs as far back as the 1970s – social needs of certain targeted populations (those without a high-school degree, young minority males, etc.) have grown, in some cases to chronic levels.

Key Findings

- Between 2000 and 2010, the share of income in the region accounted for by major federal social programs (TANF, unemployment insurance, Social Security, Medicaid and Medicare) rose by a third in Dauphin County, by more than 40 percent in Cumberland County, and by a half in Perry County. These increases exceed the roughly 30 percent increase in Pennsylvania as a whole.
- The share of unemployed people in Pennsylvania who receive unemployment benefits is bigger than the share of unemployed people in the United States who receive benefits – 38 percent versus 25 percent in 2013. (No county-level data are available.)
- The share of unemployed Pennsylvanians receiving benefits has declined from 65 percent in 2009, in part because of cutbacks in extended unemployment insurance.
- With the exception of 1984, the share of the Pennsylvania unemployed who receive benefits was lower in 2013 than in any other year since data began to be collected (1976).
- In 2013, the 2-1-1 telephone hotline for people who

need social services received more than 8,500 calls in the Capital Region, about 70 percent of which came from Dauphin County. Area 2-1-1 calls rose

steadily during the Great Recession, dropped off significantly in 2012, and spiked again in 2013.

- In the Capital Region, 572 individuals were homeless at some point in 2013, up about six percent from 2012. Most homeless individuals in the area (68 percent) were in Dauphin County, and another 30 percent were in Cumberland County.
- The number of SNAP participants in the area increased 255 percent in the past decade. Cumberland County saw a nearly 500 percent jump, from 2,700 participants in 2001 to 16,000 participants in 2011.
- On average, 12 percent of area households lack access to adequate food for all family members.
- About 4,500 children in the area receive subsidized child care, 11 percent less than in 2008-2009.
- In 2013, 709 area children received foster care, down 29 percent in the past five years because of the economic recovery, reduced services, or both.
- Sexual offense report rates were lowest in Cumberland County and highest in Perry County. Rape report rates were also lowest in Cumberland County but highest in Dauphin County.
- In the Capital Region, there were 9.6 child abuse reports per 1,000 children in 2012, up from 8.5 reports in 2010 and similar to the statewide rate of 9.7 reports per 1,000 children.
- In the Capital Region, most residents – 82 percent – drive alone to work each day. Another nine percent carpool to work. Few people use public transit.



Indicator – Social Program Income

Income from social programs is a vital part of the nation's safety net, insulating vulnerable populations from economic hardship. Some programs are intended to help low-income individuals stay out of poverty, especially during economic downturns, while others are targeted at senior citizens. In total, about 70 percent of Americans benefit from social program income at some point in their lives.

In 2012, around 16 percent of area personal income in the Capital Region was from social program income. Perry County had the highest reliance on safety net transfers at 17.6 percent of county personal income. The comparable proportions were 13.7 percent for Cumberland County, 16 percent for Dauphin County and 17.1 percent for Pennsylvania as a whole.

Transfers from Medicare and Social Security, both targeted toward older Pennsylvanians, make up the largest portion of income from the main social programs. Income from Temporary Assistance for Needy Families (TANF) is higher in Dauphin County than the other two Capital Region counties, but still trails the statewide TANF proportion. Income from social programs as a share of total personal income has

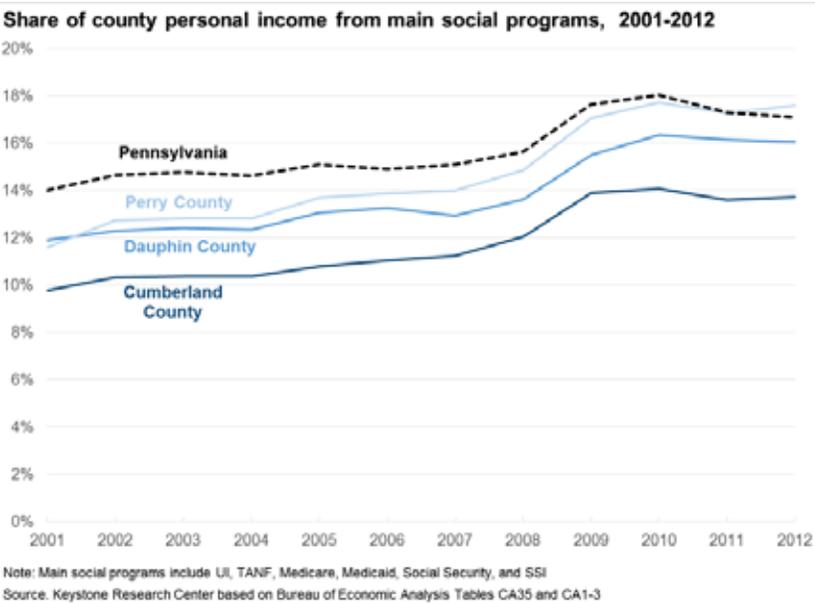
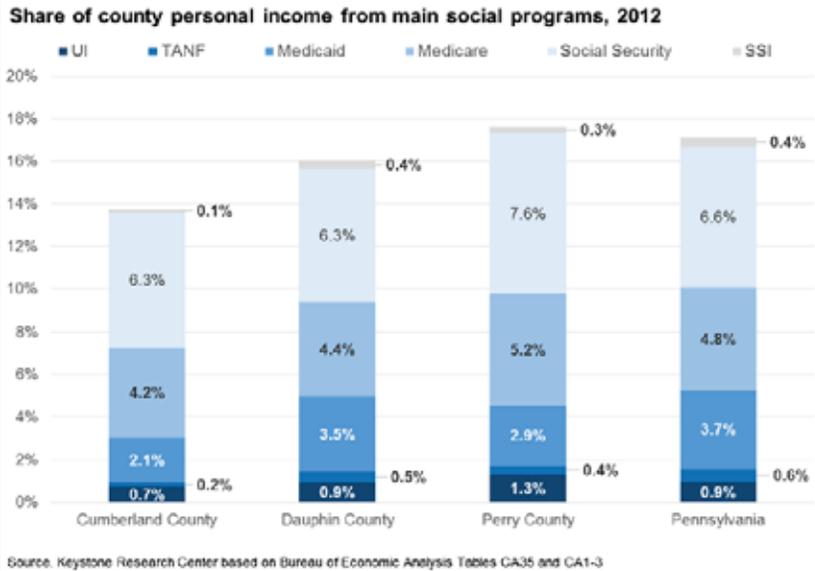


increased since the early 2000s, specifically in the years immediately following the Great Recession. It peaked in 2010 and has leveled off since.

As of April 2014, about 78,000 adults and children in the Capital Region were eligible for medical public assistance programs, and roughly 5,300 area residents qualified for TANF. About 60 percent of individuals in the region who qualify for the medical social programs lived in Dauphin County, and another three in 10 are Cumberland County residents. Of the Capital Region residents who are eligible for TANF, 82 percent live in Dauphin County.

Growing reliance on the social safety net in the past decade can partially be attributed to worsening economic conditions that increase the number of people using unemployment insurance, Medicaid and TANF. In addition, as the Baby Boomer generation begins to retire and the senior population continues to rise, a larger share of personal income will come from Social Security and Medicare.





Data Highlights

- In 2012, major social programs accounted for about one out of every seven dollars (16 percent) of personal income in the Capital Region.¹
- Social programs designed for seniors – Medicare and Social Security – were the largest of the social programs, accounting for about 4.5 percent and 6.7 percent of income in the region, respectively.
- Income from social programs as a share of total personal income has increased since the early 2000s, especially during and just after the Great Recession.
- In 2012, about 13.7 percent of personal income was social program income in Cumberland County, 16 percent in Dauphin County, and 17.6 percent in Perry County. In Pennsylvania, about 17 percent of statewide personal income is from the main social programs.

Sources

Ayres, S. (2014). The safety net is good economic policy. Washington, D.C.: Center for American Progress
<http://cdn.americanprogress.org/wp-content/uploads/2014/03/RyanBudgetAyresStandard.pdf>

Pennsylvania Department of Public Welfare
<http://www.dpw.state.pa.us/>

U.S. Bureau of Economic Analysis, Regional Economic Accounts (Tables CA35 and CA1-3)
<http://www.bea.gov/regional/index.htm>

¹Main social programs include Unemployment Insurance (UI), Temporary Assistance for Needy Families (TANF), Medicare, Medicaid, Social Security and Supplemental Security Income (SSI).

Indicator – Unemployment Insurance

Unemployment insurance is a vital part of the safety net for individuals who lose their jobs and also serves as an “automatic stabilizer” in economic downturns, allowing families of jobless workers to maintain higher levels of consumption thanks to unemployment insurance replacing a portion of lost wages. Jobless workers are eligible for unemployment compensation in Pennsylvania if they lost their job through no fault of their own. Additionally, these individuals are required to actively search for work every week that they are receiving benefits.

One measure of how well unemployment insurance meets the economic needs of families with jobless members is the share of unemployed individuals who receive benefits. (These data are only available at the state level not for the Capital Region alone.) For the entire period for which data are available (starting in 1976), the share of Pennsylvania unemployed who receive benefits is higher than the same share nationally. For example, 38 percent of Pennsylvania’s unemployed received benefits in 2013 compared to 25 percent in the United States.

The share of unemployed Pennsylvanians receiving benefits, however, has dropped by more than one-third in the last four years, from a peak of 65 percent in 2009 to 38 percent in 2013. This share has also dropped nationally, although not as much, because more unemployed people have exhausted their eligibility and because the federal government has begun to wind down an extended unemployment benefits program which provided benefits for up to 99 weeks (as opposed to the 26 weeks ordinarily available through state unemployment insurance).

In 2013, unemployment benefits replaced 52 percent of

lost wages in Pennsylvania (versus 46 percent nationally). Multiplying the share of people receiving benefits and the share of wages replaced for those who get benefits, Pennsylvania in 2014 replaced an estimated 20 percent of lost wages through the unemployment insurance program versus 12 percent nationally.

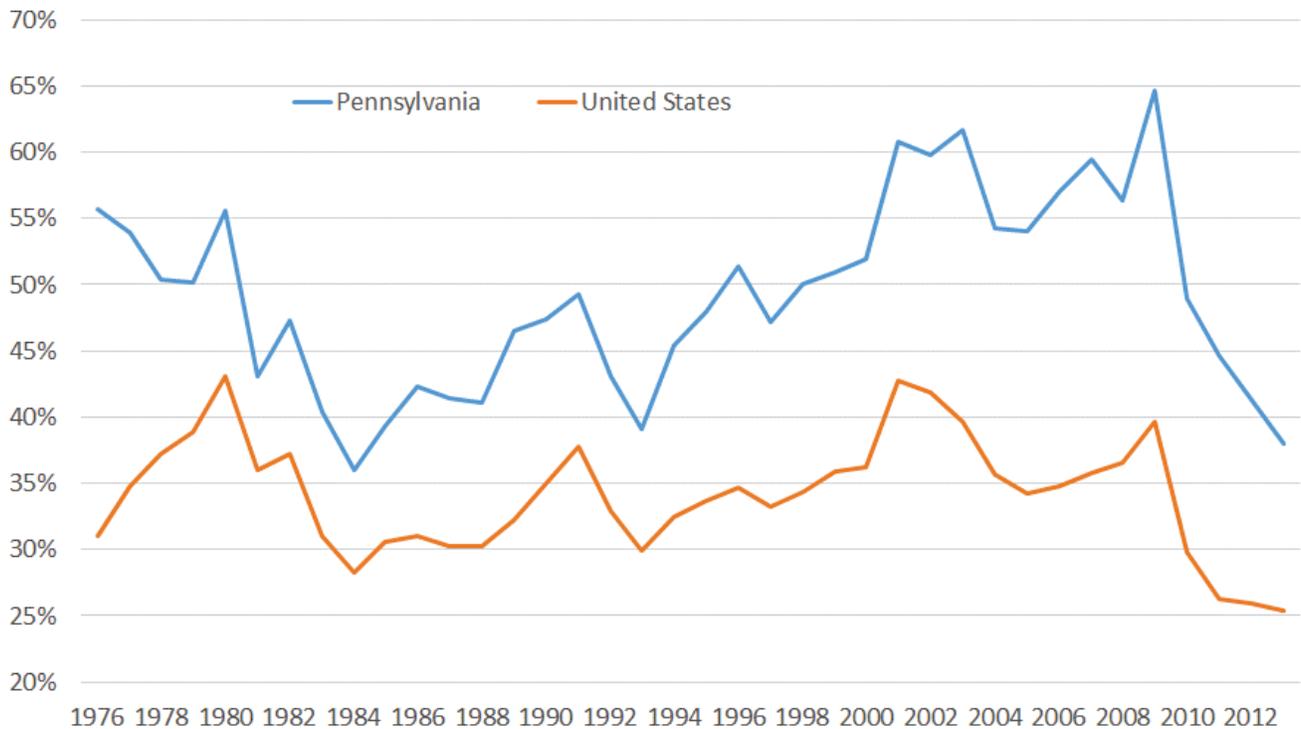
One unemployment indicator that is available at the county level is new (or “initial”) jobless claims, the number of individuals who file claims for unemployment insurance for the first time. New claims provide insight into future trends in the unemployment rate.

Thus far in 2014, there have been about 15,000 new unemployment claims made each month in the Capital Region. This number is down from the 2013 monthly average of more than 19,000 claims and from the peak monthly average of 22,000 claims in 2010.

As new claims decline and unemployment insurance disappears for people receiving benefits for more than 26 weeks, more of the burden of unemployment will fall on the long-term unemployed. People unemployed 27 weeks or more currently make up about 40 percent of jobless individuals in Pennsylvania.



The Share of Unemployed People Receiving Benefits, Pennsylvania and the United States, 1976-2013



Source. Insured unemployed in regular unemployment programs as a percentage of the total unemployed available online from USDOL at <https://workforcesecurity.doleta.gov/unemploy/Chartbook/a13.asp>

Data Highlights

- Larger shares of unemployed people in Pennsylvania receive unemployment benefits than nationally, 38 percent compared to 25 percent in 2013. (No county-level data are publicly available on this share.)
- The share of unemployed Pennsylvanians receiving benefits has dropped by more than one-third since 2009, when this share was 65 percent.
- With the exception of 1984, the share of the Pennsylvania unemployed who receive benefits was lower in 2013 than in any other year since data began to be collected (1976).
- During the first four months of 2014, there was an average of about 15,000 new unemployment insurance claims each month in the Capital Region, down from a monthly average of nearly 22,000 claims in 2010.

Sources

Pennsylvania Department of Labor and Industry, Am I eligible for UC? <http://www.portal.state.pa.us/portal/server.pt/community/eligibility/20593>.

Economic Analysis Research Network Estimates of long term unemployment by state based on analysis of Current Population Survey data.

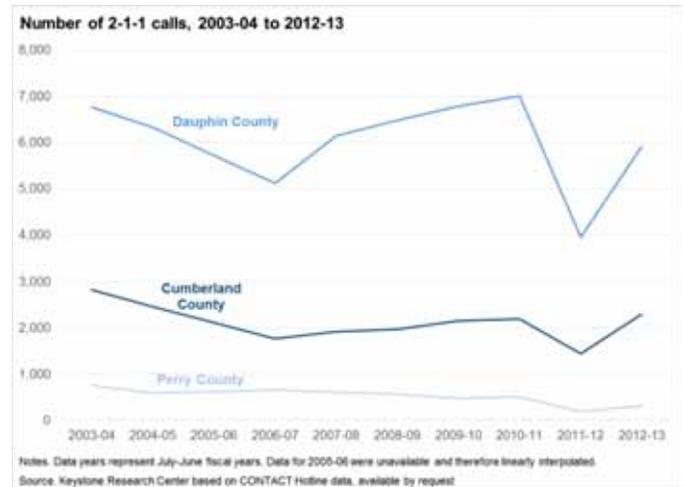
Indicator – 2-1-1 Calls

Capital Region residents can call 2-1-1 for assistance with a variety of issues, ranging from mental health and interpersonal relationships to basic needs and abuse. The 2-1-1 call center, operated by CONTACT Helpline, provides 24/7 listening, information and referral services to local individuals. Nearly three-quarters of 2-1-1 callers are female. More than half of all callers in Central Pennsylvania are between the ages of 36 and 59, and another 30 percent are between 18 and 35 years old.

The problems raised by 2-1-1 callers often reflect areas where community resources are insufficient. Though the services offered by the helpline span a range of issues, the majority of calls concern basic necessities or mental and emotional health assistance. Five percent of callers each year have questions about physical health.

About 70 percent of Capital Region callers in 2013 were Dauphin County residents, 27 percent lived in Cumberland County, and only 3.7 percent called from Perry County. Calls to the 2-1-1 hotline in the Capital Region have been fairly volatile over time, likely due to the small sample size of the dataset. Calls in the area rose steadily during the Great Recession and its aftermath, dropped off significantly in 2012, and spiked again in 2013. As economic conditions continue to affect families in the area, it is increasingly important to address the gaps in community services, shown by 2-1-1 caller concerns.

As public awareness of the 2-1-1 hotline and agency both grow, 2-1-1 calls will become an important early warning system regarding gaps in community service or emerging problems.



Data Highlights

- In 2013, the CONTACT Helpline served more than 8,500 callers in the Capital Region, about 70 percent of which were calling from Dauphin County.²
- 2-1-1 calls in the area rose steadily during the Great Recession and its aftermath, dropped off significantly in 2012, and spiked again in 2013.
- The majority of Capital Region callers are concerned with basic needs or mental and emotional health issues.

Source

United Way of the Capital Region
<https://www.uwcr.org/component/content/article?id=31>

²Data for 2013 represents the 2012-13 fiscal year.

Indicator – Supplemental Nutrition Assistance Program (SNAP)

Locally, about 12 percent of households – or more than 70,000 individuals – are considered food insecure, meaning they have limited or uncertain access to adequate food for all household members. SNAP, formally known as the Food Stamp Program, is designed to help low-income families buy groceries.

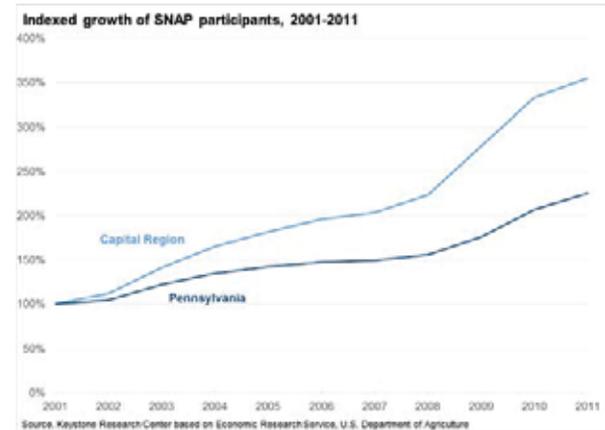
To qualify for SNAP in Pennsylvania, a household's income must be below a certain level based on household size. If a household meets the income requirement, they will receive their SNAP benefits, up to a monthly maximum value, on an Electronic Benefits Transfer (EBT) ACCESS Card. Similar to a debit card, the EBT ACCESS Card allows participants to purchase groceries with their pre-loaded benefits, avoiding the stigma often associated with using food stamps.

From 2001 to 2011, local individuals receiving SNAP benefits increased by 255 percent, from 16,600 in 2001 to more than 59,000 in 2011. After increasing steadily through the early- and mid-2000s, SNAP participation spiked after 2008, as people struggled through the Great Recession and funding for SNAP was increased by the American Recovery and Reinvestment Act.

Though participation in the program increased in all counties in the Capital Region, the rapid growth rate was driven by Cumberland County, which saw a staggering 500 percent increase over the decade, from 2,700 participants in 2001 to 16,000 in 2011. SNAP participation in the Capital Region grew twice as fast as participation in Pennsylvania over this time period.

As a share of total area personal income, SNAP benefits make up less than 0.5 percent, but have increased

substantially in inflation-adjusted terms since 2001, from \$18 million to more than \$88 million in 2012. This increase was much larger than the 230 percent statewide growth.



Data Highlights

- In 2011, about 59,000 Capital Region residents participated in the Supplemental Nutrition Assistance Program (SNAP).
- The number of SNAP participants in the area increased by 255 percent in the past decade. Cumberland County saw the largest increase, a nearly 500 percent increase from 2,700 participants in 2001 to 16,000 participants in 2011.
- Personal transfer receipts from SNAP totaled more than \$88 million in the Capital Region in 2012, up nearly 400 percent since 2001.

Sources

Feeding America, Map the Meal Gap <http://goo.gl/FuDLQK>

Pennsylvania Department of Public Welfare, Supplemental Nutrition Assistance Program <http://goo.gl/islly4>

U.S. Department of Agriculture Economic Research Service Program Data <http://goo.gl/R3MXiJ>

U.S. Bureau of Economic Analysis, Regional Economic Accounts (Table CA35) <http://www.bea.gov/regional/index.htm>

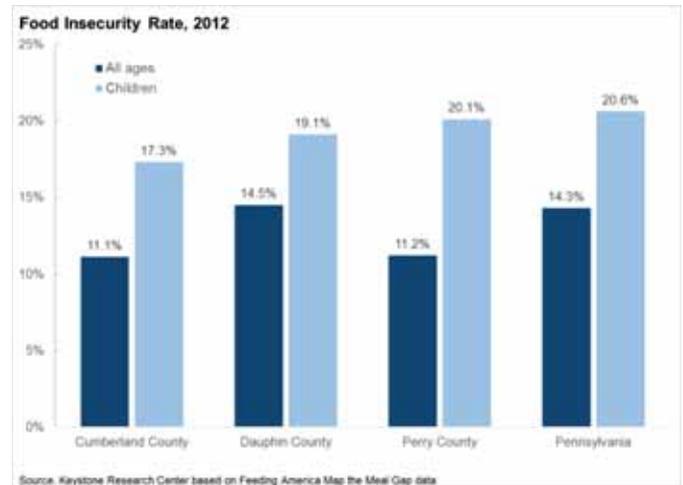
Indicator – Food Insecurity

Prior to the Great Recession in 2007, many families locally and across the country struggled with hunger. As unemployment rose during the recession and the weak recovery that followed, many more households had trouble making ends meet and consistently putting food on the table. Additionally, about 59,000 Capital Region residents are participants in the Supplemental Nutrition Assistance Program (SNAP).

The poverty line was initially developed 50 years ago to measure food insecurity, calculated based on three times a food budget for a family experiencing economic stress and adjusted each year for inflation. However, research shows that more than half of food insecure individuals are technically living above the poverty line.

Using a comprehensive measure of hunger, about 12 percent of households (more than 70,000 individuals) in the Capital Region are food insecure. Food insecurity is measured by the U.S. Department of Agriculture as having limited or uncertain access to adequate food for all members of the household. Additionally, about 19 percent of children (more than 22,000 children) in the area struggle with hunger. Even more troubling, nearly 40 percent of these food-insecure children are not eligible for federal nutrition assistance.

It is not surprising that so many Pennsylvanians in the Capital Region are food insecure given the cost of food. According to estimates of a family budget in the Harrisburg-Carlisle area, a family with two parents and one child has to spend about \$600 per month to ensure food security. This equates to about \$7,200 per year, or nearly a quarter of the family's total annual income if both adults work full-time in minimum wage jobs (\$7.25 an hour). For a single parent with a minimum wage job and two children, adequate food costs exhaust more than 40 percent of his or her annual earnings.



Data Highlights

- On average in the Capital Region, about 12 percent of households lack access to adequate food for all household members.
- More than 22,000 children in the area are living in food insecure households.
- Of those food insecure children, nearly 40 percent are not eligible for federal nutrition assistance.

Sources

U.S. Department of Agriculture, Supplemental Nutrition Assistance Program (SNAP) <http://goo.gl/R3MXiJ>.

U.S. Department of Agriculture Economic Research Service, Definitions of Food Security <http://goo.gl/q5lftf>.

U.S. Census Bureau, How the Census Bureau Measures Poverty <https://www.census.gov/hhes/www/poverty/methods/measure.html>.

Feeding America, Map the Meal Gap <http://goo.gl/FuDLQK>.

Economic Policy Institute, Family Budget Calculator <http://www.epi.org/resources/budget/>.

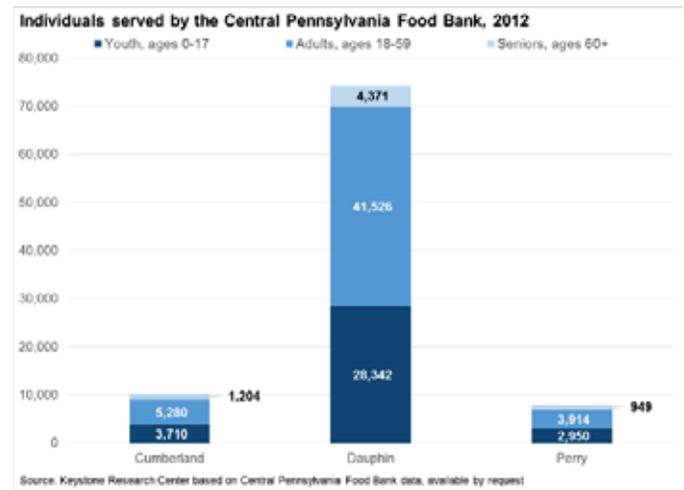
Indicator – Food Bank Distribution

In the Capital Region, about 12 percent of households (70,000 individuals) are food insecure, meaning that they have limited or uncertain access to adequate food for all members of the household. Hunger is especially a concern for the unemployed and underemployed.

Community groups that provide food assistance to people who are food insecure are vital. Since 1982, the Central Pennsylvania Food Bank has served 27 counties in the middle portion of the state – including Cumberland, Dauphin and Perry counties – by providing meals, food pantries, soup kitchens, shelters and other important services to those who struggle to put food on the table.

In the 2013 fiscal year the food bank distributed almost 420,000 meals throughout the Capital Region, totaling nearly nine million pounds of food. Over half of the 92,000 individuals served were adults (ages 18-59), and another 38 percent were children under age 18.

In the 2013 fiscal year the number of individuals served represented a quarter (27.5 percent) of Dauphin County's population, one sixth (17.1 percent) of the Perry County's population and 4.3 percent of the Cumberland County's population. This reflects the higher poverty and adult food insecurity rates in Dauphin County. It also reflects the greater services available to Dauphin County residents. Of 266 food programs in the Capital Region, 203 are located in Dauphin County, including 48 food pantries and seven soup kitchens. Meanwhile, Perry County only has three food pantries and no soup kitchens or shelters. One in five children in Perry County are considered food insecure, a higher rate than anywhere else in the Capital Region, suggesting potential unmet needs in the county.



Data Highlights

- In 2013, the Central Pennsylvania Food Bank served nearly 420,000 meals to 92,000 individuals in the Capital Region.³
- The majority of the individuals served by the food bank (81 percent) were Dauphin County residents, about 11 percent were Cumberland County residents, and nearly nine percent were Perry County residents.
- Each year, the food bank distributes more than eight million pounds of food throughout the Capital Region among 266 food pantries, soup kitchens, shelters and other services.

Sources

U.S. Department of Agriculture Economic Research Service, Definitions of Food Security <http://goo.gl/q51tft>.

Central Pennsylvania Food Bank <http://www.centralpafoodbank.org/AboutUs.aspx#.VA9QcvldV8F>

Feeding America, Map the Meal Gap <http://goo.gl/FuDLQK>

U.S. Census Bureau, American Community Survey <https://www.census.gov/acs/www/>.

³First 11 months of fiscal year 2013-2014 (July 2013 to May 2014)

Indicator – Homelessness

The homeless in the Capital Region face a range of concerns, including exposure to the elements. People may be without a home due to lack of affordable housing or escape from an abusive relationship, among other reasons. The U.S. Department of Housing and Urban Development coordinates with the Pennsylvania Department of Community and Economic Development to provide resources to the state's homeless, including shelters and counseling.

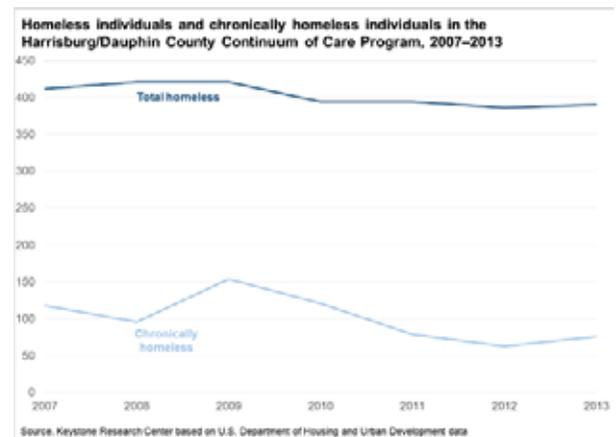
Shelters provide temporary housing for individuals and families seeking protection from the detrimental effects of living on the streets. Of the 572 homeless individuals in the Capital Region in 2013, 89 percent were sheltered, leaving another 64 individuals to withstand the elements. The number of homeless individuals increased by six percent from 2012, and the count of sheltered persons grew at roughly the same rate, signaling that shelters are adequately housing the additional homeless individuals. Dauphin County shelters could provide a total of 561 year-round beds, 32 seasonal beds, and 16 overflow beds in 2013.⁴

Across the region, the majority of homeless individuals (68 percent) in 2013 were in Dauphin County. Another 30 percent were in Cumberland County, and the remaining were in Perry County. About 15 percent of the total homeless population in the area is considered to be chronically homeless. An individual experiencing chronic homelessness has a disabling condition and has been continually homeless for at least a year or has had at least four episodes of homelessness in the past three years. The number of chronically homeless individuals in the region – 85 in 2013 – has increased by 18 percent from 2012.

⁴ Data on bed availability for Cumberland and Perry Counties are not available.

⁵ All annual totals refer to point-in-time counts of homeless individuals, surveyed in January of each year.

While a consistent time series is not available for Cumberland and Perry counties, total homelessness in Dauphin County has remained relatively flat since 2007, with a slight decline in 2010. Chronic homelessness spiked in 2009 presumably because of the Great Recession, including higher foreclosure rates. The measure declined steadily until 2012 and has increased again over the past year.



Data Highlights

- In the Capital Region, there were 572 homeless individuals at any point in time in 2013, up about six percent from 2012.⁵
- The majority of local homeless individuals (68 percent) were in Dauphin County, another 30 percent were in Cumberland County, and the remaining individuals were in Perry County.
- About 15 percent of homeless individuals - most of them in Dauphin County – are chronically homeless, meaning that they have a disabling condition and have been continually homeless for over a year or have had at least four episodes of homelessness in the past three years.

Sources

Pennsylvania Department of Community and Economic Development, Homeless Programs
<http://www.newpa.com/community/homeless-programs>

U.S. Department of Housing and Urban Development, Point-in-Time (PIT) estimates of homelessness
<https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>

Indicator – Child Care Subsidies

Child care services can be a high-cost expense for working families with children. Spending on quality child care in the Harrisburg-Carlisle metro area can cost \$770 per month for a family with one child.⁶ For families with three children, quality child care costs can reach more than \$1,500 per month.⁷ Low-income families in the area that cannot afford these services turn to lower-quality alternatives.

Researchers agree that access to early childhood education and quality child care affects a child's odds of future success, including graduating high school, holding a job and staying out of prison.

The Child Care Works Program, funded by the state and federal governments, provides subsidies to low-income families to help defray the high costs of quality child care. Eligible parents must have incomes below 200 percent of the federal poverty line and be working at least 20 hours per week. On average, about 4,500 children in the Capital Region received subsidized child care each month in the 2012-2013 school year. The number of children in the area using subsidized child care peaked at more than 5,000 children in 2008-2009, about 10 percent above the current level.



The majority of children using subsidized child care are either preschool-age or young school-age, each group accounting for about 30 percent of the total.⁸ The age composition of children receiving subsidies has not changed much over the past decade. Most children with child care subsidies in the Capital Region are using center-based care, rather than group, family, or unregulated care.

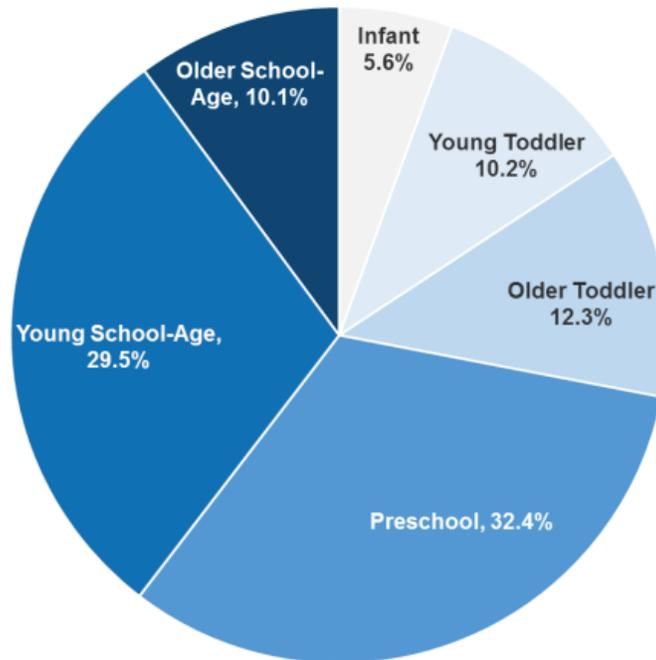


⁶Assumes the child is a four-year-old.

⁷Assumes a three-child family with a four-year-old, eight-year-old, and 12-year-old.

⁸Preschool age represents children age 3 until the time they enter kindergarten. Young school-age represents children from kindergarten until the time they enter fourth grade.

Share of total monthly average child care subsidies in the Capital Region, by age group, 2012-13



Source: Keystone Research Center based on Kids Count Data Center.

Data Highlights

- About 4,500 children in the Capital Region are in subsidized child care each month, 11 percent fewer than in 2008-2009.
- Most children in the area who receive subsidies are preschool-age or young school-age.⁹
- In Dauphin County, about 3,300 children receive subsidized child care per month, compared to more than 1,000 children in Cumberland County and 138 children in Perry County.

Sources

- Economic Policy Institute, Family Budget Calculator
<http://www.epi.org/resources/budget/>
- Children's Defense Fund, Investing in Early Childhood Development and Learning is Key to the Success of Our Children and Our Nation's Long-Term Economic Growth
<http://www.childrensdefense.org/child-research-data-publications/data/early-childhood-short.pdf>.
- Pennsylvania Department of Public Welfare, Child Care Works Subsidized Child Care Program
<http://www.dpw.state.pa.us/forchildren/childcareearlylearning/childcareworkssubsidizedchildcareprogram/index.htm>.
- Annie E. Casey Foundation, Kids Count Data Center
<http://datacenter.kidscount.org/>.

⁹Preschool age represents children age three until the time they enter kindergarten. Young school-age represents children from kindergarten until the time they enter fourth grade.

Indicator – Foster Care

Foster care is designed to provide temporary support to ensure the well-being of children living in an unsafe environment. The Statewide Adoption Network (SWAN) is administered by the Pennsylvania Department of Public Welfare and is responsible for supporting county agencies in finding permanent homes for children as fast as possible. Research has shown that spending long periods of time in foster care has detrimental long-term effects. Foster children have a higher likelihood to experience mental health problems, drop out of high school, or end up in prison.

Locally, there were more than 700 children in foster care placement in 2013. Taking population differences into account, Dauphin County saw the highest rate of children in foster care – 6.4 for every 1,000 children. The foster care rate per 1,000 children in Dauphin County roughly mirrors that for Pennsylvania as a whole, while the statewide rate is consistently about twice the rates for Cumberland and Perry counties.

Both the number of children in the foster care system and the rate per 1,000 children has fallen over the past five years for counties in the Capital Region and for the state. The number of children receiving in-home services reached nearly 5,500 in the area in 2013, an increase of 24 percent since 2010.¹⁰

About two-thirds of children are placed in a family setting rather than a group home or institution. The majority of these family settings are non-relative foster family homes. Roughly 40 percent of local foster

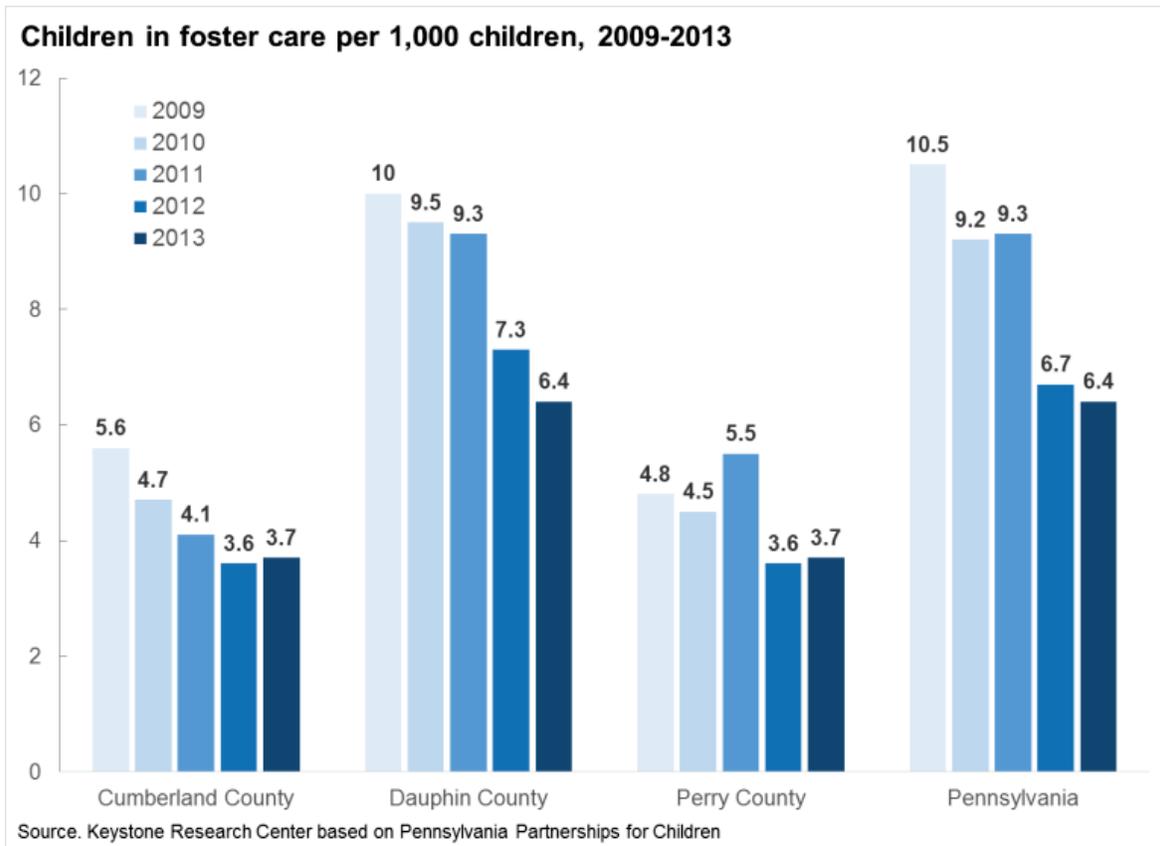


children tend to be age 13 to 17, about 20 percent are age six to 12 and another 20 percent are two to five.

Placement stability is important to help children build and maintain relationships, focus on school and reduce trauma associated with changing living arrangements. In Cumberland County in 2013, about 69 percent of foster children had placement stability, while half experienced placement stability in Dauphin County and 14 percent in Perry County.¹¹

¹⁰In-home services refers to children whose families received services in their homes to address concerns related to child safety and well-being during the year.

¹¹Foster care placement instability refers to children who were in foster care for 12 to 23 months and had three or more placement settings.



Data Highlights

- In 2013, there were 709 children in foster care locally, down 29 percent in the past five years.
- The number of children receiving in-home services reached nearly 5,500 in the area in 2013, an increase of 24 percent since 2010.
- Taking population differences into account, Dauphin County saw the highest rate of children in foster care – 6.4 children in foster care for every 1,000 children.
- The foster care rate per 1,000 children in Dauphin County roughly mirrors that for Pennsylvania as a whole, while the statewide rate is about twice the rates for Cumberland and Perry counties.

Sources

The Pennsylvania Coalition Against Domestic Violence, 2013 Domestic Violence Fatalities in Pennsylvania
http://www.pcadv.org/Resources/FatalityReport_2013.pdf

Pennsylvania State Police, Crime in Pennsylvania Annual Uniform Crime Report
<http://www.paucrs.pa.gov/UCR/Reporting/Annual/AnnualSumArrestUI.asp>

Indicator – Domestic Violence and Rape

Each year, domestic violence damages hundreds of families across the state, weakening family stability, uprooting children, and resulting in fatalities in some cases. In 2013, there were seven fatalities in the region resulting from domestic violence.¹² Victims are most likely to be female and between the ages of 18 and 64. The majority of fatalities were caused by a gunshot wound from a current or former intimate partner.

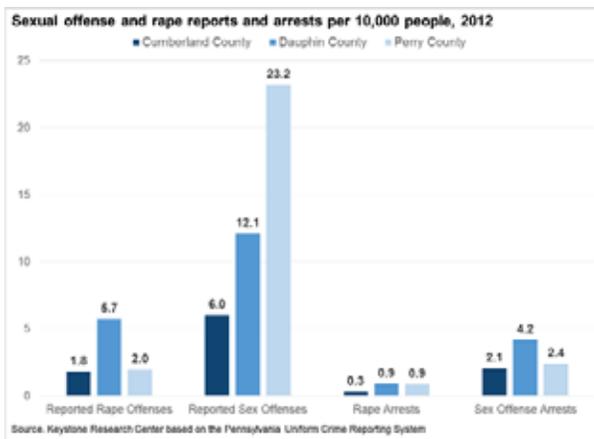
Sexual violence also is detrimental to a victim’s feeling of safety, stability and future interpersonal relationships. In 2012, there were 206 rapes reported in the Capital Region. Only 35 arrests were made, an arrest rate of 17 percent. There were 26 more rape incidents reported in 2012 than in 2011, and the entire increase can be attributed to a rise in rape reports in Dauphin County. In addition in 2012, 575 sex offenses were reported in the region, leading to 172 arrests (a 30 percent arrest rate). Sex offenses include statutory rape and offenses against common decency, among other related crimes. Reports of sex offenses increased by

nine percent between 2010 and 2012, while related arrests fell by 12 percent. Adjusting sexual offense and rape report and arrest data for population shows that sexual violence reports and arrests are lowest in Cumberland County and highest in either Dauphin or Perry counties, depending on the measure.

In 2012, nearly 150 nonviolent family offenses were reported in the Capital Region, resulting in 70 arrests. Those offenses include nonviolent acts that threaten the well-being of another family member. The majority of domestic violence fatalities, sexual violence cases and family offenses in 2012 locally occurred in Dauphin County. Perry County has had one reported fatality resulting from domestic violence since 2007.

Data Highlights

- In 2013, domestic violence resulted in seven fatalities in the Capital Region, the third-highest number since 1998.¹³
- Most domestic violence-related deaths in 2013 occurred in Dauphin County. Perry County has had only one fatality resulting from domestic violence since 2007.
- In the region in 2012, 206 rapes were reported with 25 arrests made, and 575 sex offenses were reported with 172 arrests made.
- Sexual offense report rates were lowest in Cumberland County and highest in Perry County; rape report rates also were lowest in Cumberland but highest in Dauphin County.
- In 2012, there were 149 nonviolent family offenses reported and 70 arrests made in the Capital Region.



¹² One of the seven fatalities was the perpetrator of domestic violence.

¹³ Pennsylvania has no central database for domestic violence cases, and the collection of this data relies on news reports and police data. Therefore, it likely undercounts victims whose deaths did not attract media attention, namely those in low-income neighborhoods.

Sources

The Pennsylvania Coalition Against Domestic Violence, 2013 Domestic Violence Fatalities in Pennsylvania
http://www.pcadv.org/Resources/FatalityReport_2013.pdf

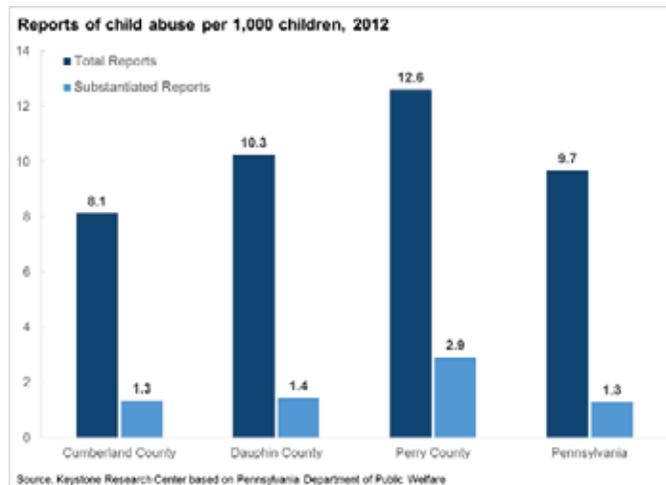
Pennsylvania State Police, Crime in Pennsylvania Annual Uniform Crime Report
<http://www.paucrs.pa.gov/UCR/Reporting/Annual/AnnualSumArrestUI.asp>

Indicator – Child Abuse

Child abuse has detrimental long-term effects on victims, from mental health problems to increased future criminal behavior. In 2012, there were 1,154 reports of child abuse in the Capital Region, or 9.6 reports for every 1,000 children in the area. Of those reports, 16 percent were substantiated. Statewide, sexual abuse was involved in about half of child abuse cases, and about two-thirds of the child abuse victims were girls. The perpetrator has a parental relationship with the victim in more than half of child abuse incidents.

The highest rate of abuse in the Capital Region was in Perry County with 12.6 reports per 1,000 children, of which 2.9 reports were substantiated. Cumberland County saw the lowest rate of abuse at 8.1 reports for every 1,000 children but also experienced a 30 percent increase in total child abuse reports from 2010 to 2012. Overall in the Capital Region, total reports were up 17 percent since 2010. Of the total number of reports made in the area in 2012, 47 cases (4.1 percent) were suspected re-abuse and six cases were substantiated.

In Pennsylvania, county Child Protective Services agencies are responsible for responding to child abuse



reports and assessing the risk of harm to the child. These agencies prioritize their services based on the risk level of each potential abuse situation. Pennsylvania law requires that Child Protective Services agencies investigate a child abuse allegation within 30 days of an initial report and file a report with findings within 60 days.

In the Capital Region, about 35 percent of child abuse reports were filed within 30 days, while 65 percent were filed in 31-60 days. Statewide, about half of reports are filed within the first 30 days after an initial claim. Faster response and reporting times can prevent additional abuse, or worse, a fatality.

Data Highlights

- In 2012, there were 1,154 reports of child abuse in the Capital Region, up 17 percent since 2010. Of the 2012 reports, 16 percent were substantiated.
- In the Capital Region, there were 9.6 child abuse reports per 1,000 children in 2012, up from 8.5 reports in 2010 and nearly equivalent to the statewide rate of 9.7 reports per 1,000 children.
- The highest rate of abuse was in Perry County with 12.6 reports per 1,000 children, of which 2.9 reports were substantiated.
- Of the total 2012 reports in the region, 47 cases (4.1 percent) were suspected re-abuse, six of which were substantiated.

Source

Pennsylvania Department of Public Welfare, 2012 Annual Child Abuse Report
<http://www.dpw.state.pa.us/publications/childabuserreports/index.htm>

Indicator – Transportation

Adequate and well-maintained transportation infrastructure is vital to any community's success and well-being. Residents of the Capital Region use varied means of transportation every day to get to work or school, run errands, and visit with friends and family. Research shows that a less stressful and less congested commute can make us happier and healthier.¹⁴

While about 61 percent of workers in Cumberland and Dauphin counties spend between 10 and 29 minutes commuting to work, Perry County residents generally have much longer commutes. Nearly half of workers in Perry County spend 30 to 59 minutes traveling to work each morning.

The vast majority (about 93 percent) of Capital Region workers drive to their place of employment each day, either alone or carpooling with other individuals. While nearly six percent of Pennsylvanians statewide use public transportation as a primary means of travel to work, only about one percent of Capital Region residents use it. Most of the Capital Region residents who commute using public transportation are in Dauphin County.

The region also includes a growing list of bicycle trails and bicycle lanes. According to BicyclePA which maintains hundreds of miles of bicycle trails throughout Pennsylvania the organization's Route J is a 200-mile long trail that cuts through the Capital Region along the Susquehanna River.

The region also supports the Harrisburg International Airport which provides air travel for the three counties of the Capital Region. The airport serves more than 1.2

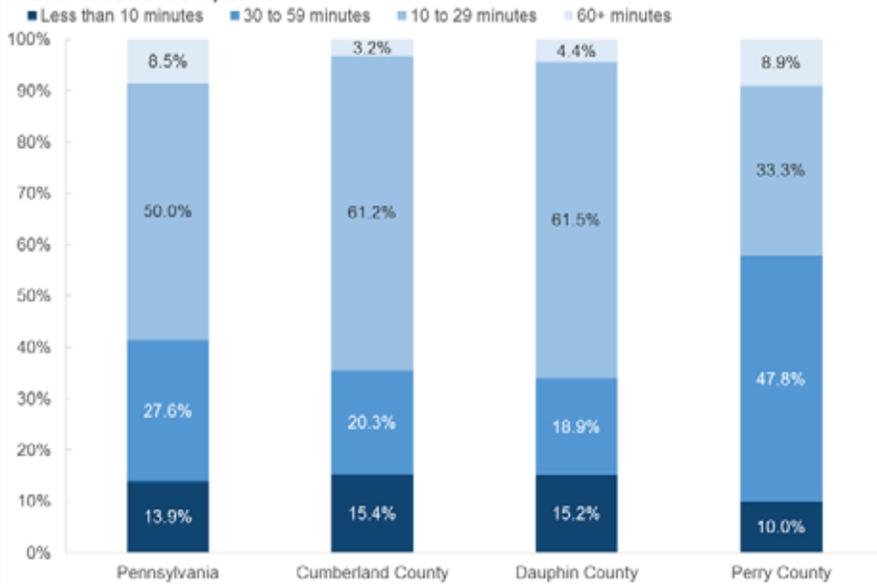


million passengers and handles about 150,000 aircraft operations every year.

Increased awareness of the impacts transportation choices can have on the environment has caused some people to alter their commuting habits. It is important that the region invest in both traditional infrastructure – bridges and roads – and in projects that could generate health, environmental and quality-of-life benefits, such as sidewalks, bike path and additional public transit routes.

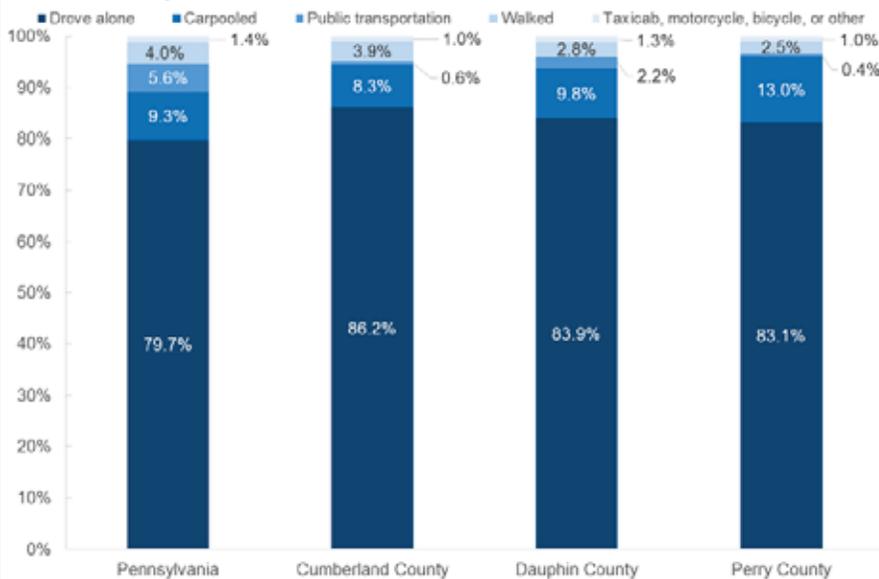
¹⁴ For an accessible summary of this research see <http://goo.gl/YjauBx>

Travel time to work, 2012



Source: Keystone Research Center based on U.S. Census Bureau American Community Survey data.

Means of transportation to work, 2012



Source: Keystone Research Center based on U.S. Census Bureau American Community Survey data.

¹⁵ Capital Area Transit operates buses on more than 30 routes in Dauphin and Cumberland County. The system provides nearly three million passenger trips per year.

Data Highlights

- In the Capital Region, most residents – 82 percent – drive alone to work each day. Another nine percent carpool to work.
- Few people in the Capital Region commute to work using public transportation – only about one in every 200 people in Cumberland and Perry counties, and one in every 45 commuters in Dauphin County. In comparison, one in every 17 workers statewide uses public transportation for their commute.¹⁵
- BicyclePA maintains hundreds of miles of bicycle trails throughout Pennsylvania. The organization’s Route J is a 200-mile long trail that cuts through the Capital Region along the Susquehanna River.
- Harrisburg International Airport provides air travel for the three counties of the Capital Region. The airport serves more than 1.2 million passengers and handles about 150,000 aircraft operations every year.

Sources

U.S. Census Bureau, American Community Survey (Table B08303 and Table B08101)
<http://goo.gl/f0l9A0>

Harrisburg International Airport
<http://flyhia.com/history>

U.S. Department of Transportation Bureau of Transportation Statistics
<http://goo.gl/4EMrY2>

Pennsylvania Department of Transportation, Bicycling Directory of Pennsylvania
<http://goo.gl/qpihZV>

Capital Area Transit, Financial Statements and Supplementary Information
<http://goo.gl/Kb1muA>

Indicator – Disaster Assistance

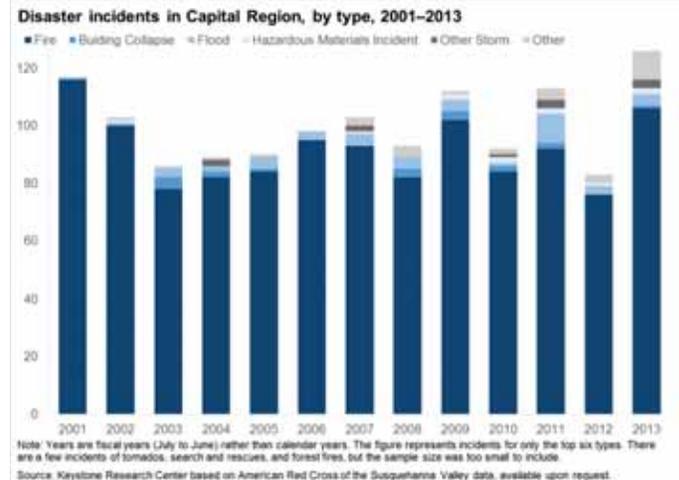
Climate change and global warming have been the subject of national and statewide policy debate and a cause of concern to the general public for the past few years. More than two-thirds of Pennsylvania residents think climate change is a serious problem. In 2012, 12 Pennsylvania counties experienced record-breaking heat, five counties saw record-breaking snowfall, and nearly a third of counties broke precipitation records.¹⁶ Additionally, there were five large wildfires throughout the state in 2012. In 2011, the Capital Region experienced serious flooding following Tropical Storms Irene and Lee. Large numbers of individuals were impacted by the storms. It took years for many of the families to return to pre-disaster conditions.

Beside emergency response teams, the American Red Cross of the Susquehanna Valley is the primary provider of disaster assistance to local residents. In 2013, the group responded to 126 incidents in the region, more than any year in the past decade. The vast majority (84 percent) of these incidents were fires, including residential, industrial and commercial blazes. More than half (55 percent) of all disaster responses in the Capital Region occurred in Dauphin County.

While it is unknown how many individuals received disaster assistance as a result of these incidents, about a quarter of the responses in 2013 involved multiple families. The American Red Cross provides items and services such as food, clothing, shelter and emotional support to disaster victims across the midstate.

¹⁶ The 2011 record-breakers were even higher: 19 counties with record-breaking heat, 29 counties with record-breaking snowfall, and 28 counties with record-breaking rainfall.

¹⁷ The data year 2013 represents the 2013 fiscal year (July 2012-June 2013). The disaster incidents included are those of the most common six types in the region (building collapse, fire, flood, hazardous materials incident, other storm and other, which includes community-service type responses like burst pipes).



Data Highlights

- In 2013, the American Red Cross of the Susquehanna Valley responded to 126 disaster incidents in the Capital Region.¹⁷
- Of those incidents, 106 incidents (84 percent) were residential, industrial, or commercial fires.
- More than half (55 percent) of all disaster responses in the Capital Region occurred in Dauphin County.
- About three quarters of disaster incident responses involved single families, the rest being multiple-family incidents.

Sources

American Red Cross of the Susquehanna Valley
<http://www.redcross.org/pa/harrisburg>

Hart Research Associates, Pennsylvania Attitudes about EPA Carbon Regulations and Climate Change
<http://www.lcv.org/issues/polling/pa-poll-on-carbon-rules-and.pdf>

Natural Resources Defense Council, Extreme Weather Map 2012
<http://www.nrdc.org/health/extremeweather/default.asp>

Section Summary

The region's population is growing faster than the state's population, and projections show continued growth in the United Way's three-county service area. The region is expected to grow to almost 628,000 residents by 2040. This growth carries implications related to increased transportation issues, service delivery, schools, and employment issues. As of 2013, Cumberland County was growing the fastest (12.9 percent) of the three counties and Dauphin County had the largest population (270,937). The region's population is concentrated around Harrisburg and its suburbs, as well as in Carlisle.

The most significant demographic factor facing the region is an aging population. The over 65 and over 85 population's growth rate dwarfs all other age groups. The over 65 age group is expected to grow almost 80 percent over the next 30 years, and the over 85 age group is expected to grow more than 132 percent. This segment of the population will become increasingly one of the most challenging regional issues as the elderly have higher health risks, chronic illnesses and impairments, functional limitations and disabilities, health insurance costs, and long term care concerns.

With the exception of Cumberland County, there is a decline in school age population, which affects the support of existing schools. Further, a shrinking working age population will carry some important considerations on how to support older and younger groups, again putting more demands on the service delivery system.

The region is experiencing an increasing population diversity related to both race and ethnicity. For example, there are big percentage increases in the non-white population, particularly among blacks (almost 15

percent) and even more so in the Asian population (75 percent). There also are big increases in Hispanic/Latino individuals – almost a doubling since 2000. In addition, more people identify with multiple races. This increased diversity carries implications for services, schools, employment and cultural sensitivity.

Similar to race and ethnicity, the region is experiencing an increase in both foreign-born and limited English proficiency populations. While those who are foreign born are a small proportion of the total population (five percent), they have increased almost 60 percent since 2000. This carries implications for schools, social services, employment and community cohesion.

In 2010, more than 76 percent of the region's population was considered urban – a 10 percent increase since 2000. The exception to this was in Perry County, where the urban population decreased 12 percent during the same period.

Household and family structure is an important part of the social fabric of our community. The region has experienced small increases (2.3 percent) in the number of husband-wife families but has seen much larger increases (13 percent) in single-parent families. However, the largest increase is seen in the number of persons 65 and over living alone – 23,500, an increase of more than 13 percent since 2000. This trend carries major implications for social services, meals, transportation, training and employment, day care and quality of life.

Veterans make up more than 11 percent of the region's population and this population is expected to decline over the next 30 years. However, because of improving medical technology, far more veterans are surviving

battlefield injuries and will require more extensive care over a longer period than service members from previous conflict eras.

Close to 65,000 (or about 12 percent) of the region's residents consider themselves to have a disability. Residents 65 and over are more than three times as likely to have a disability as residents under 65. For residents with disabilities, implications include higher health risks, chronic illnesses and impairments, functional limitations, health insurance costs, and long term care issues.

Overall, the region has had a 10 percent increase in the number of housing units since 2000. The region also is experiencing increasing homeowner and rental vacancy rates since 2000 – with the exception of Dauphin County, which saw a decline in the rental vacancy rate. Increasing homeowner and rental vacancy rates could mean that finding a place to live could get easier and less expensive, depending on the location.

In 2010, just under half of the region's population was affiliated with a religious congregation. While the number of both congregations and adherents has increased slightly since 2000, both are declining slightly as a percent of the total population. Declining religious affiliation as a percent of the population could signal a lack of civility and community support networks.

Key Findings

- The region is growing faster than Pennsylvania. By 2040, the region is expected to grow to almost 628,000 residents. Cumberland County is growing the fastest; the county grew by more than 12.9 percent between 2000 and 2013. Dauphin County is the most populated county with 271,000 residents in 2013. Projections show continued strong growth. Population concentrations are around Harrisburg and its suburbs, as well as in Carlisle.
- The proportion of men to women has been generally stable over time, and no noticeable changes are expected in the near future. Historically, older women outnumber older men, and this trend will continue.
- The most significant demographic factor in the region is an aging population. The over 65 and over 85 population's growth rate dwarfs all other age groups. The over 65 group is expected to grow almost 80 percent over the next 30 years, and the over 85 group is expected to grow more than 132 percent. The region experienced a slight decline (1.4 percent) in school-age population (ages 5-17) between 2000 and 2012. Growth in this age group is expected to be flat for the next 30 years. The region also is experiencing a shrinking working-age population in relation to both older and some younger workers, and these trends are expected to continue for the next 30 years.
- The region is experiencing an increase in population diversity related to race and ethnicity. Between 2000 and the 2008-2012 period, the black population increased almost 15 percent, the Asian population increased almost 76 percent, and the population of other races increased almost 35 percent. The number of residents considering themselves as being Hispanic or Latino almost doubled during the same time period. The population living in both Cumberland and Perry Counties is much less diverse than the population living in Dauphin County.
- The region has increasing foreign-born and limited English proficiency populations. While residents who are foreign born are a small proportion of the total population (five percent), their numbers have increased almost 60 percent since 2000. Similarly, residents with limited English proficiency comprise 3.2 percent of the region, but their numbers have grown more than 25 percent since 2000.

- More than 76 percent of the region's population is considered urban, and the urban population has increased more than 10 percent since 2000. The exception is Perry County, where the urban population has decreased 12 percent.
- The region has seen small increases in married family households, but much larger increases in single parent households. The region has also experienced large increases in people over 65 living alone.
- Veterans make up more than 11 percent of the region's population and the size of this population is expected to decline over the next 30 years. However, because of improving medical technology, far more veterans are surviving battlefield injuries and will require more extensive care over a longer period than service members from previous conflict eras.
- Close to 65,000 (or about 12 percent) of the region's residents consider themselves to have a disability. Residents 65 and over are more than three times as likely to have a disability as residents under 65.
- In 2010, just under half of the region's population was affiliated with a religious congregation. While the number of both congregations and adherents has increased slightly since 2000, both are declining slightly as a percent of the total population.
- The region has experienced increasing homeowner and rental vacancy rates since 2000; the exception is Dauphin County, which has seen a decline in the rental vacancy rate. Overall, the region has had a 10 percent increase in the number of total housing units since 2000.

Editorial Acknowledgements: Special thanks to Michael Behney, MRP, Director, Institute of State and Regional Affairs; Stephanie L. Wehnau, M.S., Director; and Nicole L. Sturges, Assistant Director, Center for Survey Research; of Penn State Harrisburg for the production of this chapter.

Indicator – Total Population

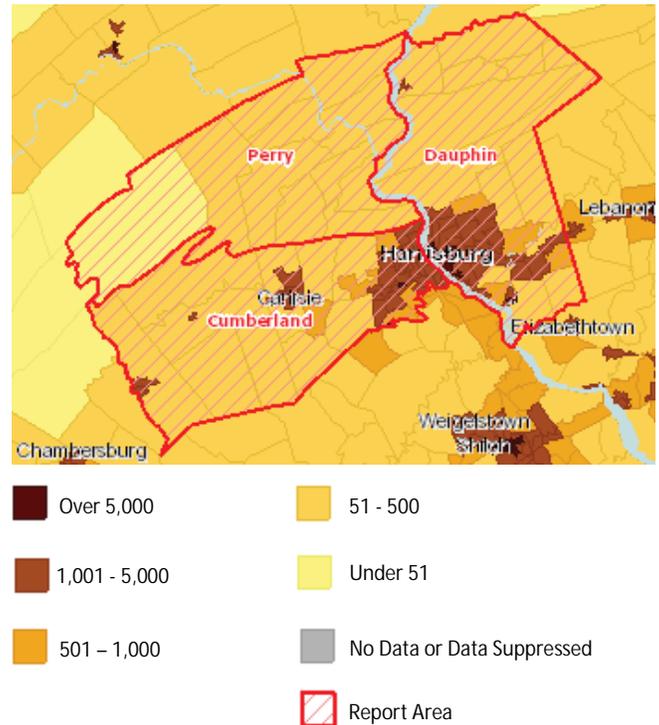
The Tri-County region is home to more than a half million residents, according to the most recent estimates from the U.S. Census Bureau. The population growth rate for the region far outpaced the growth rate of Pennsylvania from 2000 to 2013. The region grew from 509,139 persons in 2000 to 557,711 persons in 2013, an increase of 9.5 percent. By comparison, Pennsylvania's population grew only 3.9 percent during the same period, while the U.S. population grew 12.7 percent.

Dauphin County had the largest population in 2013 with more than 270,000 residents, followed by Cumberland County with more than 241,000 residents and Perry County with more than 45,000 residents. Cumberland County's population grew 12.9 percent between 2000 and 2013, while Dauphin County's population grew 7.6 percent and Perry County's population grew 4.5 percent.

Projections to the year 2040 anticipate a continued increase in the region's population growth, albeit at a slightly slower pace - 14.2 percent for the region (Cumberland 19.2, Dauphin 10.7 and Perry 9.2) compared to Pennsylvania's expected growth of 11.3 percent. The U.S. population is expected to grow 23.5 percent by 2040.

The population of the region is concentrated around Harrisburg (the region's largest city) and adjoining municipalities, as well as around the Borough of Carlisle in Cumberland County.

Population, Density (Persons per Square Mile) by Tract, ACS 2008 - 2012





Area	2000 Census Total Population	2013 Population Estimate	2000 – 2013 Percent Change	2040 Population Projection	2010 – 2040 Percent Change
Region	509,139	557,711	9.5 percent	627,469	14.2 percent
Cumberland County	213,697	241,212	12.9 percent	280,505	19.2 percent
Dauphin County	251,852	270,937	7.6 percent	296,766	10.7 percent
Perry County	43,590	45,562	4.5 percent	50,198	9.2 percent
Pennsylvania	12,281,054	12,764,475	3.9 percent	14,132,588	11.3 percent
United States	280,421,907	316,128,839	12.7 percent	380,016,000	23.5 percent

Data Highlights

- The Tri-County region is home to 558,000 residents.
- The region is growing at a faster pace than the state but less than the nation as a whole.
- Cumberland County is the fastest growing county, with a 12.9 percent increase in population between 2000 and 2013, and the county is expected to grow more than 19 percent between 2010 and 2040.
- The region's population centers of Harrisburg, Camp Hill and Carlisle have the highest population density.

Sources

- U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>
- U.S. Bureau of the Census, Population Division for 2013 Population Estimates
<http://www.census.gov/popest/data/index.html>
- The Pennsylvania State Data Center, Penn State Harrisburg for Population Projections
http://www.rural.palegislature.us/demographics_population_projections.html
- Community Commons
<http://www.communitycommons.org/>

Indicator – Population by Gender

Population by gender is sometimes analyzed by comparing the total number of males as a proportion of the total number of females, which is called the sex ratio. The sex ratio in Dauphin and Cumberland counties is projected to decline slightly from 2000 to 2040, while it is expected to increase in Perry County. (Note that Perry County has a relatively small population – 45,562 in 2013 – and the projections for such small areas can have a larger error rate than larger counties.)

The declining sex ratio in Dauphin and Cumberland counties could be attributable to a higher number of projected in-migrants versus changing life expectancy and health that shows males improving but at a slower rate than females. The sex ratios for Pennsylvania and the U.S. show slight increases or leveling during the 2000 to 2040 period.

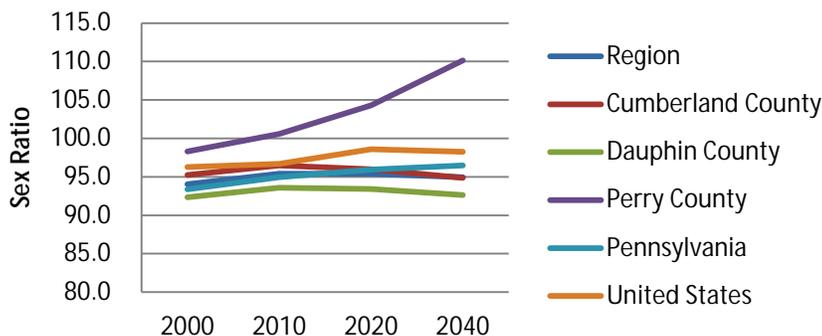
Data Highlights

- The sex ratios in Dauphin and Cumberland counties are projected to decline slightly between 2000 and 2040.
- The sex ratios in Pennsylvania and U.S. are projected to increase or remain level between 2000 and 2040.
- Males in Dauphin and Cumberland counties may not be keeping pace with females regarding life expectancy and overall health.

Sources

U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>
 The Pennsylvania State Data Center, Penn State Harrisburg for Population Projections
http://www.rural.palegislature.us/demographics/population_projections.html

Sex Ratios 2000 - 2040



Sex Ratios 2000 - 2040 (Males as a Proportion of Females)

Area	2000	2010	2020	2040
Region	94	95.4	95.4	94.9
Cumberland County	95.2	96.5	96	94.9
Dauphin County	92.3	93.6	93.4	92.7
Perry County	98.3	100.6	104.3	110.2
Pennsylvania	93.4	94.9	95.9	96.5
United States	96.3	96.7	98.6	98.3

Indicator – Population by Age

In 2012, almost one fourth (23.4 percent) of the total population in the region was under the age of 18, and one in seven (14.3 percent) residents were 65 years of age or older. Slightly less than one in ten residents (8.8 percent) were age 18 to 24, and the traditional working age population (25-64) comprised the largest segment of the population with slightly more than one in two residents (53.4 percent) falling in this category. Little variation in these proportions is observed when comparing the counties comprising the region with Pennsylvania or the U.S.



During the 2000 to 2012 period, the number of residents aged 35-44 decreased significantly and the number of residents aged 55 and older grew significantly. Generally, the number of younger persons age 0-4 increased slightly and the number of youth age 5-17 declined slightly or was stable. Perry County experienced the largest decline (10.1 percent) in the age group 5-17. Perry County also showed the largest declines in the region for the age group 25-34 (10.7 percent) and the age group 35-44 (20.1 percent).

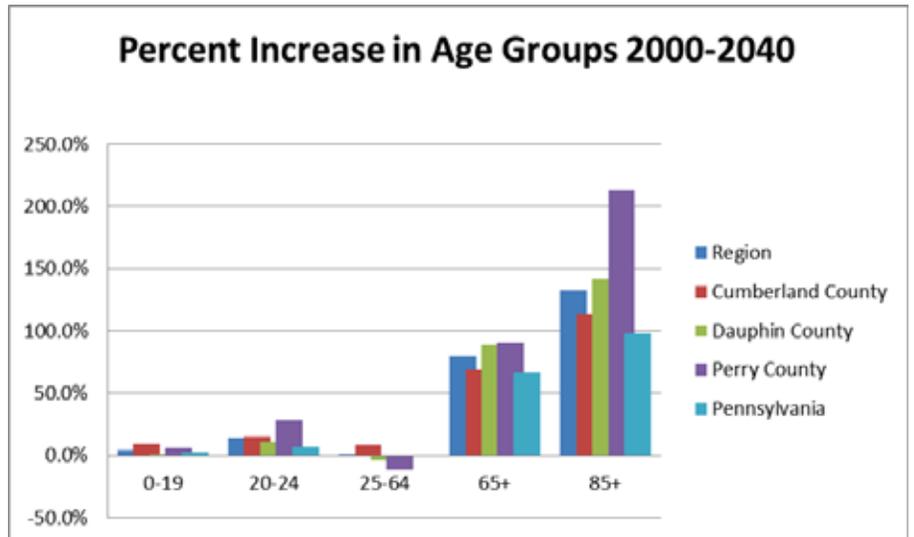
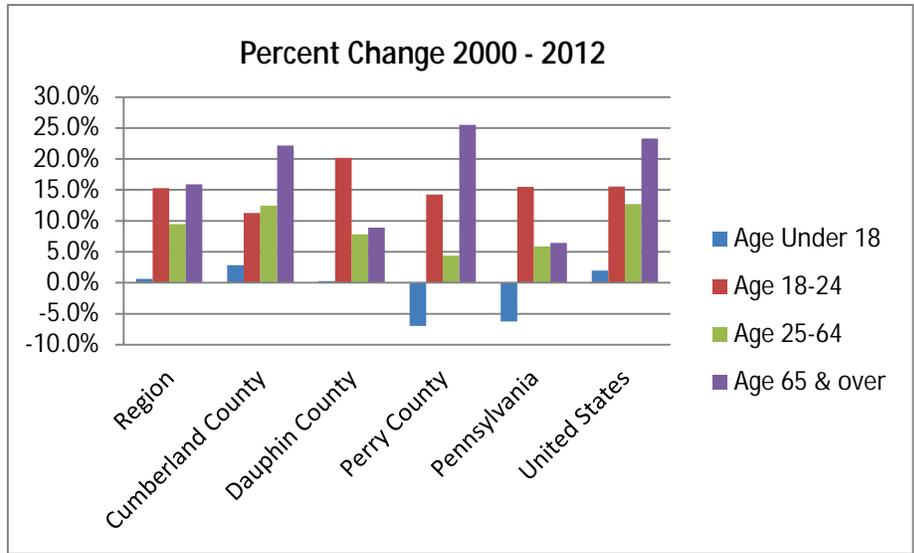
Population projections by age group in the region show that the aging trend observed for the 2000 to 2012 period is expected to continue to the year 2040. This trend is particularly true for the 65 and over and the 85 and over age groups. Perry County is expected to grow by 212.9 percent between 2010 and 2040, Dauphin County is expected to see a 142.1 percent increase, and Cumberland County is expected to see a 113.9 percent increase. The state is expected to see a 98.4 percent increase during this same period.

2012 Population Estimates by Age Group

Area	Age 0 - 4	Age 5 - 17	Age 18 - 24	Age 25 - 34	Age 35 - 44	Age 45 - 54	Age 55 - 64	Age 65+	Age 85+
Region	31,782	88,179	51,671	70,995	68,670	82,008	76,139	84,536	12,279
Cumberland County	12,440	35,879	25,099	29,683	29,739	34,870	32,110	38,794	5,968
Dauphin County	16,594	44,692	22,895	36,227	33,110	39,960	37,154	39,033	5,574
Perry County	2,748	7,608	3,677	5,085	5,821	7,178	6,875	6,709	737
Pennsylvania	719,703	2,019,683	1,263,768	1,576,531	1,549,892	1,880,836	1,710,262	2,042,861	322,052
United States	19,999,344	53,728,744	31,359,915	42,309,321	40,516,420	44,268,738	38,586,202	43,145,356	5,887,330

Another useful analytical measure regarding age is the dependency ratio. The dependency ratio is a measure of the number of people in the working age group (persons ages 20-64) compared to the number of persons who are dependent on the working age group (people under age 20 or 65 and older).

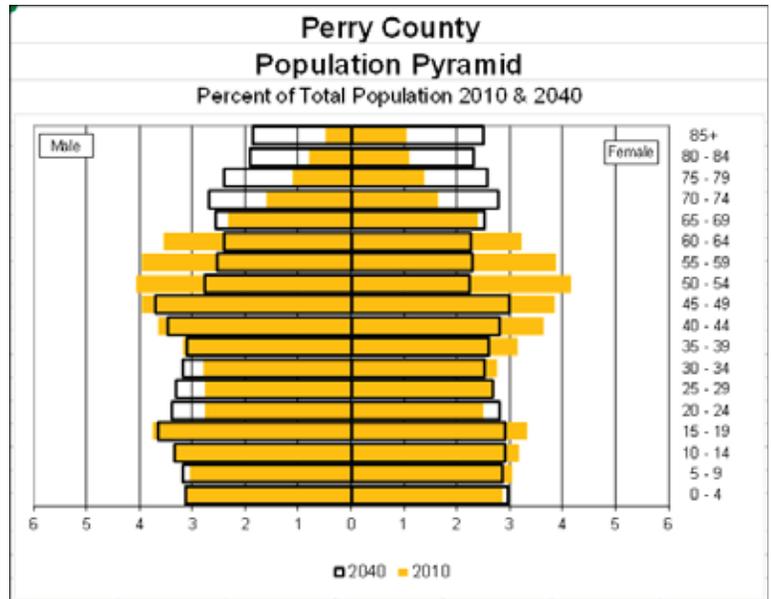
Population projections by age in our region show that the old age dependency ratio is expected to go from a low of 22.8 in Perry County in 2010 to a high of 47.2 in the year 2040. This means that in the year 2040, the working age population will be supporting almost twice as many people age 65 and over as they are currently.



Percent Change Between 2000 and 2012									
Area	Age 0 - 4	Age 5 - 17	Age 18 - 24	Age 25 - 34	Age 35 - 44	Age 45 - 54	Age 55 - 64	Age 65+	Age 85+
Region	6.6 percent	-1.4 percent	15.3 percent	6.1 percent	-17.1 percent	8.4 percent	63 percent	15.9 percent	41.1 percent
Cumberland County	6.7 percent	1.6 percent	11.3 percent	10 percent	-12.5 percent	11 percent	60.6 percent	22.2 percent	52.2 percent
Dauphin County	7.1 percent	-2 percent	20.2 percent	5.9 percent	-20.3 percent	6.6 percent	64.7 percent	8.9 percent	31.4 percent
Perry County	3.2 percent	-10.1 percent	14.2 percent	-10.7 percent	-20.1 percent	6 percent	65.3 percent	25.5 percent	36 percent
Pennsylvania	-1.1 percent	-8 percent	15.5 percent	1 percent	-20.4 percent	10.3 percent	51.1 percent	6.4 percent	35.6 percent
United States	4.3 percent	1.1 percent	15.5 percent	6.1 percent	-10.3 percent	17.5 percent	59 percent	23.3 percent	38.9 percent

The youth dependency ratio is projected to remain stable or increase only slightly between 2010 and 2040.

Another method of observing the change in population over time is through the use of a population pyramid. An examination of Perry County using this technique dramatically shows how the baby-boom-age population will age during the period from 2010 to 2040.



Old Age Dependency Ratio				
Area	2010	2020	2030	2040
Cumberland County	26	33.6	40.5	40
Dauphin County	22.7	32.5	43.7	44.2
Perry County	22.8	35.4	46.07	47.2
Pennsylvania	25.9	33.5	42.9	43

Old age dependency ratio = age 65 and over / age 20 - 64 x 100

Data Highlights

- In 2012, one in every two persons of the region is of working age (25 - 64).
- The size of the 65 and over and the 85 and over age groups is expected to increase dramatically between 2010 and 2040.
- The region is outpacing the growth rate of Pennsylvania for all age groups except the 25-64 age group.
- By the year 2040, the working-age population will be supporting 75 percent more people age 65 and over as they are currently.

Sources

U.S. Bureau of the Census, Census 2010
<http://www.census.gov/2010census/>

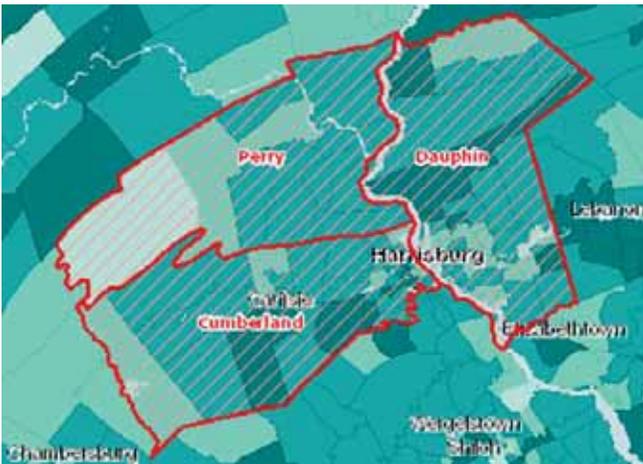
U.S. Census Bureau, 2008-2012 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/

The Pennsylvania State Data Center, Penn State Harrisburg for Population Projections
http://www.rural.palegislature.us/demographics_population_projections.html

Indicator – Median Age

The increase in the median age of our region’s residents between 2000 and 2012 is reflective of the aging of the population. The median age in Perry County increased the most (11.5 percent), followed by Cumberland County (7.1 percent) and Dauphin County (4.7 percent).

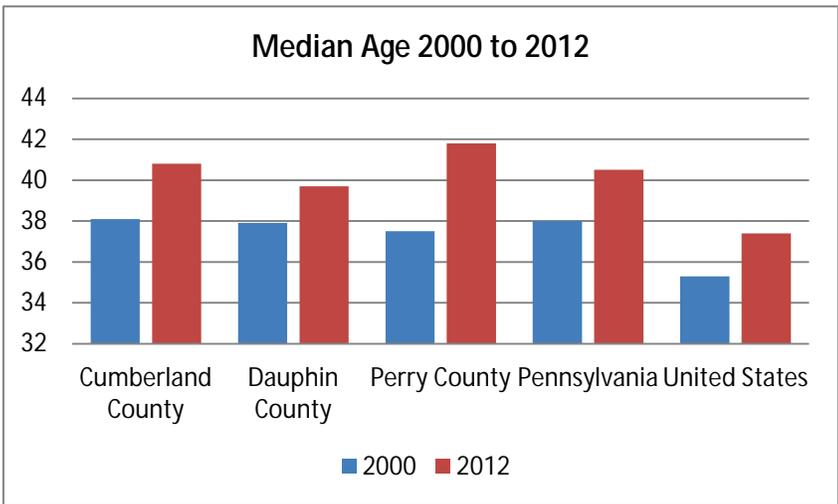
Median Age by Tract, ACS 2008-12



Median Age 2000 to 2012			
Area	2000	2012	Percent Change
Cumberland County	38.1	40.8	7.1 percent
Dauphin County	37.9	39.7	4.7 percent
Perry County	37.5	41.8	11.5 percent
Pennsylvania	38	40.5	6.6 percent
United States	35.3	37.4	5.9 percent

Data Highlight

- The increase in the median age of our region’s residents between 2000 and 2012 is reflective of the aging of our population.



Sources

U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>

U.S. Census Bureau, 2008-2012 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/

Community Commons
<http://www.communitycommons.org/>

Indicator – Population by Race

Between 2008 and 2012, the populations in both Cumberland and Perry counties were much less diverse than the population living in Dauphin County. Non-whites comprised more than 26 percent of Dauphin County's population, 9.1 percent of Cumberland County's population and 3.4 percent of Perry County's population. Overall, the non-white portion of the region's population (17 percent) was very similar to the non-white portion of Pennsylvania's population (17.4 percent).

Population by Race						
2008 – 2012 American Community Survey Five-Year Estimates						
Area	White	Black	Asian	Native American/Alaska Native/Native Hawaiian/Pacific Islander	Some Other Race	Multiple Races
Region	455,832	54,824	15,045	1,226	8,036	14,325
Cumberland County	214,006	7,324	6,571	430	1,794	5,189
Dauphin County	197,274	47,186	8,387	423	5,950	8,635
Perry County	44,552	314	87	373	292	501
Pennsylvania	10,475,818	1,372,144	351,626	4,193	244,336	232,597
United States	229,298,906	38,825,848	14,859,795	514,774	14,814,369	8,296,291

Percent of Total 2008 - 2012						
Area	White	Black	Asian	Native American/Alaska Native Combo	Some Other Race	Multiple Races
Region	83 percent	10 percent	2.7 percent	.2 percent	1.5 percent	2.6 percent
Cumberland County	90.9 percent	3.1 percent	2.8 percent	.2 percent	.8 percent	2.2 percent
Dauphin County	73.6 percent	17.6 percent	3.1 percent	.2 percent	2.2 percent	3.2 percent
Perry County	96.6 percent	.7 percent	.2 percent	.8 percent	.6 percent	1.1 percent
Pennsylvania	82.6 percent	10.8 percent	2.8 percent	0 percent	1.9 percent	1.8 percent
United States	74.8 percent	12.7 percent	4.8 percent	.2 percent	4.8 percent	2.7 percent

African-Americans comprised 10 percent of the region’s population in 2012 compared to 9.4 percent in 2000. African-Americans comprised 10.8 percent of Pennsylvania’s population in 2012, up from 10 percent in 2000. While still relatively small, the Asian population is growing more rapidly than any other single racial population in all counties of the region, as well as the in the state and nation. Also, people of the region are classifying themselves as being of some other race and/or of multiple races at a much higher rate than in the state or nation.

Percent Change 2000 – 2012						
Area	White	Black	Asian	Native American/Alaska Native/Native Hawaiian/Pacific Islander	Some Other Race	Multiple Races
Region	3.9 percent	14.7 percent	75.5 percent	25.1 percent	34.4 percent	105.8 percent
Cumberland County	6.1 percent	45.1 percent	83.7 percent	23.2 percent	96.1 percent	150.9 percent
Dauphin County	1.6 percent	10.8 percent	70.1 percent	19.5 percent	19.7 percent	85.3 percent
Perry County	3.7 percent	66.1 percent	33.8 percent	34.7 percent	217.4 percent	114.1 percent
Pennsylvania	-.1 percent	12 percent	60 percent	13.7 percent	29.7 percent	63.5 percent
United States	8.4 percent	12 percent	45.1 percent	29 percent	-3.5 percent	21.5 percent

Data Highlights

- The populations of Cumberland and Perry counties are much less diverse than the population living in Dauphin County.
- The Asian population is growing more rapidly than any other single racial population in all counties of the region.
- People of the region are classifying themselves as being of some other race and/or of multiple races at a much higher rate than in the state or nation.

Sources

U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>

U.S. Census Bureau, 2008-2012 American Community Survey,
http://www.census.gov/acs/www/about_the_survey/american_community_survey/

Indicator – Hispanic or Latino Population

The region is home to 25,937 Hispanic/Latino residents, which is almost five percent of the region’s population. Dauphin County has the largest number of Hispanics/Latinos (18,828), followed by Cumberland County (6,507) and Perry County (602). In comparison, Hispanics/Latinos comprise almost six percent of Pennsylvania’s population and almost 17 percent of the national population. (Note that Hispanic or Latino is considered an ethnicity and is distinct from race. Someone who identifies themselves as Hispanic/Latino can be of any race or race group.)

There has been almost a doubling of Hispanics/Latinos in the region since 2000, ranging from a high of a 126 percent increase in Cumberland County to a 100 percent increase in Perry County and an 81 percent increase in Dauphin County. During this time, the state experienced a 91 percent increase in the number of Hispanics/Latinos, while the nation experienced a 47 percent increase.

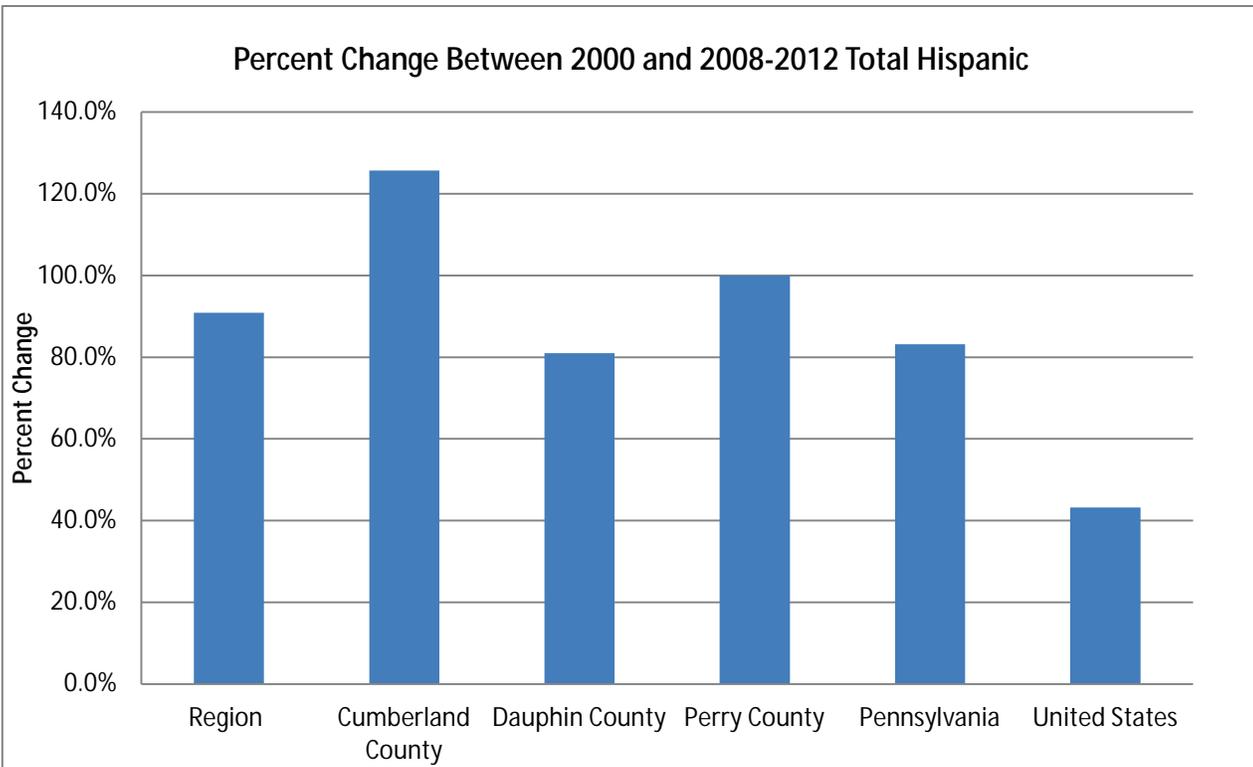
From a racial perspective, most Hispanics/Latinos in the region consider themselves to be white (49.4 percent) followed by black (10.8 percent) and the remaining

indicating some other race or racial combination. Racial identity among Hispanics/Latinos fluctuated among the counties, with 70 percent in Perry County, 68 percent in Cumberland County and 44 percent in Dauphin County considering themselves white.

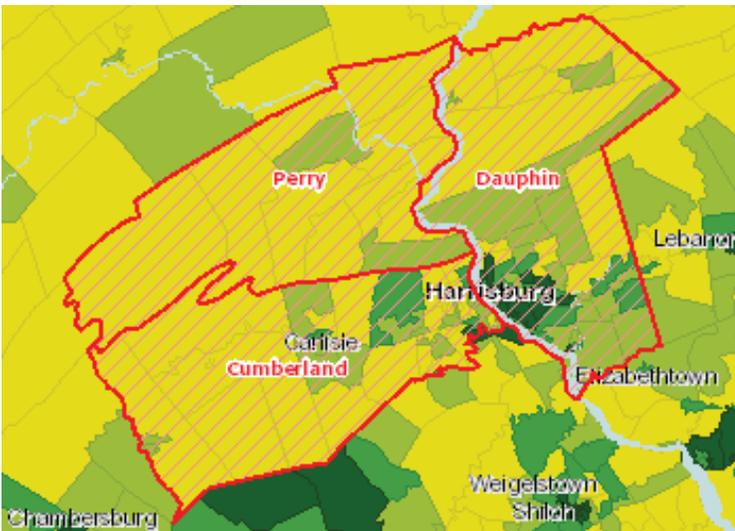
From a gender perspective of Hispanics/Latinos, there are not any significant differences in the number of males versus females or the percentage change between 2000 and 2008-2012. The exception is Cumberland County, where the rate of increase for female Hispanics/Latinos is significantly greater than the rate of increase for males (148 percent for females versus 110 percent males).

ACS 2008 – 2012, Five-Year Estimates

Area	Total Hispanic	Male	Female	White Alone	Black Alone	Other
Region	25,937	13,276	12,661	14,257	1,438	10,212
Cumberland County	6,507	3,565	2,942	3,794	293	2,420
Dauphin County	18,828	9,429	9,399	10,144	1,173	7,511
Perry County	602	282	320	319	2	281
Pennsylvania	721,899	369,022	352,877	391,420	48,689	281,790
United States	50,545,275	25,669,463	24,875,812	32,394,938	1,039,257	17,111,080



Hispanic Population, Percent by Tract, ACS 2008 - 2012



Hispanics/Latinos are most concentrated in the Harrisburg and Carlisle areas.



Data Highlights

- There has been almost a doubling of Hispanics/Latinos in the region since 2000.
- From a racial perspective, most Hispanics/Latinos in the region consider themselves to be white.
- The rate of increase for the female Hispanic/Latino population in Cumberland County is significantly greater than the rate of increase for their male counterparts in the county.

Sources

U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>

U.S. Census Bureau, 2008-2012 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/

Indicator – Population with Limited English Proficiency

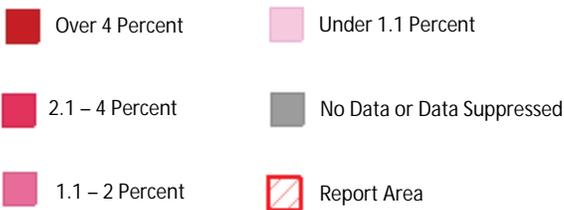
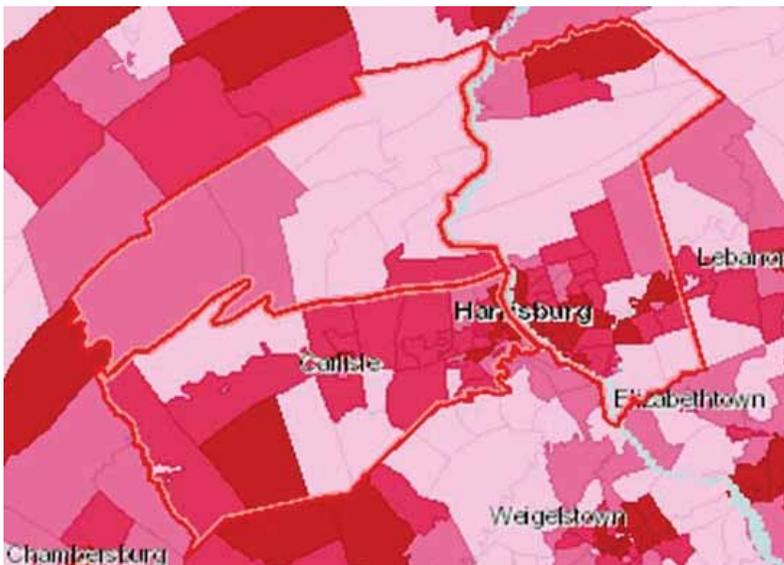
This indicator notes the percentage of individuals age five or older who speak a language other than English at home and speak English less than “very well.” In the 2007-2011 period, Dauphin County had the highest percentage of individuals with limited English proficiency (3.2 percent) in the region. Conversely, Perry County had the lowest percentage (0.8 percent). The region had a lower percentage of individuals with limited English proficiency than either Pennsylvania (3.8 percent) or the nation (8.7 percent).

Population Age Five Plus with Limited English Proficiency 2007 - 2011			
	Population Age 5+	Population Age 5+ with Limited English Proficiency	Percent of Population Age 5+ Years with Limited English Proficiency
Region	514,133	16,239	3.2 percent
Cumberland County	221,182	6,057	2.7 percent
Dauphin County	249,896	9,057	3.9 percent
Perry County	43,055	353	.8 percent
Pennsylvania	11,933,062	453,258	3.8 percent
United States	286,433,396	24,950,792	8.7 percent

Cumberland County experienced the highest increase of individuals with limited English proficiency between the 2000 and the 2007-2011 period (39 percent), followed by Dauphin County (21.1 percent). Perry County experienced a decline during this period of 16.2 percent.

Percent Change 2000 – 2007-2011	Population Age 5+ Years	Population Age 5+ Years with Limited English Proficiency
Region	7.2 percent	28.9 percent
Cumberland County	9.5 percent	39 percent
Dauphin County	5.5 percent	21.1 percent
Perry County	5.1 percent	-16.2 percent
Pennsylvania	3.3 percent	23.1 percent
United States	9.2 percent	-46.9 percent

Population with Limited English Proficiency,
Percent by Tract, ACS 2007 - 2011



Data Highlights

- Dauphin County had the highest percentage of individuals with limited English proficiency (3.2 percent) in the region.
- Compared to Pennsylvania, the region had a lower percentage of individuals with limited English proficiency (3.8 percent vs. 3.2 percent).
- Cumberland and Dauphin Counties saw an increase in the percentage of individuals with limited English proficiency between 2000 and 2007-2011.

Sources

U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>

U.S. Census Bureau, 2007-2011 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/

Community Commons
<http://www.communitycommons.org/>

Indicator – Foreign-Born Population

In the 2008-2012 period, approximately five percent of the region's population was foreign born (not a U.S. citizen or a U.S. national at birth). Dauphin County had the highest proportion of foreign-born residents (5.8 percent) followed by Cumberland County (5.1 percent) and Perry County (0.9 percent). Cumberland County has had the highest increase of foreign-born residents since 2000 (74.7 percent) followed by Dauphin County (52.2 percent) and Perry County (1.7 percent). The increases in Dauphin and Cumberland counties outpace the changes seen for the state and U.S. since 2000.

When looking at foreign-born population by ethnicity, Dauphin County had the highest percentage of foreign-born Hispanics/Latinos (21.6 percent) in the region. Conversely, Perry County had the lowest percentage of foreign-born Hispanics/Latinos (12.1 percent). Approximately one-fifth of the region's population were foreign-born Hispanics/Latinos (20.8 percent), lower than the portion of foreign-born

Area	Total Foreign Born 2008 - 2012	Percent of Total Population	Percent Change Since 2000
Region	28,050	5.1 percent	59.9 percent
Cumberland County	12,094	5.1 percent	74.7 percent
Dauphin County	15,544	5.8 percent	52.2 percent
Perry County	412	0.9 percent	1.7 percent
Pennsylvania	723,426	5.7 percent	42.3 percent
United States	39,268,840	12.8 percent	26.2 percent

Hispanics/Latinos in Pennsylvania (22.32 percent) and the United States (37.5 percent).

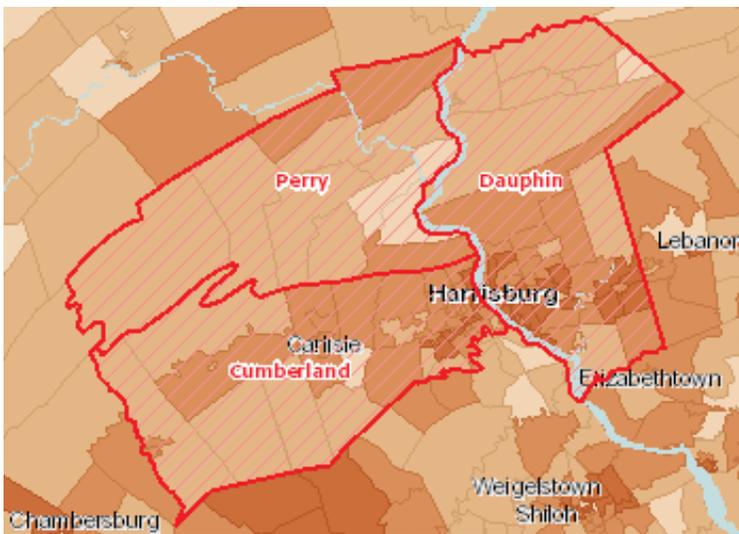
Area	Total Hispanic/Latino	Total Not Hispanic/Latino	Percent Hispanic/Latino
Region	5,141	22,909	20.8 percent
Cumberland County	1,199	10,895	19.3 percent
Dauphin County	3,872	11,672	21.6 percent
Perry County	70	342	12.1 percent
Pennsylvania	154,047	569,379	22.3 percent
United States	18,444,116	20,824,724	37.5 percent

2008 – 2012 ACS	White	Black or African-American	Native American/Alaska Native	Asian	Native Hawaiian/Pacific Islander
Cumberland County	44.8 percent	3.8 percent	.4 percent	42.8 percent	.4 percent
Dauphin County	36.1 percent	10.8 percent	.8 percent	36.9 percent	0 percent
Pennsylvania	44.1 percent	12 percent	.3 percent	33.2 percent	.1 percent
United States	48.1 percent	8.8 percent	.4 percent	24.9 percent	.3 percent

The majority of foreign-born residents in the region consider themselves to be of the white or Asian race. Cumberland County's foreign-born population was 45 percent white and 43 percent Asian, while Dauphin County's foreign-born population was 36 percent white and 33 percent Asian.

The map shows that most of the non-U.S. Citizen population is concentrated around the Harrisburg area.

**Non U.S. Citizen Population, Percent by Tract,
ACS 2008-2012**



Data Highlights

- Approximately five percent of the region's population is foreign born.
- Approximately one-fifth of the region's population was foreign-born Hispanics/Latinos (20.8 percent), which is lower than Pennsylvania's foreign-born Hispanic/Latino population (22.3 percent).
- Cumberland County had a 74 percent increase in its foreign-born population since 2000.
- Most foreign-born residents in the region identified themselves as white or Asian.

Sources

- U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>
- U.S. Census Bureau, 2008-2012 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/
- Community Commons
<http://www.communitycommons.org/>

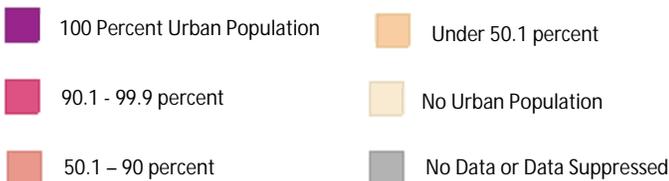
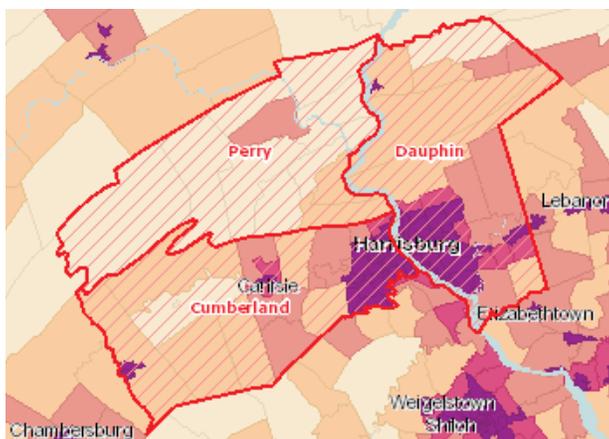
Indicator – Urban and Rural Population

More than three-quarters of the region’s population (76.6 percent) resides in an urban area, according to the 2010 Census. Dauphin County is the most urban (86.7 percent urban population), while Perry County is the most rural (88.5 percent rural population). The region’s population is slightly less urban than Pennsylvania (78.7 percent urban) and the United States (80.9 percent urban).

The region has become more urban since the year 2000. The percent of Cumberland County’s population living in an urban area has increased the most since 2000 (14 percent) followed by Dauphin County (8.1 percent). Perry County’s urban population has declined by almost 12 percent since the year 2000.

The map shows that Harrisburg and its adjoining municipalities, as well as Carlisle, have the highest concentrations of urban population.

Urban Population, Percent by Tract, US Census 2010



Urban and Rural Population			
	Total Population 2010	Percent Urban 2010	Change in Percent Urban Since 2000
Region	549,475	76.6 percent	10.3 percent
Cumberland County	235,406	77.8 percent	10 percent
Dauphin County	268,100	86.7 percent	8.1 percent
Perry County	45,969	11.5 percent	-11.9 percent
Pennsylvania	12,702,379	78.7 percent	5.6 percent
United States	312,471,327	80.9 percent	13.7 percent

Data Highlights

- More than three-quarters of the region’s population resides in an urban area.
- Dauphin County is the most urban county in the region (86.7 percent urban).
- Perry County is the most rural county in the region (88.5 percent rural).

Sources

U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>

U.S. Census Bureau, 2008-2012 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/

Community Commons
<http://www.communitycommons.org/>

Indicator – Households by Type

The average household size for Cumberland and Dauphin counties is 2.37 people and 2.53 people for Perry County, according to the 2010 Census. The region’s average household size is slightly lower than the average household size in the state (2.45 people) and the U.S. (2.58 people). Household size for the region, state and United States show declines since the 2000 Census.

Area	Average Household	Percent Change Since 2000
Cumberland County	2.37	-1.7 percent
Dauphin County	2.37	-.8 percent
Perry County	2.53	-1.9 percent
Pennsylvania	2.45	-1.2 percent
United States	2.58	-.4 percent

The region is home to more than 222,281 households, of which almost 49 percent are husband-wife family households, 6.5 percent are female-headed households with children under 18, and 10.6 percent are people 65 and over living alone. These characteristics are very similar to the Pennsylvania and United States household compositions.

are higher than the state’s 3.1 percent increase but similar to the United States increase of 13.3 percent during this period.

The portion of female-headed households with children under 18 has increased since 2000 for Cumberland County (19.6 percent increase), Dauphin County (9.6 percent increase) and Perry County (14.8 percent increase). Pennsylvania and the United States have experienced similar increases (8.9 percent and 10.6 percent, respectively) during this time period.

Husband-wife families continue to increase as well but at a considerably slower pace – a 5.4 percent increase for Cumberland County and a 1.6 percent increase for Perry County. In Dauphin County, husband-wife families have declined slightly (0.6 percent decrease).

There are 23,488 households in the region that have a householder 65 years or over living alone. Since 2000, the number of these households has increased 22.3 percent in Cumberland County, 7.9 percent in Dauphin County and 2.8 percent in Perry County. These increases

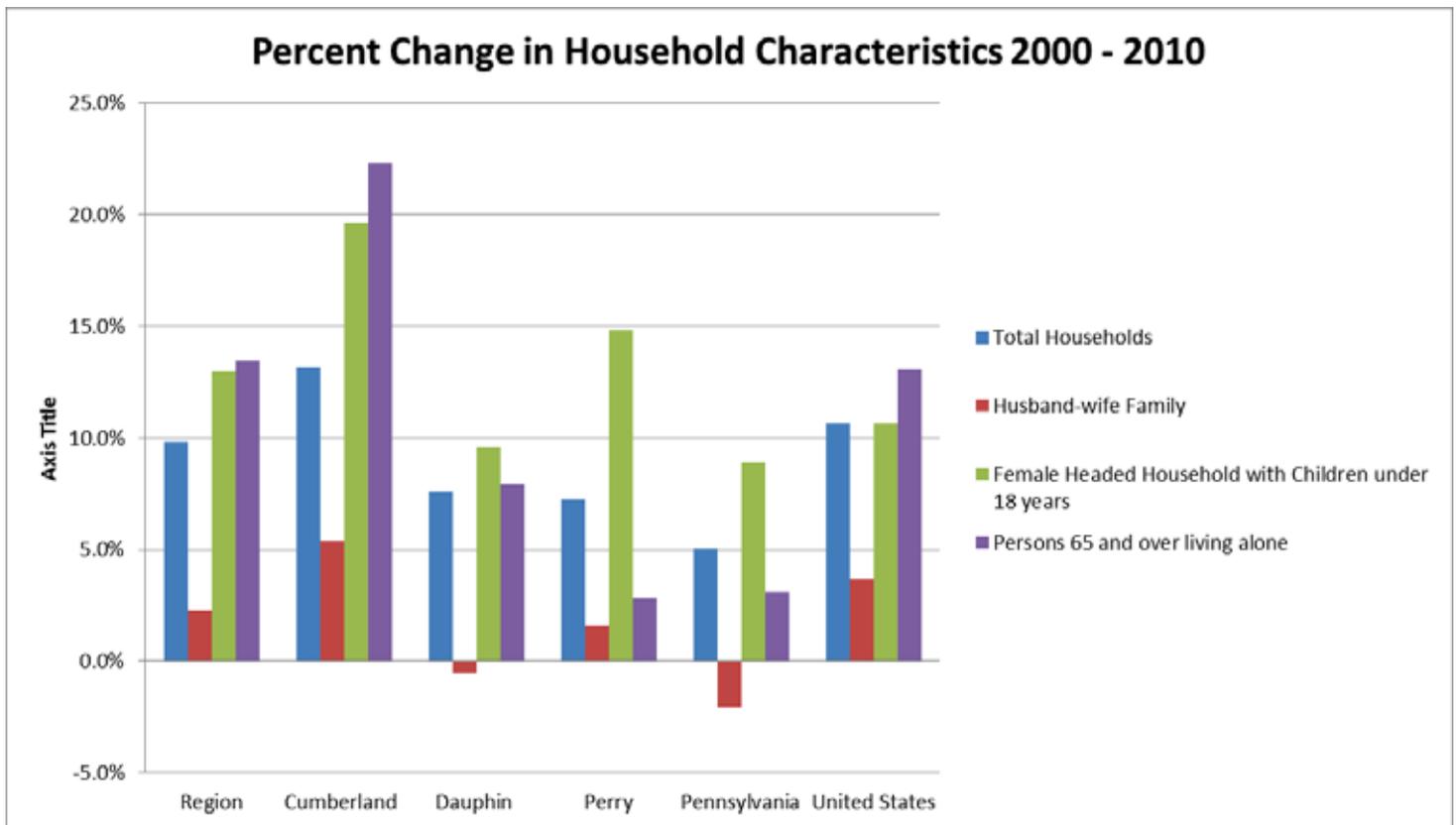


2010 Census

Area	Total Households	Husband-Wife Family	Percent Husband-Wife Family of All Households	Female Householder, No Husband Present with Own Children Under 18 Years	Percent Female Householder Present, No Husband Present, with Children Under 18 Years of all Households	Persons 65 and Over Living Alone	Percent Persons 65 and Over Living Alone of All Households
Region	222,281	108,563	48.8 percent	14,431	6.5 percent	23,488	10.6 percent
Cumberland County	93,943	49,464	52.7 percent	4,685	5 percent	10,424	11.1 percent
Dauphin County	110,435	48,643	44 percent	8,887	8 percent	11,462	10.4 percent
Perry County	17,903	10,456	5,804 percent	859	4.8 percent	1,602	8.9 percent
Pennsylvania	5,018,904	2,417,765	48.2 percent	324,578	6.5 percent	572,625	11.4 percent
United States	116,716,292	56,510,377	48.4 percent	8,365,912	7.2 percent	10,995,689	9.4 percent

Percent Change 2000 - 2010

Area	Total Households	Husband-Wife Family	Female Headed Household with Children Under 18 Years	Persons 65 and Over Living Alone
Region	9.8 percent	2.3 percent	13 percent	13.4 percent
Cumberland County	13.2 percent	5.4 percent	19.6 percent	22.3 percent
Dauphin County	7.6 percent	-.6 percent	9.6 percent	7.9 percent
Perry County	7.2 percent	1.6 percent	14.8 percent	2.8 percent
Pennsylvania	5.1 percent	-2 percent	8.9 percent	3.1 percent
United States	10.7 percent	3.7 percent	10.6 percent	13.1 percent



Data Highlights

- Household size in the region has declined slightly since 2000.
- More than half of households in Cumberland County are husband-wife households.
- More than eight percent of households in Dauphin County are female-headed households with children under 18.
- More than 11 percent of households in Cumberland County have a householder 65 years or over living alone.

Sources

- U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>
- U.S. Census Bureau, 2008-2012 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/
- Community Commons
<http://www.communitycommons.org/>

Indicator – Veteran Status

Some 47,484 residents in the region identify themselves as veterans, 11.1 percent of the total population. Perry County has the highest percentage of veterans (12.1 percent) while Dauphin County has the lowest percentage (10.4 percent). The region has a higher percentage of veterans when compared to Pennsylvania and the United States (9.9 percent and 9.3 percent, respectively).

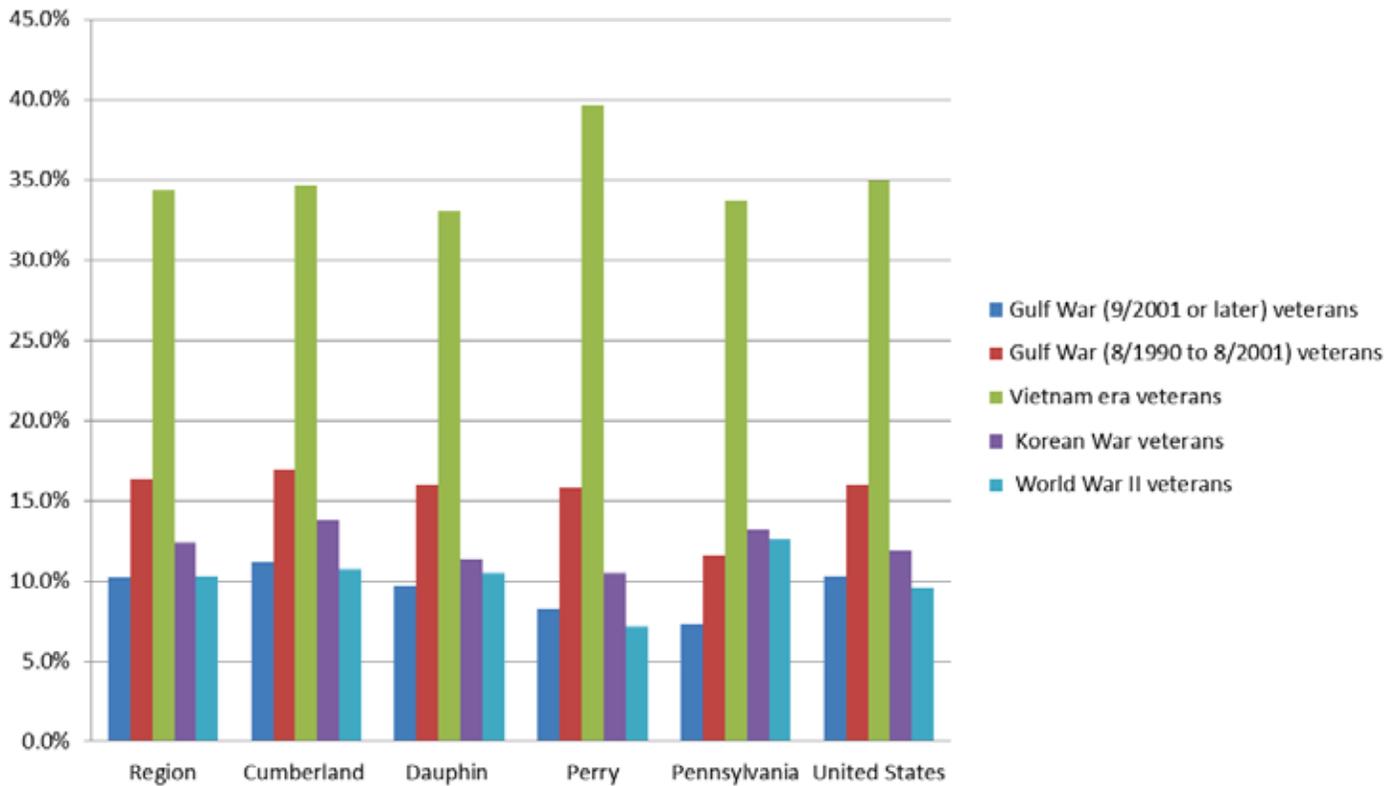
Most of the region’s veterans (more than 60 percent) indicated that they served during the Vietnam era or the two Gulf War periods; however, more than 12 percent served during the Korean War and 10 percent served during World War II.



2008 – 2012 ACS

	Total Veterans	Percent Veterans of Total Population	Gulf War (9/2001 or Later) Veterans	Gulf War (9/1990 to 8/2001) Veterans	Vietnam Era Veterans	Korean War Veterans	World War II Veterans
Region	47,484	11.1 percent	10.2 percent	16.4 percent	34.4 percent	12.4 percent	10.3 percent
Cumberland County	21,209	11.4 percent	11.2 percent	17 percent	34.7 percent	13.8 percent	10.7 percent
Dauphin County	22,028	10.7 percent	9.7 percent	16 percent	33.1 percent	11.4 percent	10.5 percent
Perry County	4,247	12.1 percent	8.3 percent	15.8 percent	39.7 percent	10.5 percent	7.2 percent
Pennsylvania	981,865	9.9 percent	7.3 percent	11.6 percent	33.7 percent	13.2 percent	12.6 percent
United States	21,853,912	9.3 percent	10.3 percent	16 percent	35 percent	11.9 percent	9.6 percent

Percent of Veterans by Period of Service, 2008-2012



Data Highlights

- Veterans comprise 11.1 percent of the region’s population.
- Perry County has the highest percentage of veterans (12.1 percent) while Dauphin County has the lowest percentage (10.4 percent).
- The highest proportion of the region’s veterans served during the Vietnam era.
- The region has a higher percentage of veterans (11.1 percent) when compared to Pennsylvania and the United States (9.9 percent and 9.3 percent, respectively).

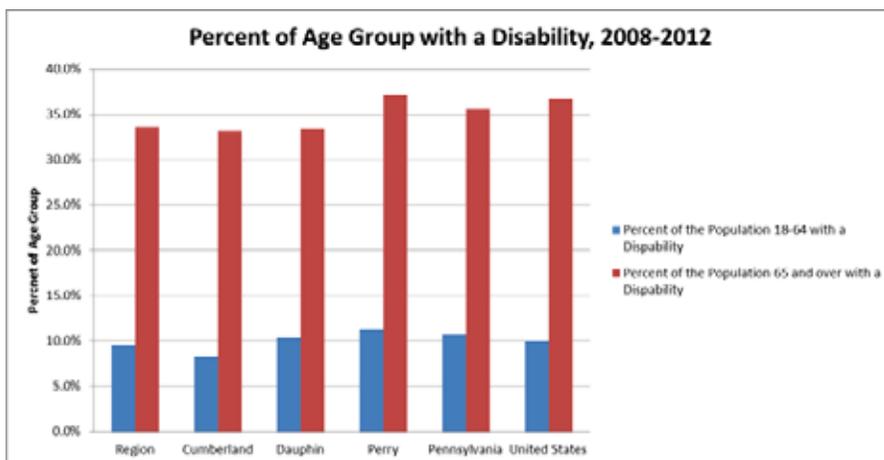
Source

U.S. Census Bureau, 2008-2012 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/

Indicator – Disability Status

Twelve percent of the region’s civilian non-institutionalized population identified themselves as having a disability, according to the 2008-2012 American Community Survey. More than one-third of residents age 65 or older in the region have a disability, and 9.6 percent of residents age 18-64 have a disability. Perry County has the highest percentage of non-institutionalized disabled individuals for all age groups. Compared to Pennsylvania, the region has lower percentages of disabled individuals.

2008 - 2012	With a Disability	Percent of Total Civilian Non-Institutionalized Population	Percent of the Population 18-64 With a Disability	Percent of the Population 65 and Over with a Disability
Region	64,558	12 percent	9.6 percent	33.6 percent
Cumberland County	25,941	11.3 percent	8.3 percent	33.1 percent
Dauphin County	32,363	12.3 percent	10.4 percent	33.5 percent
Perry County	6,254	13.8 percent	11.3 percent	37.2 percent
Pennsylvania	1,646,256	13.2 percent	10.7 percent	35.6 percent
United States	36,551,038	12 percent	10 percent	36.8 percent



Data Highlights

- Twelve percent of the region’s civilian non-institutionalized population has a disability.
- One-third of residents age 65 or older in the region have a disability, and 9.6 percent of residents age 18-64 have a disability.
- Perry County has the highest proportion of non-institutionalized disabled individuals for three categories: total population (13.8 percent), age 18-64 (11.3 percent), and age 65 or older (37.2 percent).
- Compared to Pennsylvania, the region has lower percentages of disabled individuals.

Source

U.S. Census Bureau, 2008-2012 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/

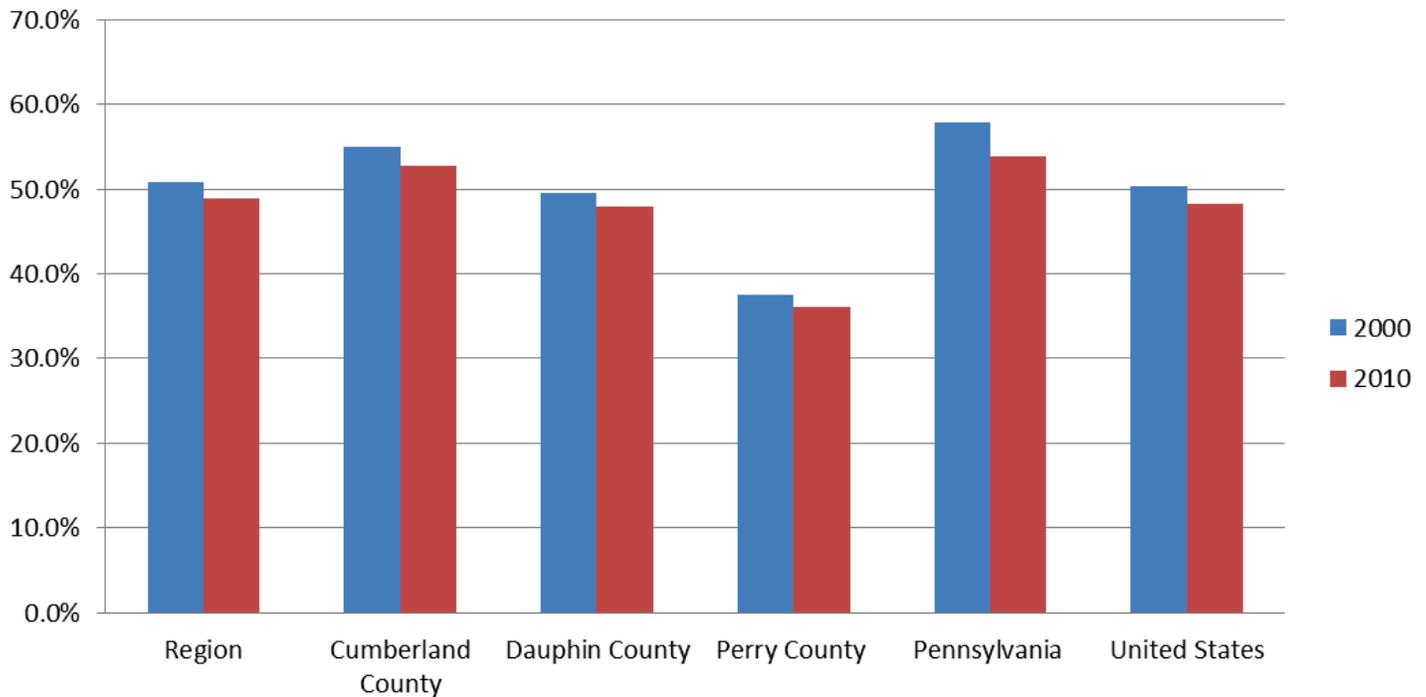
Indicator – Religious Affiliation

In 2010, just under half (49 percent) of the region’s residents were affiliated with a religious congregation (a church, synagogue, mosque, or temple). Cumberland County has the highest percentage of population affiliated with religious congregation (52.8 percent) followed by Dauphin County (47.9 percent) and Perry County (36.1 percent). The region has a lower percentage of people affiliated with religious congregations than Pennsylvania (53.9 percent) or the United States (48.2 percent).

While the number of congregations and adherents has increased during the 2000 to 2010 period, both congregations and adherents have decreased slightly as a percentage of the region’s population.

Area	2010 Congregations	2010 Adherents	2000 Congregations	2000 Adherents	Percent Change in Congregations	Percent Change in Adherents
Region	763	269,116	619	258,515	23.3 percent	4.1 percent
Cumberland County	288	124,182	247	117,408	16.6 percent	5.8 percent
Dauphin County	364	128,347	275	124,745	32.4 percent	2.9 percent
Perry County	111	16,587	97	16,362	14.4 percent	1.4 percent
Pennsylvania	15,359	6,838,440	13,105	7,116,698	17.2 percent	-3.9 percent
United States	344,894	150,596,792	268,254	141,371,963	28.6 percent	6.5 percent

Percentage of Population Affiliated with Religious Congregations, 2000-2010



Data Highlights

- Forty-nine percent of the region's population is affiliated with a religious congregation.
- Cumberland County has the highest percentage of population affiliated with religious congregation (52.8 percent) followed by Dauphin County (47.9 percent) and Perry County (36.1 percent).
- The region has a lower percentage of people affiliated with religious congregations than Pennsylvania (49 percent vs. 53.9 percent).
- As a percent of the total population, both congregations and adherents have decreased slightly.

Sources

U.S. Membership Report: Religious Traditions, 2010
<http://www.thearda.com/rcms2010/selectCounty.asp?state=42&county=01001>

Religious congregations and membership in the United States, 2000: An enumeration by region, state and county based on data reported by 149 religious bodies. Nashville, TN: Glenmary Research Center.

Indicator – Housing Occupancy

According to the 2010 Census, 7.7 percent of housing units in the region were vacant. The homeowner vacancy rate was 1.9 percent, and the rental vacancy rate was 7.6 percent. Perry County had the highest percentage of vacant housing units (12.3 percent) and Cumberland County had the lowest (six percent). Dauphin County had the highest homeowner vacancy rate (2.4 percent) and rental vacancy rate (8.4 percent) in the region. The region has a lower percentage of vacant housing units than Pennsylvania (9.9 percent) and the United States (11.4 percent).

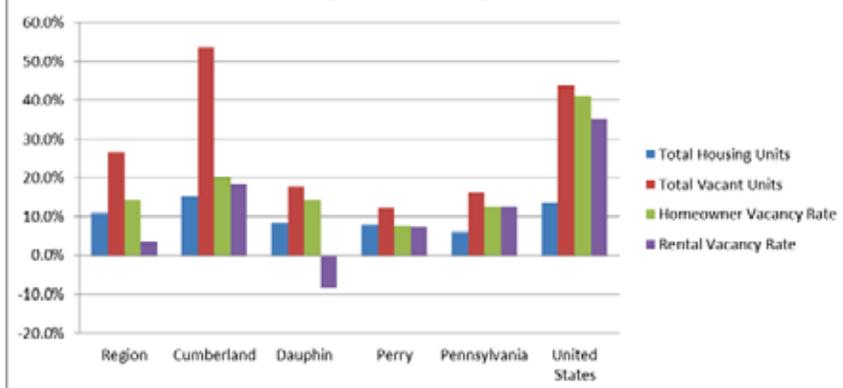
The number of housing units in Cumberland County has increased 15 percent since 2000. Cumberland County also led in the change in vacant units, which increased 53.6 percent during the same period.

2010				
Area	Total Housing Units	Total Vacant Units	Homeowner Vacancy Rate	Rental Vacancy Rate
Region	240,818	18,537	1.9 percent	7.6 percent
Cumberland County	99,988	6,045	1.8 percent	7.1 percent
Dauphin County	120,406	9,971	2.4 percent	8.4 percent
Perry County	20,424	2,521	1.4 percent	7.4 percent
Pennsylvania	5,567,315	548,411	1.8 percent	8.1 percent
United States	131,704,730	14,988,438	2.4 percent	9.2 percent

Data Highlights

- Nearly eight percent of housing units in the region are vacant.
- The homeowner vacancy rate is 1.9 percent and the rental vacancy rate is 7.6 percent for the region.
- Perry County has the highest percentage of vacant housing units (12.3 percent).
- Cumberland County has the lowest percentage of vacant housing units (six percent).
- Dauphin County has the highest homeowner vacancy rate (2.4 percent) and rental vacancy rate (8.4 percent) in the region.
- Compared to Pennsylvania and the United States, the region has a lower percentage of vacant housing (7.7 percent vs. 9.9 percent and 11.4 percent, respectively).

Percent Change in Housing Units 2000-2010



Sources

- U.S. Bureau of the Census, Census 2000
<http://www.census.gov/main/www/cen2000.html>
- U.S. Census Bureau, 2008-2012 American Community Survey
http://www.census.gov/acs/www/about_the_survey/american_community_survey/
- Community Commons
<http://www.communitycommons.org/>



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Introduction

For the last five years, United Way of the Capital Region observed a steady increase in the demand for health and human service programs in the area. With the changing landscape of the community, and as the gap between needs and resources continues to grow, United Way acknowledged its current position at a crossroads.

United Way, therefore, engaged with several other entities to create a partnership that would explore these greater community concerns. Additional partners included *Harrisburg Regional Chamber, West Shore Chamber of Commerce, The Foundation for Enhancing Communities, Cumberland County, Dauphin County and Perry County*. This partnership of organizations was formed to develop a broader understanding of the interconnected needs of the community.

The purpose of the community assessment survey was to identify the most pressing needs of the Capital Region, determine priorities for available resources, and establish “dashboard” indicators to track our community’s health. The survey provided an opportunity to include thousands of community members in this critical element of the assessment process with the intent to gain a broader understanding of our community’s perception of health and human service priorities.

The following report highlights the results of the community assessment survey that went out in June 2014 to the constituents of the partner agencies on this assessment.



Independent Evaluator

Temple University Harrisburg's Nonprofit Evaluation Services and Training (NEST) provided services pertaining to the survey component of the community assessment. NEST is a research, training and consulting service provided by Temple University Harrisburg. It is designed to assist nonprofit and governmental human services organizations in developing the capacity to effectively serve their communities through best practices in management, research, and training. NEST brings together the expertise and skills of Temple University's faculty, staff and students with local service providers, thus enabling them to better serve their clients through innovative and research-supported intervention approaches.

The agreement between United Way of the Capital Region and NEST pertaining to the community assessment survey included the following activities: 1.) Development of the Community Assessment Survey, 2.)

Email dissemination of the survey using contacts provided by United Way, 3.) Analysis of survey results, and 4.) Reporting of survey results.

The following report presents the results of the community assessment in a categorical manner. First, the community concerns questions are addressed and include subtopics of health, education, income/economy and community. Then, the document presents an assessment of other pertinent health and human service issues as determined by the respondents. Next, the document presents an analysis of the qualitative responses. Lastly, the document describes survey participant demographics.



Methods

For the purpose of this research, the Community Concerns methodology^{1,2} was used. Concerns surveys enable community members to participate by helping to identify what they believe to be the most pressing issues facing a community. Concerns surveys are commonly conducted as part of a larger endeavor and can be a useful tool for securing community buy-in.

Concerns surveys are structured such that participants first address how important the item is based on a typical Likert-type index followed by how satisfied they are with efforts in the community surrounding the same topic. Questions for this community assessment were generated using previously validated instruments and stakeholder input. The final survey instrument asked respondents to comment on health-related, education-related, income/economy-related and community-related items. (See Appendix A).

While basic analyses, frequency information, mean importance and mean satisfaction assessments were formulated from the data, the signature assessment of community concerns surveys converts those ratings to percentages. Answers are converted into a percentage using the following equation:

$$[n_1(0) + n_2(1) + n_3(2) + n_4(3) + n_5(4)]/[N(4)X100]$$

Stated in another way, code the Likert-type scale beginning at zero (for example: 0 = Not Important through 4 = Very Important, etc.). Multiply the frequency of the response by the coding. Sum the total of the multiplied responses. Divide this total by the highest possible value for each question. Convert to percentage by multiplying by 100. See example provided below.

This percentage can then be assessed relative to the other items. Items are ranked in accordance to highest percentages of importance. Then, percentage of satisfaction is assessed across each item. Those items with high percentages for both importance and satisfaction are considered community strengths. Those items with high percentages of importance but lower percent satisfaction rates are those areas of concern for the community³.

Design

The community assessment used a quantitative cross-sectional survey design. However, embedded within the survey were several open-ended questions to capture

Example:			
Coding		Frequency	Product
0	X	52	= 0
1	X	9	= 9
2	X	95	= 190
3	X	649	= 1,947
4	X	1,129	= 4,516
Sum →		1,934	6,662

1,934 people who answered X 4 (highest possible value) = 7,736

$6,662/7,736 = 0.861169$

$0.861169 \times 100 = \underline{86\%}$

¹ Schriener, K.F., & Fawcett, S.B. (1988). Development and Validation of a Community Concerns Report Method. *Journal of Community Psychology*, 16(1), 306-316.

² "Community Tool Box – Section 10 Conducting Concerns Survey". A resource of the University of Kansas retrieved on 5/5/14 from <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-concerns-surveys/main>.

³ See footnote #1.

more in-depth information from the respondents. The open-ended survey questions were designed using an appreciative inquiry⁴ framework. Appreciative inquiry offers a means of addressing concerns in a way that builds on strengths and successes. It positively reframes the structure of questions. The survey instrument was distributed to the sampling frame through Qualtrics software in the form of an email with embedded link. Two follow-up emails were distributed to increase response rate of the survey.

Sample

The sample of the study included residents of the Central Pennsylvania region. The sampling frame included those individuals who engaged with the

partner agencies in some manner and therefore were on the mailing list. Mailing lists from all partner agencies were combined and duplicates were eliminated. The survey was then disseminated through Qualtrics to 16,505 individuals. There were 2,256 surveys returned for a response rate of approximately 14 percent. However, many respondents stopped taking the survey after the initial questions about residence. Surveys were kept in the dataset if at least one of the concerns questions was answered. Therefore, 1,965 surveys were used in this analysis.



⁴ Preskill, H. & Tzavaras Catsambas, T. (2006). Reframing Evaluation Through Appreciative Inquiry. Thousand Oaks, CA: Sage.

Community Concerns

Participants were asked to identify the most pressing issues that faced the community across the topics of 1.) Health, 2.) Education, 3.) Income/Economy and 4.) Community. Using the community concerns framework, participants first addressed how important items were based on a Likert-type scale. Then the respondents expressed their level of satisfaction with the same items also using a Likert-type scale. The following sections describe the results of the community concerns portion of the survey instrument across the topics of health, education, income/economy and community.

Table 1: Mean Importance and Satisfaction Ratings (Health Concerns)

	Variable	Observations	Mean
Importance	Access to Affordable Healthcare	1,951	4.58
	Access to Mental Health	1,942	4.19
	Access to Physical Health	1,938	4.28
	Access to Oral Health	1,905	4.35
	Access to Prescription Medications	1,937	4.40
	Maintaining Healthy Lifestyle	1,936	4.40
	Access to Nutritious Foods	1,934	4.44
	Prevention of Chronic Disease	1,930	4.39
Satisfaction	Access to Affordable Healthcare	1,913	3.48
	Access to Mental Health	1,899	3.03
	Access to Physical Health	1,894	3.62
	Access to Oral Health	1,865	3.71
	Access to Prescription Medications	1,894	3.80
	Maintaining Healthy Lifestyle	1,897	3.59
	Access to Nutritious Foods	1,897	3.57
	Prevention of Chronic Disease	1,891	3.36

Health

Participants were asked how important and how satisfied they were with eight health-related items. Table 1 shows the mean scores for both importance and satisfaction across each of the eight metrics. Additionally, frequency data are located in Appendix B and additional statistical information is presented in Appendix D.

In terms of importance, Access to Affordable Healthcare had the highest mean (4.58). Responses in this health category showed little variation. All of the means, were relatively high on the 5-point Likert scale showing most items as "Important." Access to Mental Health had the lowest mean (4.19).

In terms of satisfaction, observe how all mean scores are lower than those presented for importance across the same eight items. The item with the highest mean for satisfaction was Access to Prescription Medications (3.80). The item with the lowest mean was Access to Mental Health (3.03). This also was presented in many of the written-in comments described later. Converting importance and satisfaction ratings to percentages, we are able to compare items and gain a picture of the community self-perceived strengths and concerns. Recall that strengths are those items that rank highly in both percentage of importance and percentage of satisfaction. Concerns, on the other hand, are those items that rank highly in importance but lower in percentage of satisfaction.

In order to systematically assess the data, each category was first ranked by percentage of importance. The top five items were selected for the health, education, income/economy, and community categories. Then, category by category, looking at the top five items,

percentages of satisfaction were assessed to determine if they are high or low. The top two satisfaction percentages were placed in the strengths category while the bottom three percentages were placed in the concerns category.

A major strength of this approach includes the systematic isolation of the five most important items per category and subsequent delegation into high and low satisfaction categories. However, it is pertinent to note that the results are always relative across the number of items selected in the category. And, as the community concerns methodology revolves around those items with high importance percentages, there are challenges in assigning items that may have low importance ratings when compared across the category. To allow for further analysis beyond that which is presented in this report, Table 3 provides all importance and satisfaction scores for all items in each category.

Table 2 shows the local health-related strengths and concerns as identified by participants of the community assessment survey first ranked by importance (top 5) and then assessed by satisfaction.

In review, the community strengths are those items that scored high in both importance and satisfaction. Table 2 shows Access to Prescription Medications and Maintaining a Healthy Lifestyle as strengths. The community concerns, on the other hand, scored high in importance but lower in satisfaction relative to the other items across the category. These included Prevention of Chronic Disease, Access to Affordable Healthcare, and Access to Nutritious Foods.

While Access to Mental Health was not in the top five items for importance, it is worthy to note that it received the lowest satisfaction score (51 percent) by a significant margin. Additionally, 22 of the written-in responses mentioned issues of mental health. This

Table 2: Health-Related Strengths and Concerns

Strengths	Concerns
Access to Prescription Medications (70 percent satisfied; 85 percent important)	Prevention of Chronic Disease (59 percent satisfied; 85 percent important)
Maintaining Healthy Lifestyle (65 percent satisfied; 85 percent important)	Access to Affordable Healthcare (62 percent satisfied; 89 percent important)
	Access to Nutritious Foods (64 percent satisfied; 86 percent important)
*Importance percentages ranged from 79.8 percent to 89.5 percent. Satisfaction percentages ranged from 50.8 percent to 69.9 percent. ** The following items were omitted as they were not in the top 5 importance percentages: Access to Oral Health (68 percent satisfied; 84 percent important), Access to Physical Health (66 percent satisfied; 82 percent important), and Access to Mental Health (51 percent satisfied; 80 percent important).	

suggests that, while issues of mental health may not be as important to every respondent personally, the participants indicated being less satisfied with the services that are available in this category.

Respondents were given the option to provide additional health-related concerns that they perceived to be important to the community. Once cleaned, there were 275 written-in comments provided. Comments were then categorized by common theme. Table 3 shows the five most frequently provided comments by assigned category. Examples of comments are listed below. Examples of written-in comments were edited for spelling errors but not for content.

Table 3: Top 5 Categories of Written-in Responses

Rank	Other	Number of Responses
1	Substance Abuse	41
2	Mental Health	22
3	Aging and Elder Issues	15
4	Air and/or Water Quality	13
5	Food-Related	10

*19 Respondents provided opinion-based commentary on the topic

Substance Abuse:

- "I consider drug abuse to be a health-related issue and I don't see a lot of effective prevention efforts in my county."
- "We have an enormous problem with substance abuse in South Central PA and there is inadequate funding for treatment for those who lack insurance. Even those with private insurance are faced with high deductibles and limited lengths of stay... "
- "Reading from the news, and from word-of-mouth, it seems like there is an increasing problem with illegal drug use- especially Heroin."
- "Drug and Alcohol problems continue to be a large problem in Perry County and treatment resources are very limited."

Mental Health:

- "Access to mental health services is very important and lacking in this area. It can take months for someone in need to get an appointment with a psychiatrist. Obviously, there is a growing need in this area for these types of services."
- "With the closing of Harrisburg Hospital, there does not seem to be any long term care facility for those with mental health issues (and in some cases those who also have medical issues) that are not conducive to living in a group home environment."
- "Improving mental health treatment is probably the one thing that requires the most thought, work and improvement."
- "I feel there needs to be more places for men and women with mental health issues to go when they are in need or in a crisis situation. There is definitely a need for someone to go out in the community to

asses these situations as well."

Aging

- "Help for the elderly to better understand their medications, how best to care for themselves and the resources available to help them."
- "Elderly resources regarding healthcare, prescriptions, provider networks and classes to explain Medicare and how it all works"
- "Caring for our aging population - looking out for their best interests, rights and protecting them from abuse and neglect."

Air and/or Water Quality

- "Warehouses, particulate matter and associated issues is not being effectively assessed. Codes on idling are not being enforced."
- "Effective actions to improve air quality specifically fine diesel particulate pollution."
- "Air quality ratings for Cumberland County are very bad, especially for diesel particulate matter."

Food Related

- "Urban gardening is a great way to produce nutritious food locally and at a low cost. We don't have enough urban / community gardens in the Tri-County area."
- "A few more comments about access to nutritious foods - I wish there were more local options in the area (and less chains)."

Education

Participants were asked how important and how satisfied they were with 10 education-related items. Table 4 shows the mean scores for both importance and satisfaction across each of the 10 metrics. Additionally,

frequency data are located in Appendix B and additional statistical information is presented in Appendix D.

In terms of importance, Access to Quality Education had the highest mean (4.64). Safety of Schools had the second highest mean (4.63). Again, all items had high mean importance ratings. There was little variation across the different items of the education category. However, Teen Pregnancy and Availability of Youth Mentoring Programs shared the lowest mean (4.22).

In terms of satisfaction, again observe how all mean scores are lower than those presented for importance across the same 10 items. The item with the highest mean for satisfaction was Access to Quality Education (3.44). The item with the lowest mean was Substance Abuse among Minors (2.70).

Table 5 shows the local education-related strengths and concerns as identified by participants of the community assessment survey first ranked by importance (top 5) and then assessed by satisfaction.

Table 5 shows Access to Quality Education and Safety of Schools as perceived community strengths. Concerns included Illiteracy, Substance Abuse Among Minors and Bullying.

Table 4: Mean Importance and Satisfaction Ratings (Education Concerns)

	Variable	Observations	Mean
Importance	Access to Quality Education	1,866	4.64
	Safety of Schools	1,849	4.63
	School Drop-Out Rates	1,841	4.30
	Teen Pregnancy	1,831	4.22
	Substance Abuse Among Minors	1,853	4.47
	Illiteracy	1,838	4.50
	Childhood Obesity	1,851	4.27
	Bullying	1,821	4.35
	Availability of Youth Mentoring Programs	1,855	4.22
	Age Appropriate Before/ After-School Activities	1,850	4.23
Satisfaction	Access to Quality Education	1,831	3.44
	Safety of Schools	1,819	3.40
	School Drop-Out Rates	1,804	3.01
	Teen Pregnancy	1,790	2.94
	Substance Abuse Among Minors	1,823	2.70
	Illiteracy	1,795	3.05
	Childhood Obesity	1,811	2.81
	Bullying	1,789	2.80
	Availability of Youth Mentoring Programs	1,818	2.94
	Age Appropriate Before/ After-School Activities	1,818	3.02

Table 5: Education-Related Strengths and Concerns

Strengths	Concerns
Access to Quality Education (61 percent satisfied; 91 percent important) Safety of Schools (60 percent satisfied; 91 percent important)	Illiteracy (51 percent satisfied; 88 percent important) Substance Abuse Among Minors (42 percent satisfied; 87 percent important) Bullying (45 percent satisfied; 84 percent important)
<p>*Importance percentages ranged from 80.8 percent to 91 percent. Satisfaction percentages ranged from 42.4 percent to 61.1 percent. ** The following items were omitted as they were not in the top 5 importance percentages: Age Appropriate Before/After School Activities (51 percent satisfied; 81 percent important), Availability of Youth Mentoring Programs (48 percent satisfied; 80 percent important), Teen Pregnancy (49 percent satisfied; 82 percent important), Childhood Obesity (45 percent satisfied; 82 percent important), and School Drop-Out Rates (50 percent satisfied; 83 percent important).</p>	

Table 6: Top 5 Categories of Written-In Responses

Rank	Other	Number of Responses
1	Youth Mentoring & Formal Programs/Youth Activities	34
2	School Policy Issues	23
3	Parent Involvement	14
4	I Don't Have Children	10
5	Services for Individuals with Disabilities	8

*33 Respondents provided opinion-based commentary on the topic

Respondents were given the option to provide additional education-related concerns that they perceived to be important to the community. Once cleaned, there were 185 responses provided. Table 6 highlights the five most commonly provided written-in responses by theme.

Examples of comments are listed below. Examples of written-in comments were edited for spelling errors but not for content.

Youth Mentoring & Formal Programs/Youth Activities

- “We need more programs/activities in the city of Harrisburg to keep the youth occupied and out of trouble so that they will stay in school, get an education and go on to live useful lives. There are too many truancy issues.”
- “Reason for my unsatisfactory for 'age appropriate before/after school activities' - There are no activity programs within my area or anything at the schools. Especially for help when it comes to school work. I would like to see a change in this.”
- “I don't think the different communities within Dauphin County give enough programs for children with working parents. Most times the time of the said activities are between 8/9 a.m. thru 12/2 p.m. Working parents cannot afford to take off time...”

- “There is a lack of supervised after-school programs/daycares for children entering middle school at 5th grade.”
- “College enrichment opportunities during the summer, PSAT Prep, SAT Prep etc. And low-income resources available for those who cannot afford it. / Work program for student under the age of 15 / Programs designed for African American & Minority.”

School Policy Issues

- “I find that it is very discouraging that a child attends high school and has to share books. No updated computers for them to have access when in the township where I live and not owning a home, I pay very high taxes.”
- “I think that there should be more education offered at all age levels on all of the above. There is a high emphasis placed on PSSA tests in school, but the amount of time devoted to health classes is limited.”
- “Retaliation -- children should be protected from retaliation if they report bullying, drug use, abuse or concerns for self or other students to school administration, teachers or other authoritative figures.”
- “For a lot of schools, you have to pay to play sports. By doing this, there are families that cannot afford to pay such fees. This takes away from having kids be active, helps with childhood obesity.”
- “Cumberland County, like much of Pennsylvania, has made a critical error in underfunding education. Foundational education provided by strong and effective teachers is fundamental to the success of a community.”

- “Cuts to physical education and academic programs like foreign languages and gifted education in Cumberland County diminish the education our children receive.”

Parent Involvement

- “It is more about getting the parents and caregivers involved that is how you help the youth. They need good role models to model the healthy lifestyle.”
- “Family and immediate community involvement in children's education, including providing skills training and resources to them.”
- “I believe that there is a lack of parental engagement with the education process. If a child is only being educated at school, that child is getting a poor engagement. Parents must partner with the schools and community regarding their children.”
- “Parents need to be responsible for the behaviors of children. We cannot control this with any kind of government assistance. Parents need to teach children right from wrong.”



Services for Individuals with Disabilities

- “Quality services and inclusive services for those with a disability or learning delay / Activities and transitional services for youth with autism and mental illness after finish school”
- “Insuring the education of those with handicaps and disabilities, such as the growing number of people diagnosed with Autism.”
- “Access to appropriate and quality special education varies among districts. Of special concern is preparing students with disabilities to transition to independent life as adults.”
- “Schools that are affordable for children with learning disability.”

Income/Economy

Participants were asked how important and how satisfied they were with eight income/economy-related items. Table 7 shows the mean scores for both importance and satisfaction across each of the eight metrics. Additionally, frequency data are located in Appendix B and additional statistical information is presented in Appendix D.

In terms of importance, Availability of Family Sustaining Jobs had the highest mean (4.49). Access to Adult Education Opportunities had the lowest mean (4.14). Again, the means across items were quite similar.

In terms of satisfaction, all mean scores are lower than those presented for importance across the same eight items. The item with the highest mean for satisfaction was Access to Adult Education Opportunities (3.21). The item with the lowest mean was Availability of Family Sustaining Jobs (2.75).

Table 8 shows the local economy/income-related strengths and concerns as identified by participants of the community assessment survey first ranked by importance (top 5) and then assessed by satisfaction.

The perceived strengths included Overall Availability of Jobs and Affordable Housing. The community concerns included Availability of Family Sustaining Jobs, Unemployment and Poverty.

Here, though Homelessness was not included in the top five rankings of percent importance, it did receive the second lowest satisfaction rating (45 percent). Again, while participants may not have ranked Homelessness as extremely important, they do have an overall sense of dissatisfaction pertaining to the way it is handled and services that are available.

Table 7: Mean Importance and Satisfaction Ratings (Income/Economy Concerns)

	Variable	Observations	Mean
Importance	Affordable Housing	1,799	4.29
	Poverty	1,750	4.28
	Overall Availability of Jobs	1,792	4.48
	Availability of Family Sustaining Jobs	1,794	4.49
	Availability of Workforce Training	1,800	4.26
	Homelessness	1,763	4.22
	Access to Adult Education Opportunities	1,788	4.14
	Unemployment	1,772	4.32
Satisfaction	Affordable Housing	1,761	3.15
	Poverty	1,718	2.77
	Overall Availability of Jobs	1,766	2.92
	Availability of Family Sustaining Jobs	1,759	2.75
	Availability of Workforce Training	1,765	2.98
	Homelessness	1,729	2.80
	Access to Adult Education Opportunities	1,762	3.21
	Unemployment	1,750	2.85

Table 8: Income/Economy-Related Strengths and Concerns

Strengths	Concerns
Overall Availability of Jobs (48 percent satisfied; 87 percent important)	Availability of Family Sustaining Jobs (44 percent satisfied; 87 percent important)
Affordable Housing (54 percent satisfied; 82 percent important)	Unemployment (46 percent satisfied; 83 percent important)
	Poverty (44 percent satisfied; 82 percent important)

*Importance percentages ranged from 78.5 percent to 87.3 percent. Satisfaction percentages ranged from 43.6 percent to 55.1 percent.

** The following items were omitted as they were not in the top 5 importance percentages: Access to Adult Education Opportunities (55 percent satisfied; 79 percent important), Availability of Workforce Training (50 percent satisfied; 81 percent important), Homelessness (45 percent satisfied; 81 percent important).



- “Welfare system needs improved to help people that actually need it. Clean out the fraudulent folks than can actually work, make them take the jobs that pay less than they are used too, to at least attempt to help themselves...”
- “Again, extended unemployment programs, etc. are not the solution. We need to attract businesses to the area by lowering spending and taxes and that will allow the marketplace to provide the jobs that government scares away.”

Wages

- “The current wages do not reflect cost of living increases for grocery, electric, water and other utilities. It's now almost standard to have cell phones, but the price to do so is high -- but many see this as a safety for children.”
- “Pay scales- we lost a lot of our better paying jobs and families are struggling to afford the cost of living on minimum wage jobs. This results in having to work more than one job to make ends meet by one or both parents...”
- “No one, and I mean NO ONE, can survive on the minimum wage as it is today. Yet congress, lines their pockets and PA has the second highest congress in the nation. They should try living on just the minimum wage.”

Respondents were given the option to provide additional income/economy-related concerns that they perceived to be important to the community. Once cleaned, there were 118 written-in responses provided. Table 9 highlights the five most commonly provided written-in responses by theme.

Examples of commentary are provided below. Examples of written-in comments were edited for spelling errors but not for content.

Welfare, TANF, Food Stamps and Public Assistance

- “I am extremely opposed to helping those that don't want to help themselves - but just have a hand out for others to work hard and provide for them. There should be tighter rules”

Table 9: Top 5 Categories of Written-in Responses

Rank	Other	Number of Responses
1	Welfare, TANF, Food Stamps, and Public Assistance	20
2	Wages	11
3	Continuing Education and Training Opportunities	7
4	Access to Jobs	4
5	Access to Transportation	4

*15 Respondents provided opinion-based commentary on the topic.

Table 10: Mean Importance and Satisfaction Ratings (Community Concerns)

	Variable	Observations	Mean
Importance	Public Transportation	1,738	3.73
	Access to Child Care	1,725	3.84
	Elder Care Programs	1,731	4.01
	Services for People with Disabilities	1,724	4.06
	Recreation Facilities	1,735	4.19
	Healthy Family Activities	1,704	4.04
	Protecting the Environment	1,729	4.29
	Religious or Spiritual Values	1,726	3.97
	Availability of Arts and Cultural Events	1,735	3.92
	Crime Reduction	1,714	4.46
	Regional Cooperation	1,708	3.98
	Crisis Response	1,709	4.27
	Opportunities for Volunteerism	1,727	4.02
	Racism and Discrimination	1,726	4.17
Satisfaction	Public Transportation	1,704	2.90
	Access to Child Care	1,692	3.19
	Elder Care Programs	1,694	3.10
	Services for People with Disabilities	1,684	3.14
	Recreation Facilities	1,707	3.63
	Healthy Family Activities	1,677	3.41
	Protecting the Environment	1,702	3.14
	Religious or Spiritual Values	1,687	3.53
	Availability of Arts and Cultural Events	1,699	3.44
	Crime Reduction	1,682	2.88
	Regional Cooperation	1,688	2.92
	Crisis Response	1,685	3.37
	Opportunities for Volunteerism	1,705	3.64
	Racism and Discrimination	1,700	3.06

- “The minimum wage needs to be raised so that individuals and families can afford to make a decent living. We need to motivate people to WANT to work and not accept handouts, to WANT to get an education, to WANT to better themselves.”

Continuing Education and Training Opportunities

- “Free evening programs should be set up in the communities at local schools that would utilize the knowledge and services of retired people to assist with job training, mentoring of youth in literacy and assistance with adult education (GED) for.”
- “People who no longer have children attending school or their adult children who reside in their home in the County should be able to attend Cumberland Perry Vo-Tech and receive training and certification at a free or significantly reduced rate.”
- “HACC, the Vo-Tech schools, Central PA College, the local business schools, none offer what used to be classified as continuing education, allowing an adult to pick-up a class say in Excel, without having to complete a college accredited...”
- “Workforce development initiatives are a critical source of providing training for young people to find family-sustaining jobs.”

Community

Participants were asked how important and how satisfied they were with 14 community-related items. Table 10 shows the mean scores for both importance and satisfaction across each of the 14 metrics. Additionally, frequency data are located in Appendix B and additional statistical information is presented in Appendix D.

Compared to the other concerns categories, this category showed some lower mean importance scores.

Table 11: Community-Related Strengths and Concerns

Strengths	Concerns
Crisis Response (59 percent satisfied; 82 percent important) Recreation Facilities (66 percent satisfied; 80 percent important)	Crime Reduction (47 percent satisfied; 86 percent important) Protecting the Environment (53 percent satisfied; 82 percent important) Racism and Discrimination (52 percent satisfied; 79 percent important)
<p>*Importance percentages ranged from 68.2 percent to 86.5 percent. Satisfaction percentages ranged from 47.0 percent to 67.9 percent. ** The following items were omitted as they were not in the top five importance percentages: Healthy Family Activities (60 percent satisfied; 76 percent important), Opportunities for Volunteerism (66 percent satisfied; 76 percent important), Religious or Spiritual Values (63 percent satisfied; 74 percent important), Availability of Arts and Cultural Events (61 percent satisfied; 73 percent important), Regional Cooperation (48 percent satisfied; 74 percent important), Services for People with Disabilities (54 percent satisfied; 76 percent important), Elder Care Programs (53 percent satisfied; 75 percent important), Access to Child Care (55 percent satisfied; 71 percent important), and Public Transportation (47 percent satisfied; 68 percent important).</p>	

In terms of importance, Crime Reduction had the highest mean (4.46). Public Transportation had the lowest mean (3.73).

In terms of satisfaction, again all mean scores are lower than those presented for importance across the same 14 items. The item with the highest mean for satisfaction was Opportunities for Volunteerism (3.64). The item with the lowest mean was Crime Reduction (2.88).

Table 11 shows the local economy/income-related strengths and concerns as identified by participants of the community assessment survey first ranked by importance (top five) and then assessed by satisfaction.

The community-identified strengths included Crisis Response and Recreation Facilities. The concerns included Crime Reduction, Protecting the Environment, as well as Racism and Discrimination. Racism and Discrimination was also the most frequently provided

category of written in responses. Unfortunately, however, some of those comments provided were of a racist and discriminatory nature.

The Community Concerns category was the largest with 14 items. As such, selecting only the top five does impose limitations. For example, the two items with the lowest overall satisfaction rates were Crime Reduction and Public Transportation (47 percent). Crime rates made the list of concerns because it was one of the most important items as decided by the respondents. Public Transportation, on the other hand, only received an importance score of 68 percent and therefore was the lowest item of importance on the list. Still, it should be noted that the respondents were dissatisfied with Public Transportation even though it may not have been deemed highly important.

Respondents were given the option to provide additional community-related concerns that they perceived to be important. Once cleaned, there were 80

Table 12: Top 5 Categories of Written-in Responses

Rank	Other	Number of Responses
1	Racism, Discrimination and Issues of Diversity	14
2	Parks, Recreation, Trails and Community Centers	10
3	Child Care	6
4	Public Transportation	5
5	Youth Activities	4

responses for other community concerns. Table 12 provides the top five most frequently provided written-in responses by emergent theme.

Examples of commentary are provided below. Examples of written-in comments were edited for spelling errors but not for content.

Racism, Discrimination, and Issues of Diversity

- "Too much bigotry in this part of Central PA. It is astounding."
- "You did not address other minorities: Jewish, Women, LGBT, etc... I think that there are real issues with the disparity in pay to women, the treatment of Jewish people, and the lack of legal protections for LGBT citizens...."
- "I feel there is still a situation with racism in the school system in the township where I reside."
- "I believe as a general community, we support

inclusion and rights for all. However, every so often, we also hear about the Klu Klux Klan being active in the area. A decent community that cares for its many and varied people cannot tolerate this..."

- "Diversity and mutual respect across cultures are sorely lacking in significant populations in this county."
- "This is racist area."
- "Too much reverse racism."

Parks, Recreation, Trails, and Community Centers

- "Town center improvement needed, we are working on it. We need a stronger sense of community/downtown that is friendlier, more culturally and environmentally focused with green walkways, around-town public transportation, embracing the history"
- "I feel access to parks is very important and we have a lot of access. However many of these parks will be losing their funding eventually."
- "I would like to see more trails for walking and biking."

Summary of Concerns

Table 13 shows all items from the community assessment survey concerns questions by importance and satisfaction percentages. The items are sorted in descending importance order and separated by category.



Table 13: Combined Table of Community Concerns Items in Descending Order by Importance

Category	Community Assessment Item	Importance	Satisfaction
Health	Access to Affordable Healthcare	89 percent	62 percent
Health	Access to Nutritious Foods	86 percent	64 percent
Health	Access to Prescription Medications	85 percent	70 percent
Health	Maintaining Healthy Lifestyle	85 percent	65 percent
Health	Prevention of Chronic Disease	85 percent	59 percent
Health	Access to Oral Health	84 percent	68 percent
Health	Access to Physical Health	82 percent	66 percent
Health	Access to Mental Health	80 percent	51 percent
Education	Access to Quality Education	91 percent	61 percent
Education	Safety of Schools	91 percent	60 percent
Education	Illiteracy	88 percent	51 percent
Education	Substance Abuse Among Minors	87 percent	42 percent
Education	Bullying	84 percent	45 percent
Education	School Drop-Out Rates	83 percent	50 percent
Education	Childhood Obesity	82 percent	45 percent
Education	Age Appropriate Before/After-School Activities	81 percent	51 percent
Education	Teen Pregnancy	81 percent	49 percent
Education	Availability of Youth Mentoring Programs	80 percent	48 percent
Income/Economy	Availability of Family Sustaining Jobs	87 percent	44 percent
Income/Economy	Overall Availability of Jobs	87 percent	48 percent
Income/Economy	Unemployment	83 percent	46 percent
Income/Economy	Affordable Housing	82 percent	54 percent
Income/Economy	Poverty	82 percent	44 percent
Income/Economy	Availability of Workforce Training	81 percent	50 percent
Income/Economy	Homelessness	81 percent	45 percent
Income/Economy	Access to Adult Education Opportunities	79 percent	55 percent
Community	Crime Reduction	86 percent	47 percent
Community	Protecting the Environment	82 percent	53 percent
Community	Crisis Response	82 percent	59 percent
Community	Recreation Facilities	80 percent	66 percent
Community	Racism and Discrimination	79 percent	52 percent
Community	Services for People with Disabilities	76 percent	54 percent
Community	Healthy Family Activities	76 percent	60 percent
Community	Opportunities for Volunteerism	76 percent	66 percent
Community	Elder Care Programs	75 percent	53 percent
Community	Regional Cooperation	74 percent	48 percent
Community	Religious or Spiritual Values	74 percent	63 percent
Community	Availability of Arts and Cultural Events	73 percent	61 percent
Community	Access to Child Care	71 percent	55 percent
Community	Public Transportation	68 percent	47 percent

Ranking Issues that Impact the Community

In addition to the community concerns questions, respondents were asked to select five additional areas about which they felt their community needed more information. There were 43 total options from which to select. Table 14 shows the top 20 ranked issues as selected by participants. The full list of 43 options is shown in Appendix C.

Mental Health and Wellness received the most selections. This is surprising given that Access to Mental Health had the lowest mean and lowest percentage of importance for all of the health concerns items. However, again, Mental Health may be an area of

concern that people may not identify as personal but do see as an area of need in the community. The least selected options included Gambling Addiction (21) and Immigrant/Refugee Services (21) as shown in Appendix C.

Sixty-seven written-in comments were also provided. Most frequently, comments revolved around environmental issues (7), public transportation (6), as well as faith and religion (6).

Table 14: Top 20 Issues Impacting the Community

Rank	Variable	Observations	Percent of Respondents
1	Mental Health and Wellness	463	20.5
2	Employment Assistance/Job Training	445	19.7
3	Substance Abuse Prevention and Treatment	415	18.4
4	Aging Resources	410	18.2
5	Youth Development	402	17.8
6	Basic Need Assistance	395	17.5
7	Financial Education/Assistance	346	15.0
8	Crime Prevention	340	15.0
9	Eating Well/Nutrition	332	14.7
10	Elder Care	331	14.7
11	Weight Management	302	13.4
12	Child Care/Parenting	281	12.5
13	Housing Assistance	262	11.6
14	Racism/Discrimination	237	10.5
15	Exercising/Fitness	233	10.3
16	Stress Reduction	232	10.3
17	Domestic Violence Prevention	221	9.8
18	Academic Enrichment	204	9.0
19	Safe Driving Practices	192	8.5
20	Child Abuse Prevention and Management	176	7.8

Qualitative Analysis

There were six open-ended questions on the survey that permitted respondents to fully explain, in their own words, their perception on a topic. Four of the six questions were designed using an appreciative inquiry framework. As stated earlier, appreciative inquiry structures questions in a more positive way such that strengths are highlighted and underlying weaknesses emerge in a constructive manner. These questions were intended to elicit rich and descriptive data from participants.

Responses were analyzed using NVIVO software and also were also analyzed manually. Due to resource constraints and the sheer volume of data, manual assessment of the written-in comments took the form of categorizing similar responses. The full raw qualitative response data are provided in a supplement to this report.

Vital Characteristics of a Healthy Community

For this question, 803 community members provided detailed answers about what they felt were the vital characteristics of a healthy community. Most of these responses were multifaceted highlighting various complex themes. For example, participants provided the following:

- “Family-sustaining jobs, affordable housing, safety, access to healthy affordable food, a clean and beautiful natural environment and a variety of forms of entertainment (natural and arts).”
- “Elimination of poverty - access to healthy food, affordable housing, quality education, special education support, family sustaining jobs,

preventive health care, access to exercise options, access to affordable child care and public transportation.”

- “Collaboration, safety, access to resources such as healthy foods, medical care, education. Cultural engagement including arts, music, spiritual activities. Individuals taking pride in their property and property ownership.”
- “Jobs that can sustain a family, training to obtain the skills for jobs, affordable housing, access to health care and opportunities for the community to come together.”

The examples above highlight at least five separate, and in some cases related, characteristics.

Table 15: Word Frequencies for Vital Characteristics

Rank	Word	Count
1	community	1,330
2	school(s)	808
3	people	662
4	job(s)	632
5	education	618
6	good	604
7	access	576
8	crime	525
9	family	441
10	opportunities	422
11	health	417
12	care	416
13	safety	367
14	services	353
15	safe	336
16	better	330
17	need	324
18	children	323
19	housing	322
20	affordable	317
21	healthy	310
22	activities	307
23	quality	296
24	area	295
25	help	272
26	public	267
27	employment	261
28	living	259
29	neighbors	252
30	youth	240
31	work	236
32	support	221
33	small	220
34	programs	214

Assessing frequency of mention, Table 15 shows the word count for the most offered topics. The table, created using NVIVO software, displays only those items that were provided 200 times or more.

To triangulate the findings from NVIVO, we also analyzed the question by hand. The most recurrent themes supported the results from NVIVO. When analyzing by hand, themes included:

- **“Safe/safety”** - These responses noted safety of the community, environment and schools. Examples include “safety for all,” “safe (free of fear) physical surroundings, where individuals care about and for one another,” and “safer schools and workplaces must be a top priority.”
- **“Jobs/employment”** - These responses highlighted issues of employment. Examples include: “jobs at a wage level to support cost of living,” “employment opportunities so that people are able to support themselves or their families if they are capable of doing so, or that help is available for those who are not able to because of their current situation,” and “adequate employment opportunities.”
- **“Education/school(s)”** - These responses spoke to affordability, quality and access to education. Examples include “a strong education program,” “access to affordable, quality education,” “excellent schools,” and “education that engages children, families and the community in development - education that does not let children slip through the cracks and encourages students to pursue careers or education that will fit their talents well.”
- **“Working together, cooperation and collaborating”** - These responses showed an interest in and support of working together as a community. Examples include the following: “working cooperatively together to meet the needs of those in the community,” “willingness to work together, pride in the community,” “teamwork and compassion,” “people help each other with their needs,” and “all of us working together with common goals to create/maintain a healthy, happy community.”
- **“Low crime”** – These responses mention the need for a healthy community to have low crime rates. Examples include “less crime,” “crime prevention,” and “low crime rate.”
- **“Sense of community”** - These responses described the feeling of community. Examples include “sense of community--knowing and caring about your neighbors who are close, and those that are not so close,” “strong families, friendly neighbors who support one another, community programs like Upper Allen Baseball and parks and rec programs that give people opportunities to connect in a wholesome atmosphere,” and “a sense of community and belonging from the residents.”
- **“Access”** - These responses highlighted access to various resources. Examples include the following: “accessibility to services,” “access to information,” and “access to resources to improve the lives of children and adults of every age.”
- **“Health/healthcare”** - These responses highlighted access, importance, and quality of health and healthcare resources. Examples include: “available healthcare,” “availability of healthcare to those who are insured but also for those who are uninsured or underinsured,” “access to healthcare and dental care,” and “access to affordable health care system (medical, dental, vision, mental).”

- **“Opportunities”** - These responses mentioned availability of opportunities. Examples include the following: “opportunity,” “opportunities to improve lives,” and “opportunities to interact and get to know your neighbors.”

Figure 1 provides a word cloud of responses. Words with high mention, like community and education, are shown in larger font size.

Most Pressing Issues

Respondents were then asked what they believed to be the most pressing issues in the community. There was less variation in response to this question compared to the question about vital characteristics. For this question, 811 community members provided detailed answers about what they felt were the most pressing issues in the community.

Assessing frequency of mention, Table 16 shows the word count for the most offered topics. The table, created using NVIVO software, displays only those items that were provided 50 times or more. To triangulate the findings, we also analyzed the question by hand. The most recurrent themes supported the results from NVIVO. When analyzing by hand, themes included:

- **“Quality education”** - These responses noted quality of education as a pressing issue. Examples include: “improving education! I think everything else will fall into place if that can be fixed,” “education of young girls to develop a sense of self-esteem” and “my number one concern for this community is public school education. My second is providing skills and education to adults in the community that weren't given a proper education because of their life circumstances.”

Figure 1: Word Cloud of Common Responses about Vital Characteristics



- **“Jobs”** - These responses referred to jobs and employment issues. Examples included: “the lack of jobs. Many people have to commute to Harrisburg because there are better jobs available. Many factories and businesses shut down which hurt the economy here,” “job training and job opportunity” and “jobs that are family sustaining.”
- **“Community involvement and development”** - These comments highlighted opportunities for involving or developing the surrounding community. Some examples include: “providing the community with opportunities to participate in events that bring neighborhoods together,” “communications to community members on services being offered” and “people/organizations working WITH each other to better the community and address issues.”
- **“Crime”** - These responses commented on crime in the community. Some examples include: “crime, gun control,” “crime prevention” and “continued focus on reducing crime to make neighborhoods feel safer.”
- **“Substance abuse”** - These responses highlighted issues of drug and alcohol abuse in the community. Some examples include: “The epidemic of serious drug abuse among young adults. I have seen too many young adults die needlessly. There needs to be more education on drug abuse and affordable long-term treatment,” “In my area, drug use/abuse prevention is a pressing need. There need to be more youth activities/centers with productive activities such that kids have more options” and “substance abuse and overdosing, prevalent throughout the region’s schools.”
- **“Health/healthcare”** - These comments highlighted availability, access, and quality of healthcare. Some

examples include: “Access to affordable health services including mental health,” “Northern Dauphin County tends to appear ‘isolated’ from the rest of Dauphin County and I think one of the most urgent needs for that immediate community is access to excellent health care in the form of an urgent care or even small ER” and “proper medical, dental, and vision care that is truly affordable.”

Table 16: Word Frequencies for Pressing Issues

Rank	Word	Count
1	education	141
2	community	116
3	crime	108
4	health	106
5	need	98
6	care	94
7	people	93
8	jobs	76
9	access	69
10	children	64
11	youth	62
12	abuse	58
13	services	53
14	affordable	52
15	issues	51
16	prevention	50

- **“Youth programs”** - These responses highlighted the need for youth programs in the community. Some examples include: “developing our youth in every way possible,” “youth mentoring and other engagement opportunities to minimize their exposure to and participation in undesirable and dangerous activities,” “investment in youth programming - our youth need to feel valued and have opportunities to be mentored through physical activity and academic enrichment programs. They are the next generation of this community - so start early” and “youth activities and programs that promote good mental and physical health, as well as education and job training for young people.”
- **“Elder care”** - These comments highlighted issues of elder care. Some examples include: “care for the older population; programs that allow them to live

at home," "senior transportation and volunteers to help out the elderly that don't have any family to just sit and talk with them a few times a week" and "help with the aging community and no services available at an extremely reduced rate or free to them. Our seniors are barely making ends meet, we need more volunteers to help them with everyday chores and upkeep to their homes."

- "Child care and services for children" – These responses commented on resources for children. Examples include: "A greater emphasis on early childhood literacy combined with a way to connect students to their schools - through mentor programs or a teacher-buddy program or

opportunities for prosocial recognition," "Teaching our children to be independent, creative and accepting of all things and people. The world is changing around us so fast and the children are key. We have been creating a privileged generation that lacks the ability to think" and "There are a great deal of children in the city that are homeless, malnourished, and under educated. A lot of these children have difficult home lives..."

Figure 2 provides a word cloud of responses. Words with high mention, like community, education, crime, and health, are shown in larger font size.

Figure 2: Word Cloud of Common Responses about Pressing Issues



Attraction to Living in the Community

Survey respondents were asked to describe what attracted them to live in the Capital Region.

Approximately 1,200 respondents answered the question, but a significant number of the answers included multiple responses.

Assessing frequency of mention, Table 17 shows the word count for the most offered topics. The table, created using NVIVO software, displays only those items that were provided 50 times or more. To triangulate the findings from NVIVO, we also analyzed the question by hand. A review of the responses showed that the responses could naturally be grouped into 11 categories.

- **“Quality of life”** - These responses were positive yet non-specific comments about the region. Examples include “quality of life,” “a great place to raise a family” and “good standard of living.”
- **“Education”** - These responses referred to the quality of the region’s educational system. Examples include “great school,” “good school district” and “quality education.”
- **“Job/economic Reasons”** - These responses referred to the availability of jobs and economic opportunities in the region. Examples include “a job offer,” “career advancement opportunity” and “spouse’s job brought me to the area.”
- **“Safety/cleanliness/quiet”** - These responses referred to issues of public safety and lack of crime, violence and noise. Examples include “safe environment,” “the community is quiet” and “low crime rate.”
- **“Rural/country living/outdoor amenities”** - These responses referred to the availability of housing in rural areas, ability to live a country lifestyle and

access to natural amenities. Examples include “open green space and access to outdoor recreation,” “farming and natural resources” and “not extensively populated.”

- **“Location/access/convenience”** - These responses referred to the region’s location and proximity to employment and amenities such as shopping centers and health care facilities, as well as its access to Philadelphia, New York and other major metropolitan areas. Examples include “close to all things,” “close to urban amenities” and “convenient location.”
- **“Social atmosphere”** - These responses referred to the positive social interactions available in the region. Examples include “diversity of the

Table 17: Word Frequencies for Attraction to Community

Rank	Word	Count
1	area	134
2	job	134
3	family	123
4	community	114
5	close	109
6	schools	105
7	born	100
8	good	100
9	school	99
10	location	96
11	work	92
12	district	61
13	living	61
14	grew	57
15	employment	56
16	access	55
17	raised	54
18	rural	53
19	neighborhood	52
20	housing	50

Aspects Valued Most

For this question, 1,115 community members provided detailed answers about aspects that they value most about the community.

Assessing frequency of mention, Table 18 shows the word count for the most offered topics. The table, created using NVIVO software, displays only those items that were provided 50 times or more. To triangulate the findings from NVIVO, we also analyzed the question by hand. The most recurrent themes supported the results from NVIVO. When analyzing by hand, themes included:

- **“Sense of community and involvement”** – These comments highlighted the spirit of community and togetherness. Some examples include: “The people! The community is vibrant despite the failed education, economic, health and political systems,” “The frequent community activities and fund raisers that make it seem like a small, caring area. The availability of the local library, City Island, the historical places that make it special” and “Community, we pull together, we support one another and local businesses.”
- **“Safety”** - These responses presented issues of safety and how the region has a general safe quality. Some examples include: “safety and security,” “safety of the community” and “safety, Good people live here, very low crime since we are not in the city. People look out for people and help when they can.”
- **“People and neighbors”** - These comments showed that many respondents felt the most valuable aspect of their community was the people. Examples include: “The compassion and friendliness of most people. Neighbors watching out for each other,” “People being friendly and trying to

help each other out in times of need, whether physically or emotionally” and “My neighbors the sense of community. Where I live we all do come together and we all help one another. If someone needs something you better believe they will get it.”

- **“Small town feel”** – These responses highlighted the value of the small-town atmosphere. Some examples include: “Small town atmosphere...Good place to raise children,” “The home town atmosphere. Parades, community activities, and beautiful countryside,” “Small and close knit. People still talk and they help one another,” “Small town atmosphere where you can know all of the people” and “Small Town Feel with access to large cities.”
- **“Quiet and rural”** – These responses noted the value of the quiet rural community. Some examples include: “quiet nice neighborhood,” “quiet, modest cost lifestyle,” “quiet, tree lined streets,” “quiet/uneventful,” “quiet town beautiful mountains,” “rural atmosphere” and “rural quiet.”

While most comments were positive as pertaining to the community, some respondents offered criticism.

Table 18: Word Frequencies for Aspects Valued

Rank	Word	Count
1	community	167
2	safety	93
3	people	87
4	good	74
5	neighbors	74
6	safe	71
7	family	67
8	small	62
9	access	61
10	low	53
11	living	51
12	quiet	50

to not wanting to change the small-town atmosphere. Examples include: “small town feel; friendliness,” “small town environment,” “small, not overly commercial,” “small town, sense of community” and “small town values, local supportiveness of each other in times of need, ability to be recognized in small town community.”

- **“No new development”** - These comments showed that respondents did not want continued land development for the purposes of new housing. Some examples are: “no more developments,” “stop cutting the wooded area to build homes,” “over development,” “would like to curtail further urban sprawl and development of our green space” and “over development and commercialization.”
- **“Safety and low crime”** - These responses highlighted safety and low crime rates as things not to be changed about the area. Sample responses include: “safety,” “low crime rate,” “lack of crime in neighborhoods,” “a general feeling of living in a safe neighborhood,” “safety of neighborhood,” “relative safety and security of neighborhoods” and “safe environment.”
- **“Schools and education”** - These responses referred to the quality of education and educational resources in the area. Examples include: “quality of preschool through high school educational system,” “quality of school system,” “quality of education,” “opportunity to access affordable post-secondary education” and “educational access.”
- **“People and neighbors”** - These comments referred to neighbors and community members as a facet not to change. Some examples include: “friendly neighbors and communities, solid family values exist and support system amongst community members,” “friendliness of the residents,” “people

who are committed to try to make the change,” “friendliness and community spirit that exists,” “friendliness, willingness to help each other,” “friendliness of neighbors” and “good people.”

- **“Access to resources”** – These responses highlight access to healthcare, parks, events, and other community resources. Examples include the following: “access to both stores and green space,” “Availability of food resources,” “Cultural resources- the events, fairs, festivals that make living here so much fun,” “Access to recreational activities” and “Access to goods and services.”
- **“Affordable”** – These responses commented on the affordable nature of the region. Examples include: “Cost of living and the price of homes,” “Able to afford my lifestyle,” “affordable housing,” “cost of living” and “affordability.”

Table 19: Word Frequencies for Things Not to Change

Rank	Word	Count
1	community	196
2	school(s)	142
3	safety	105
4	crime	104
5	people	95
6	good	94
7	small	84
8	access	82
9	low	81
10	town	66
11	neighbors	61
12	parks	60
13	quality	60
14	education	58
15	opportunities	56
16	rate	56
17	taxes	55
18	living	52
19	services	51

Figure 5 provides a word cloud of responses. Words with high mention, like community, crime, and safety, are shown in larger font size.

Three Ways to Improve the Community

For this question, 986 community members provided detailed answers about three ways to improve their community, if given three wishes.

Assessing frequency of mention, Table 20 shows the word count for the most offered topics. The table, created using NVIVO software, displays only those items that were provided 50 times or more. It should be noted that the word “better” was the most used as it was paired with many topics such as education/schools, roads/transportation, opportunities, jobs, etc.

This question showed the most variation in terms of response. The answers to this question were more diverse and multifaceted than any other open-ended question in the survey. Each respondent touched upon multiple topics within their comment. Many participants provided well thought-out suggestions for

specific community problems, others provided general comments, and some extended criticisms.

Rank	Word	Count
1	better	235
2	community	185
3	school(s)	178
4	job(s)	125
5	education	115
6	transportation	101
7	access	97
8	health	97
9	crime	89
10	care	87
11	children	80
12	opportunities	80
13	services	79
14	programs	76
15	youth	76
16	activities	75
17	help	75
18	affordable	60
19	need	60
20	housing	56
21	taxes	53
22	families	51

Figure 5: Word Cloud of Common Responses About Vital Characteristics



Using some of the themes derived from NVIVO, examples of comments include the following:

- **“Community”** – Community in this sense described involvement, development, growth, and physical facilities. Examples include: “community projects with everyone involved including council personnel and police / more get to know your neighborhood activities,” “community center to help all,” “community activity center,” “community involvement,” “services brought into the community” and “more community related events.”
- **“Education and school(s)”**– Examples include “give EVERY child the same opportunities to a great education”, “schools (safety, standards, administrative accountability),” “improving the school administration,” “improve the school system by starting fresh with new leaders who have firm experience with a successful program,” “improve the equality of education at a high level for all children in the region,” “improve schools, smaller classes, better teachers, make young people feel valued and like they CAN” and “I wish quality and consistent education could be offered to all children.”
- **“Jobs”** – Examples include the following: “Give everyone a career with job growth/satisfaction,” “Sustainable job creation,” “Wage appropriate jobs for all people,” “job retraining to help folks lift themselves out of poverty,” “job training to earn enough money to support a family,” “job program for teens,” “more jobs,” “jobs jobs jobs,” “somehow create jobs for the borough population,” “Find jobs for the young welfare mom's,” “Focus on jobs for all graduates,” “provide good paying jobs to anyone who wants one” and “promote High paying manufacturing jobs.”
- **“Transportation”** – Examples include: “transportation for elderly / transportation to shopping areas out of county,” “better public transportation particularly as our as our population ages,” “better public transportation choices but not at the risk of higher taxes,” “more transportation options,” “transportation - I would love to see a rail system,” “accessibility to public transportation (allowing those without personal vehicles access to a wider radius for employment),” “increase mass transportation,” “Improve mass transit to include more bus service and the inclusion of rail transit using under-utilized railroad rights-of-way” and “better access to public transportation in suburbs.”
- **“Health”** - Examples are “I would wish for more education in mental illness and suicide prevention / I would wish for more education and strategy in preventing alcohol and substance addiction / I would wish for more education and support for the prevention of child abuse,” “increased awareness of health,” “more affordable health care,” “more attention to health and nutrition,” “affordable healthcare,” “better overall health of children,” “improved crisis and mental health treatment” and “Provide significantly better access to health care.”
- **“Crime”** - Examples include: “reduce crime and gun violence,” “improve crime prevention,” “crime control,” “I wish they could reduce the crime rate in



the city," "the community in which I work (City of Harrisburg) needs serious improvement in crime prevention," "Eliminate crime or violence," "work to reduce the crime in the Middletown boro" and "harsher crime punishment."

- **"Housing"** – Some examples include: "give everyone a home that keeps them warm safe and dry," "Slow down new housing developments," "stop the land development of housing estates," "Stop the building of more homes," "stop development of land for more housing sub divisions," "stop cutting down woodlands to build more developments," "provide affordable housing," "eliminate subsidized housing," "subsidized housing for those residing at the lower levels of the economic scale," "provide housing for homeless," "limit new housing" and "improved housing - more single family - less apartments and subsidized housing."
- **"Infrastructure"** (combined infrastructure, road(s), traffic, regional cooperation, etc.) – Examples include: "We need more regionalize cooperative services. So many small municipalities (and their related services) trying to go it alone, and need the help of the stronger entities," "Stop the overbuilding and let the infrastructure catch up," "replace old infrastructure (sewers, drainage, etc...)," "Stop the needless construction of strip malls and urban sprawl. We do not need more Walmarts or McDonalds," "infrastructure improvements," "the road conditions," "the construction, trash/recycle weekly pick up or somewhere we can drop dispose properly of it," "traffic control," "traffic patterns," "better roads" and "improved infrastructure (highways, bridges)."
- **"Racism and Tolerance"** (combined racism, discrimination, tolerance, acceptance, etc.) –

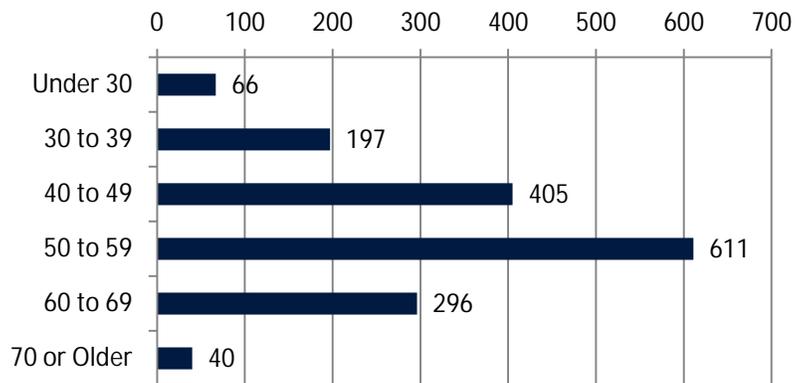
Examples include the following: "We need to open a dialogue about ethnicity and how it affects human interaction / We need more kindness and empathy in general," "Greater tolerance and understanding for all minorities (including LGBTQ community)," "Improve inclusive environment for all kinds of people," "Reduction and/or elimination of racism," "stop the racism," "education to reduce racism/discrimination," "reduced racial discrimination," "religious and racial tolerance and integration," "promote tolerance of other races, religions, etc." and "tolerance of all people by all people."

- **"Outdoor Space"** (combined walking, biking, path, parks, etc.) – Examples include: "provide a trail for bike riding and walking," "widen roads to include walking area," "community should have parks, shops, restaurants, services and nice walking areas," "more walking and biking trails close to my home," "I would have more access to bike/walking trails around the community," "bike and walking trails throughout the city," "nature trails" and "more areas dedicated to recreation- such as safe bike paths for people to bike/ride/run on- to get them off the streets."

Demographics

There were 1,965 usable surveys returned for analysis. The following section provides a description of the survey participant demographics. Information like sex, age and race, followed by marital status, education, and income are provided. The section concludes with an analysis of the respondent residency information. See Appendix B for frequency data.

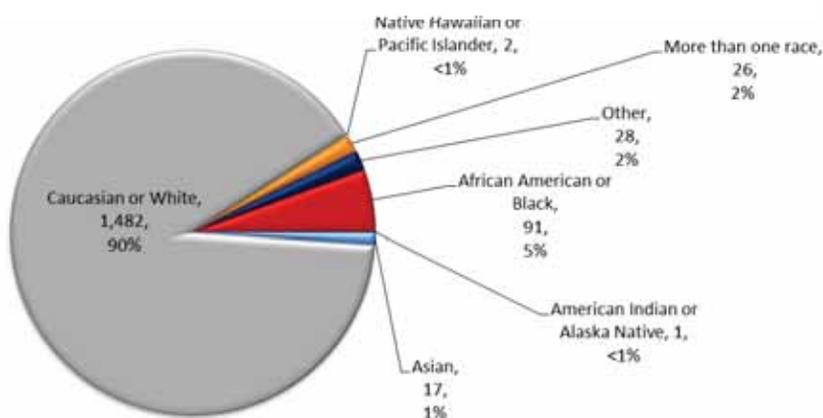
Figure 7: Age of Participants (N=1,615)



Sex, Age and Race

Fifty-six percent (1,106) of respondents were female, 28 percent (543) were male and 16 percent (316) of respondents failed to disclose sex. On average, respondents were approximately 51 years of age ($M=50.5$, $SD=11.1$). Figure 7 shows the distribution of age for participants of the community assessment survey. As shown in Figure 7, the 50 to 59 age group was the most represented. The 40 to 49 age group was the second most represented followed by those between the ages of 60 to 69 years old. Of those individuals who provided age (1,615), only approximately four percent were under the age of 30. Additionally, only two percent were 70 or older. Based on current state demographic data, this suggests an under sampling of the older population.

Figure 8: Race of Participants (N=1,647)



Of the 1,647 participants that provided race information, 90 percent self-identified as Caucasian or White (1,482). The second most selected response was African American or Black at five percent (91) of responses. All other categories combined represented around five percent of the respondents.

Twenty-four respondents self-identified as Hispanic, Latino, or of Spanish origin. Thirteen of those respondents indicated specifically that they were Puerto Rican.

Marital Status, Education and Income

Seventy-two percent (1,187) of respondents were married. Almost an equal number of respondents were in the Single (176) or Separated/Divorced (170) categories. Figure 9 displays the marital status categories for the community assessment respondents.

As pertaining to education, 1,650 respondents provided information. Approximately 64 percent had a Bachelor's degree or higher. Another 26 percent had some college or an Associate's degree. The remaining 10 percent had a high school diploma, GED, or less.

Respondents were then given the opportunity to assert their employment status. Respondents could select as many categories as applied to their circumstance. Results clearly showed that most respondents were employed full-time (1,502). This option was selected 15 times more than the next most frequently selected category (part-time; 99).

Household income data were collected in ranges. The most selected income category was \$100,000 or more (749). This represented about 49 percent of those who provided information on income (1,525). This shows a potential over sampling of the higher income community members. However, the median household incomes in the three county areas are known to be slightly above the statewide average. The second most selected bracket was \$80,000 - \$99,999 (16 percent; 243). About 22 percent of respondents fell between \$50,000 and \$79,999 income categories.

Figure 9: Marital Status of Participants (N=1,653)

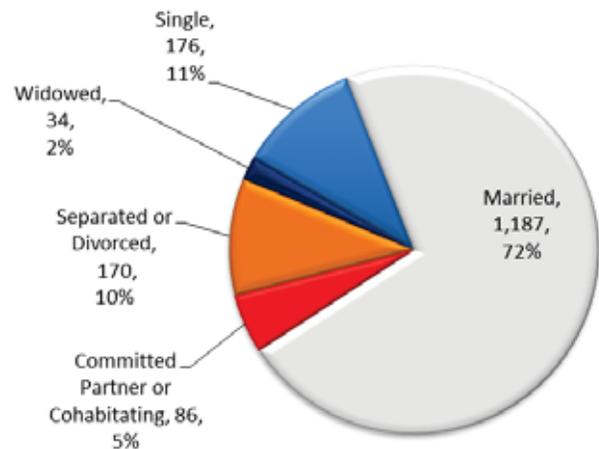
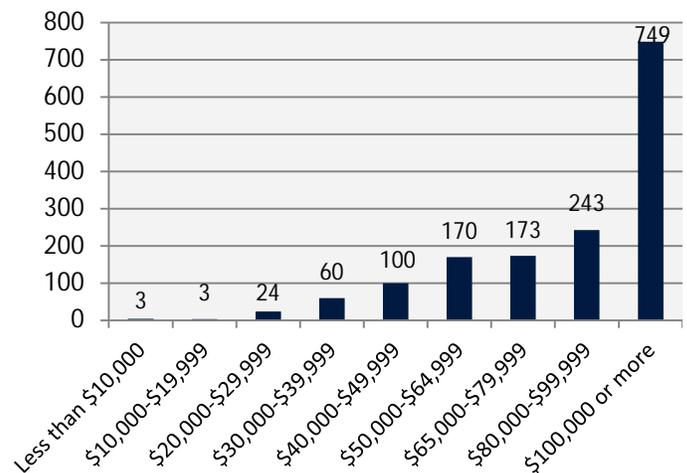


Figure 10: Household Income (N=1,525)

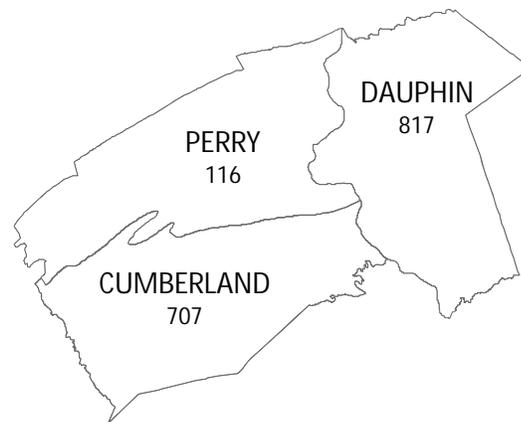


Residency

In an effort to better understand the community in the service area of the United Way, respondents were asked to provide their county of residence. All participants responded to this question. Around 42 percent (817) of respondents resided in Dauphin County. Thirty-six percent (707) resided in Cumberland County. Six percent (116) lived in Perry County.

There were 325 participants that selected "Other" for their county of residence. Of these participants, 303 provided their county in the open text area.

The most represented area outside of United Way of the Capital Region's service area was York County (152), followed by Lancaster County (60), and Lebanon County (32). Additional counties with a presence included: Juniata County (11), Adams County (11) and Schuylkill County (8). The remainder of the listed counties had less than seven respondents each (Allegheny, Berks, Carbon, Franklin, Lehigh, Luzerne, Northampton, Northumberland, Snyder and Somerset).



Though nearly 60 percent (1,140) of respondents indicated that they were not originally from Dauphin, Perry, or Cumberland counties, 58 percent indicated that they have lived in the region for more than 20 years.

Figure 12: Respondents Originally from Dauphin, Perry, or Cumberland County (N=1,945)

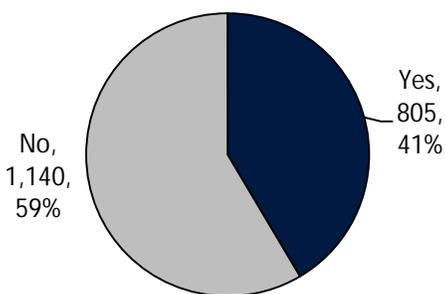
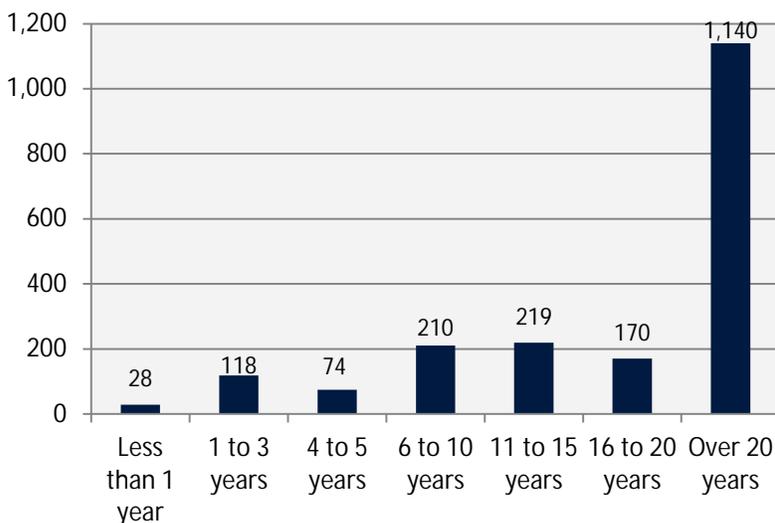


Figure 13: Duration that Participants Have Resided in the Region (N=1,959)



Concluding Thoughts

Results. In summary, there were 1,965 usable responses returned for analysis. The following findings emerged from the community concerns portion of the community assessment survey:

- The **health** item with the highest mean importance was Access to Affordable Healthcare (4.58) and highest mean satisfaction was Access to Prescription Medications (3.80). The community health concerns, after converting to percentages and selecting the top five items of importance, included Prevention of Chronic Disease, Access to Affordable Healthcare, and Access to Nutritious Foods.
- The **education** item with the highest mean importance was Access to Quality Education (4.64) and highest mean satisfaction was Access to Quality Education (3.44). The community education concerns, after converting to percentages and selecting the top five items of importance, included Illiteracy, Substance Abuse Among Minors, and Bullying.
- The **income/economy** item with the highest mean importance was Availability of Family Sustaining Jobs (4.49) and highest mean satisfaction was Access to Adult Education Opportunities (3.21). The income/economy concerns, after converting to percentages and selecting the top five items of importance, included Availability of Family Sustaining Jobs, Unemployment and Poverty.
- The **community** item with the highest mean importance was Crime Reduction (4.46) and highest mean satisfaction was Opportunities for Volunteerism (3.64). The community concerns, after

converting to percentages and selecting the top five items of importance, included Crime Reduction, Protecting the Environment, and Racism and Discrimination.

In addition to community concerns, respondents selected up to five issues that they felt important to the region. For those ranked issues, the top five most selected options included:

1. Mental Health and Wellness,
2. Employment Assistance and Job Training,
3. Substance Abuse Prevention and Treatment,
4. Aging Resources, and
5. Youth Development

Lastly, with the open-ended responses, many similar categories of response emerged from the data. Specifically, those topics of community, safety, education, jobs and health consistently emerged. Refer to pages 22 to 36 of this report for a thorough explanation of written-in responses.

Limitations. As with most studies, ours was not devoid of limitations. First, a nonprobability (convenience) sample was used. The sampling frame was constructed from a list of donors and those who otherwise engaged



with the partner agencies of United Way, Harrisburg Regional Chamber, West Shore Chamber of Commerce, The Foundation for Enhancing Communities, Cumberland County, Dauphin County, and Perry County. The possibility exists that there are fundamental differences between those in the sample and the remainder of the United Way service area.

Second, and as stated previously, the community concerns framework is driven by those facets that are deemed highly important to the respondents collectively. While it provided a systematic approach to analyzing the four topics, the researcher subjectivity should also be noted. In this case, we opted to select the five most important items in each topic. The community strengths and concerns must then be interpreted across the items of importance. A limitation of this approach emerges as you encounter those items that may not be as high in importance but are significantly lower in satisfaction level. Additionally, most items achieved a consistently high level of importance. This could have been a result of socially desirable responding. For example, if asked how important “bullying” or “poverty” is, respondents may feel pressured to respond with high levels of importance given the sensitivity of the items.

Finally, time constraints of the study limited the amount of analysis conducted on the qualitative written-in responses. While the items were analyzed in NVIVO and triangulated by hand, the intent was to determine categories of response rather than deeper underlying meanings. By categorizing the responses, we were able to provide an overview of frequently cited community issues and show specific examples from the respondents.

Future Research. There are many opportunities for future research within this dataset. For example, data can be assessed by county to see variation across patterns of response. This would permit the ability to compare and contrast the three counties of the United Way service area in addition to those respondents living in other counties and working in the capital region. The data could also be analyzed by township or zip code to determine neighborhood-specific needs. In addition to assessing the data by geographical differences, demographic information like age and household income could also be used as a filter. Because of the quantity of written-in responses, examining the data by these factors, though time consuming, would be a worthy addition to the current analysis.



Appendixes

Appendix A – Community Assessment Instrument

Q1 Welcome! We at Temple University Harrisburg are working with the following community partners to conduct a community assessment survey: United Way of the Capital Region, Harrisburg Regional Chamber, West Shore Chamber of Commerce, Foundation for Enhancing Communities, Cumberland County, Dauphin County and Perry County. We want to know your perspectives and experiences about our community. This survey will take approximately 15 minutes or less. Your thoughts and opinions are valuable to us. Thank you for your commitment to our community!

Q2 In which county do you live?

- Cumberland (1)
- Dauphin (2)
- Perry (3)
- Other (4) _____

Q3 What is the name of your township, borough, or city?

Q4 How long have you lived in

`{q://QID2/ChoiceGroup/SelectedChoices}` County?

- Less than 1 year (1)
- 1 to 3 years (2)
- 4 to 5 years (3)
- 6 to 10 years (4)
- 11 to 15 years (5)
- 16 to 20 years (6)
- Over 20 years (7)

Q5 Are you originally from Dauphin, Perry, or Cumberland County?

- Yes (1)
- No (2)

Q6 In the following screens you will be asked about health, education/youth, income/economy, and community-related issues. First, please tell us your thoughts on the following health-related issues. Select one answer in the important column and one answer in the satisfied column.

	How important is this issue to you?					How satisfied are you with the community's efforts in this area?				
	Very Unimportant (1)	Unimportant (2)	Neutral (3)	Important (4)	Very Important (5)	Very Unsatisfied (1)	Unsatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
Access to affordable healthcare (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health and counseling services (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to physical health services (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to oral health and dental services (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to prescription medications (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining a healthy lifestyle with regular exercise and healthy eating (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to nutritious foods (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of chronic disease (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 Are there other health-related issues in your community that are important to you that we neglected to mention? If so, please tell us about them here:

Q8 Please tell us your thoughts on the following education/youth-related issues. Select one answer in the important column and one answer in the satisfied column.

	How important is this issue to you?					How satisfied are you with the community's efforts in this area?				
	Very Unimportant (1)	Unimportant (2)	Neutral (3)	Important (4)	Very Important (5)	Very Unsatisfied (1)	Unsatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
Access to quality education (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of schools (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School drop-out rates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen pregnancy (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse among minors (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illiteracy (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childhood obesity (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of youth mentoring programs (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age appropriate before/after school activities (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 Are there other education/youth issues in your community that are important to you that we neglected to mention? If so, please tell us about them here:

Q10 Please tell us your thoughts on the following income/economy-related issues. Select one answer in the important column and one answer in the satisfied column.

	How important is this issue to you?					How satisfied are you with the community's efforts in this area?				
	Very Unimportant (1)	Unimportant (2)	Neutral (3)	Important (4)	Very Important (5)	Very Unsatisfied (1)	Unsatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
Affordable housing (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall availability of jobs (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of family sustaining jobs (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of workforce training opportunities (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homelessness (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to adult educational opportunities (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 Are there other income/economy-related issues in your community that are important to you that we neglected to mention? If so, please tell us about them here:

Q12 Please tell us your thoughts on the following community-related issues. Select one answer in the important column and one answer in the satisfied column.

	How important is this issue to you?					How satisfied are you with the community's efforts in this area?				
	Very Unimportant (1)	Unimportant (2)	Neutral (3)	Important (4)	Very Important (5)	Very Unsatisfied (1)	Unsatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
Public Transportation (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to child care (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder care programs (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for people with disabilities (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation facilities (parks, trails, community centers) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy family activities (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protecting the environment (clean air, clean water, etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious or spiritual values (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of arts and cultural events (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime reduction (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional cooperation (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis response (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for volunteerism (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism and discrimination (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 Are there other community-related issues that are important to you that we neglected to mention? If so, please tell us about them here:

Q14 In your opinion, which of the following do people in your own community need more information about? (Please select up to five which you feel have the greatest impact on the community.)

- Academic enrichment (1)
- Aging resources (2)
- Anger management (3)
- Annual dental visits/check-ups (4)
- Annual doctor visits/check-ups (5)
- Basic need assistance (food, clothing, shelter, etc.) (6)
- Cancers (7)
- Child abuse prevention/reporting (8)
- Child care/parenting (family support, etc.) (9)
- Crime prevention (10)
- Dental/oral health (11)
- Diabetes prevention and management (12)
- Disability services (13)
- Domestic violence prevention (14)
- Eating well/nutrition (15)
- Elder abuse prevention/reporting (16)
- Elder care (17)
- Emergency preparedness (18)
- Employment assistance/job training (19)
- Exercising/fitness (20)
- Financial education/assistance (counseling, education classes, tax assistance, etc.) (21)
- Gambling addiction (22)
- Heart disease prevention (23)
- Housing assistance (mortgage, rent, utilities, etc.) (24)
- Immigrant/refugee services (43)
- Legal services (25)
- Medical transportation (26)
- Mental health and wellness (27)
- Pregnancy/prenatal health care (28)
- Racism/discrimination (29)
- Safe driving practices (seat belt usage, child seat safety, speed, drunk driving, aggression, etc.) (30)
- Sexual abuse/rape prevention (31)
- Sexually transmitted disease prevention and treatment (32)
- Stress reduction (33)
- Substance abuse prevention and treatment (alcohol/drugs, etc.) (34)
- Suicide prevention (35)
- Teen pregnancy prevention (36)
- Tobacco cessation (37)
- Underage drinking prevention/education (38)
- Vaccinations (39)
- Weight management (nutrition services, etc.) (40)
- Youth development (41)
- Other (please specify): (42) _____

Q15 What do you believe are the most vital characteristics of a healthy community?

Q16 What do you believe are the most pressing issues that must be addressed to improve the quality of life in our community?

Q17 What first attracted you to living in your community?

Q18 What aspect of your community do you value most?

Q19 What are 3 things that you hope do not change about your community?

Q20 If given 3 wishes, what things would you do to improve your community?

Q21 Tell us about yourself. Please know that the partners (United Way of the Capital Region, Harrisburg Regional Chamber, West Shore Chamber of Commerce, Foundation for Enhancing Communities, Cumberland County, Dauphin County and Perry County) will not have access to your personal responses, as the survey is being facilitated by us at Temple University NEST. Your individual responses will never be published; they will be summarized as part of the greater constituent base. All responses will be held in the strictest of confidence.

Q22 What is your home zip code?

Q23 How old are you? (Please enter numbers only.)

Q24 What is your sex?

- Male (1)
- Female (2)

Q25 What is your race?

- African American or Black (1)
- American Indian or Alaska Native (2)
- Asian (3)
- Caucasian or White (4)
- Native Hawaiian or Pacific Islander (5)
- More than one race (6)
- Other (7)

Q26 Are you of Hispanic, Latino, or Spanish origin?

- Yes (1)
- No (2)

Q27 If yes, please describe:

- Mexican, Mexican American, or Chicano (1)
- Puerto Rican (2)
- Cuban (3)
- Other (please specify): (4) _____

Q28 Marital status:

- Single (1)
- Married (2)
- Committed Partner/Cohabiting (3)
- Separated/Divorced (4)
- Widowed (5)

Q29 What is your highest level of education?

- Less than 9th grade (1)
- 9th – 12th grade, no diploma (2)
- High school graduate (or GED) (3)
- Associate's degree or vocational training (4)
- Some college, no degree (5)
- Bachelor's degree (6)
- Master's degree (M.S., M.Ed., MPH, MSW, etc.) (7)
- Professional degree (J.D., M.D., D.O., etc.) (8)
- Doctoral degree (Ph.D., Ed.D., Psy.D., etc.) (9)

Q30 What is your annual household income (before taxes)?

- Less than \$10,000 (1)
- \$10,000-\$19,999 (2)
- \$20,000-\$29,999 (3)
- \$30,000-\$39,999 (4)
- \$40,000-\$49,999 (5)
- \$50,000-\$64,999 (6)
- \$65,000-\$79,999 (7)
- \$80,000-\$99,999 (8)
- \$100,000 or more (9)

Q31 How many people does this income support?
(Please enter numbers only.)

Q32 What is your employment status?

- Employed full-time (includes self-employment) (1)
- Employed part-time (includes self-employment) (2)
- Retired (3)
- Armed services (4)
- Student (5)
- Disabled (6)
- Unemployed, currently seeking employment (7)
- Unemployed, not seeking employment (8)
- Other (please specify): (9) _____

Q33 The United Way of the Capital Region is planning on hosting community conversations in October to further discuss pressing issues in our area. If you are interested in learning more about the community conversations, please provide your contact information below:

Name (1)

Email (2)

Appendix B – Frequency Data

Demographics

```
. tab Sex
Sex | Freq. Percent Cum.
-----+-----
Female | 1,106 67.07 67.07
Male | 543 32.93 100.00
-----+-----
Total | 1,649 100.00
```

```
. tab Age
Age Freq. Percent
-----+-----
Under 30 66 4.09
30 to 39 197 12.20
40 to 49 405 25.08
50 to 59 611 37.83
60 to 69 296 18.33
70 or Older 40 2.48
-----+-----
1615 100.00
```

```
. tab Race
Percent Cum. Race | Freq.
-----+-----
5.53 5.53 African American or Black | 91
0.06 5.59 American Indian or Alaska Native | 1
1.03 6.62 Asian | 17
89.98 96.60 Caucasian or White | 1,482
1.58 98.18 More than one race | 26
0.12 98.30 Native Hawaiian or Pacific Islander | 2
1.70 100.00 Other | 28
-----+-----
100.00 Total | 1,647
```

```
. tab Hispanic
Hispanic | Freq. Percent Cum.
-----+-----
No | 1,594 98.52 98.52
Yes | 24 1.48 100.00
-----+-----
Total | 1,618 100.00
```

```
. tab HispanicA
Percent Cum. HispanicA | Freq.
-----+-----
10.00 10.00 Mexican, Mexican American, or Chicano | 2
25.00 35.00 Other | 5
65.00 100.00 Puerto Rican | 13
-----+-----
100.00 Total | 20
```

```
. tab Marital
Percent Cum. Marital | Freq.
-----+-----
5.20 5.20 Committed Partner or Cohabiting | 86
71.81 77.01 Married | 1,187
10.28 87.30 Separated or Divorced | 170
10.65 97.94 Single | 176
2.06 100.00 Widowed | 34
-----+-----
100.00 Total | 1,653
```

```
. tab Education
Cum. Education | Freq. Percent
-----+-----
0.18 9th-12th grade, no diploma | 3 0.18
12.55 Assoc Degree | 204 12.36
47.64 Bachelors Degree | 579 35.09
50.00 Doctoral Degree | 39 2.36
60.18 HS Graduate or GED | 168 10.18
82.67 Masters Degree | 371 22.48
86.55 Professional Degree | 64 3.88
100.00 Some college, no degree | 222 13.45
```

	Freq.	Percent	Cum.
Total	1,650	100.00	

Income	Freq.	Percent	Cum.
\$10,000-\$19,999	3	0.20	0.20
\$100,000 or more	749	49.11	49.31
\$20,000-\$29,999	24	1.57	50.89
\$30,000-\$39,999	60	3.93	54.82
\$40,000-\$49,999	100	6.56	61.38
\$50,000-\$64,999	170	11.15	72.52
\$65,000-\$79,999	173	11.34	83.87
\$80,000-\$99,999	243	15.93	99.80
Less than \$10,000	3	0.20	100.00
Total	1,525	100.00	

County	Freq.	Percent	Cum.
Cumberland	707	35.98	35.98
Dauphin	817	41.58	77.56
Other	325	16.54	94.10
Perry	116	5.90	100.00
Total	1,965	100.00	

CountyOther	Freq.	Percent	Cum.
Adams	11	3.63	3.63
Allegheny	1	0.33	3.96
Berks	3	0.99	4.95
Carbon	1	0.33	5.28
Franklin	7	2.31	7.59
Juniata	11	3.63	11.22
Lancaster	60	19.80	31.02
Lebanon	32	10.56	41.58
Lehigh	3	0.99	42.57
Luzerne	1	0.33	42.90
Northampton	2	0.66	43.56
Northumberland	7	2.31	45.87

Schuylkill	8	2.64	48.51
Snyder	3	0.99	49.50
Somerset	1	0.33	49.83
York	152	50.17	100.00
Total	303	100.00	

LongLived	Freq.	Percent	Cum.
1 to 3 years	118	6.02	6.02
11 to 15 years	219	11.18	17.20
16 to 20 years	170	8.68	25.88
4 to 5 years	74	3.78	29.66
6 to 10 years	210	10.72	40.38
Less than 1 year	28	1.43	41.81
Over 20 years	1,140	58.19	100.00
Total	1,959	100.00	

Originally	Freq.	Percent	Cum.
No	1,140	58.61	58.61
Yes	805	41.39	100.00
Total	1,945	100.00	

Concerns Questions (Health)

Importance					Satisfaction				
. tab HealthAfford					. tab HlthAffrdStsfx				
HealthAfford	Freq.	Percent	Cum.		HlthAffrdStsfx	Freq.	Percent	Cum.	
1	67	3.43	3.43		1	49	2.56	2.56	
2	7	0.36	3.79		2	270	14.11	16.68	
3	62	3.18	6.97		3	526	27.50	44.17	
4	409	20.96	27.93		4	858	44.85	89.02	
5	1,406	72.07	100.00		5	210	10.98	100.00	
Total	1,951	100.00			Total	1,913	100.00		
. tab HealthMH					. tab HlthMHStsfx				
HealthMH	Freq.	Percent	Cum.		HlthMHStsfx	Freq.	Percent	Cum.	
1	71	3.66	3.66		1	121	6.37	6.37	
2	40	2.06	5.72		2	378	19.91	26.28	
3	269	13.85	19.57		3	806	42.44	68.72	
4	624	32.13	51.70		4	504	26.54	95.26	
5	938	48.30	100.00		5	90	4.74	100.00	
Total	1,942	100.00			Total	1,899	100.00		
. tab HealthPH					. tab HlthPHStsfx				
HealthPH	Freq.	Percent	Cum.		HlthPHStsfx	Freq.	Percent	Cum.	
1	60	3.10	3.10		1	23	1.21	1.21	
2	23	1.19	4.28		2	139	7.34	8.55	
3	162	8.36	12.64		3	597	31.52	40.07	
4	761	39.27	51.91		4	908	47.94	88.01	
5	932	48.09	100.00		5	227	11.99	100.00	
Total	1,938	100.00			Total	1,894	100.00		
. tab HealthOral					. tab HlthOralStsfx				
HealthOral	Freq.	Percent	Cum.			Freq.	Percent	Cum.	
1	56	2.94	2.94		1	38	2.04	2.04	
2	15	0.79	3.73		2	177	9.49	11.53	
3	101	5.30	9.03		3	437	23.43	34.96	
4	769	40.37	49.40		4	848	45.47	80.43	
5	964	50.60	100.00		5	365	19.57	100.00	
Total	1,905	100.00			Total	1,865	100.00		
. tab HealthRx					tab HlthRxStsfx				
HealthRx	Freq.	Percent	Cum.		HlthRxStsfx	Freq.	Percent	Cum.	
1	62	3.20	3.20		1	34	1.80	1.80	
2	16	0.83	4.03		2	143	7.55	9.35	
3	112	5.78	9.81		3	419	22.12	31.47	
4	635	32.78	42.59		4	875	46.20	77.67	
5	1,112	57.41	100.00		5	423	22.33	100.00	
Total	1,937	100.00			Total	1,894	100.00		
. tab HealthExrcs					. tab HlthExStsfx				
HealthExrcs	Freq.	Percent	Cum.		HlthExStsfx	Freq.	Percent	Cum.	
1	59	3.05	3.05		1	38	2.00	2.00	
2	9	0.46	3.51		2	219	11.54	13.55	
3	103	5.32	8.83		3	514	27.10	40.64	
4	689	35.59	44.42		4	839	44.23	84.87	

5	1,076	55.58	100.00	5	287	15.13	100.00
-----				-----			
Total	1,936	100.00		Total	1,897	100.00	
. tab HealthFood				. tab HlthFoodStsfx			
HealthFood	Freq.	Percent	Cum.	fx	Freq.	Percent	Cum.
-----				-----			
1	52	2.69	2.69	1	58	3.06	3.06
2	9	0.47	3.15	2	260	13.71	16.76
3	95	4.91	8.07	3	456	24.04	40.80
4	649	33.56	41.62	4	797	42.01	82.81
5	1,129	58.38	100.00	5	326	17.19	100.00
-----				-----			
Total	1,934	100.00		Total	1,897	100.00	
. tab HealthChrnc				. tab HlthChrncStsfx			
HealthChrnc	Freq.	Percent	Cum.	sfx	Freq.	Percent	Cum.
-----				-----			
1	54	2.80	2.80	1	48	2.54	2.54
2	12	0.62	3.42	2	230	12.16	14.70
3	133	6.89	10.31	3	772	40.82	55.53
4	668	34.61	44.92	4	681	36.01	91.54
5	1,063	55.08	100.00	5	160	8.46	100.00
-----				-----			
Total	1,930	100.00		Total	1,891	100.00	

Concerns Questions (Education)

Importance				Satisfaction			
. tab EdAccess				. tab EdAccsStsfx			
EdAccess	Freq.	Percent	Cum.	EdAccsStsfx	Freq.	Percent	Cum.
1	44	2.36	2.36	1	91	4.97	4.97
2	4	0.21	2.57	2	298	16.28	21.25
3	49	2.63	5.20	3	405	22.12	43.36
4	389	20.85	26.05	4	781	42.65	86.02
5	1,380	73.95	100.00	5	256	13.98	100.00
Total	1,866	100.00		Total	1,831	100.00	
. tab EdSafety				. tab EdSafeStsfx			
EdSafety	Freq.	Percent	Cum.	EdSafeStsfx	Freq.	Percent	Cum.
1	44	2.38	2.38	1	57	3.13	3.13
2	3	0.16	2.54	2	257	14.13	17.26
3	53	2.87	5.41	3	552	30.35	47.61
4	385	20.82	26.23	4	800	43.98	91.59
5	1,364	73.77	100.00	5	153	8.41	100.00
Total	1,849	100.00		Total	1,819	100.00	
. tab EdDropout				. tab EdDropStsfx			
EdDropout	Freq.	Percent	Cum.	EdDropStsfx	Freq.	Percent	Cum.
1	45	2.44	2.44	1	94	5.21	5.21
2	22	1.20	3.64	2	370	20.51	25.72
3	189	10.27	13.91	3	840	46.56	72.28
4	658	35.74	49.65	4	423	23.45	95.73
5	927	50.35	100.00	5	77	4.27	100.00
Total	1,841	100.00		Total	1,804	100.00	
. tab EdTeenPreg				. tab EdPregStsfx			
EdTeenPreg	Freq.	Percent	Cum.	EdPregStsfx	Freq.	Percent	Cum.
1	47	2.57	2.57	1	91	5.08	5.08
2	31	1.69	4.26	2	358	20.00	25.08
3	238	13.00	17.26	3	944	52.74	77.82
4	666	36.37	53.63	4	355	19.83	97.65
5	849	46.37	100.00	5	42	2.35	100.00
Total	1,831	100.00		Total	1,790	100.00	
. tab EdSubst				. tab EdSubsStsfx			
EdSubst	Freq.	Percent	Cum.	EdSubsStsfx	Freq.	Percent	Cum.
1	45	2.43	2.43	1	189	10.37	10.37
2	13	0.70	3.13	2	567	31.10	41.47
3	102	5.50	8.63	3	714	39.17	80.64
4	566	30.55	39.18	4	315	17.28	97.92
5	1,127	60.82	100.00	5	38	2.08	100.00
Total	1,853	100.00		Total	1,823	100.00	
. tab EdLiter				. tab EdLiterStsfx			
EdLiter	Freq.	Percent	Cum.	x	Freq.	Percent	Cum.
1	42	2.29	2.29	1	104	5.79	5.79
2	12	0.65	2.94	2	353	19.67	25.46
3	101	5.50	8.43	3	760	42.34	67.80
4	507	27.58	36.02	4	500	27.86	95.65
5	1,176	63.98	100.00	5	78	4.35	100.00
Total	1,838	100.00		Total	1,795	100.00	

EdObesity				EdObesStsfx							
. tab	EdObesity	Freq.	Percent	Cum.	. tab	EdObesStsfx	Freq.	Percent	Cum.		
1		41	2.22	2.22	1		133	7.34	7.34		
2		30	1.62	3.84	2		485	26.78	34.12		
3		188	10.16	13.99	3		824	45.50	79.62		
4		713	38.52	52.51	4		323	17.84	97.46		
5		879	47.49	100.00	5		46	2.54	100.00		
Total				1,851	100.00	Total				1,811	100.00

EdBully				EdBullyStsfx							
. tab	EdBully	Freq.	Percent	Cum.	. tab	EdBullyStsfx	Freq.	Percent	Cum.		
1		51	2.80	2.80	1		173	9.67	9.67		
2		35	1.92	4.72	2		469	26.22	35.89		
3		155	8.51	13.23	3		741	41.42	77.31		
4		563	30.92	44.15	4		357	19.96	97.26		
5		1,017	55.85	100.00	5		49	2.74	100.00		
Total				1,821	100.00	Total				1,789	100.00

EdMentor				EdMentStsfx							
. tab	EdMentor	Freq.	Percent	Cum.	. tab	EdMentStsfx	Freq.	Percent	Cum.		
1		41	2.21	2.21	1		113	6.22	6.22		
2		20	1.08	3.29	2		377	20.74	26.95		
3		241	12.99	16.28	3		883	48.57	75.52		
4		745	40.16	56.44	4		404	22.22	97.74		
5		808	43.56	100.00	5		41	2.26	100.00		
Total				1,855	100.00	Total				1,818	100.00

EdActiv				EdActivStsfx							
. tab	EdActiv	Freq.	Percent	Cum.	. tab	EdActivStsfx	Freq.	Percent	Cum.		
1		43	2.32	2.32	1		108	5.94	5.94		
2		19	1.03	3.35	2		339	18.65	24.59		
3		252	13.62	16.97	3		844	46.42	71.01		
4		688	37.19	54.16	4		455	25.03	96.04		
5		848	45.84	100.00	5		72	3.96	100.00		
Total				1,850	100.00	Total				1,818	100.00

Concerns Questions (Income/Economy)

Importance					Satisfaction				
. tab EconAfford					. tab EconAffordStsfx				
EconAfford	Freq.	Percent	Cum.		tsfx	Freq.	Percent	Cum.	
1	37	2.06	2.06		1	85	4.83	4.83	
2	21	1.17	3.22		2	320	18.17	23.00	
3	145	8.06	11.28		3	665	37.76	60.76	
4	780	43.36	54.64		4	631	35.83	96.59	
5	816	45.36	100.00		5	60	3.41	100.00	
Total	1,799	100.00			Total	1,761	100.00		
. tab EconPoverty					. tab EconPovStsfx				
EconPoverty	Freq.	Percent	Cum.		x	Freq.	Percent	Cum.	
1	32	1.83	1.83		1	134	7.80	7.80	
2	22	1.26	3.09		2	517	30.09	37.89	
3	150	8.57	11.66		3	708	41.21	79.10	
4	758	43.31	54.97		4	334	19.44	98.54	
5	788	45.03	100.00		5	25	1.46	100.00	
Total	1,750	100.00			Total	1,718	100.00		
. tab EconJobs					. tab EconJobsStsfx				
EconJobs	Freq.	Percent	Cum.		fx	Freq.	Percent	Cum.	
1	37	2.06	2.06		1	111	6.29	6.29	
2	5	0.28	2.34		2	483	27.35	33.64	
3	72	4.02	6.36		3	646	36.58	70.22	
4	628	35.04	41.41		4	483	27.35	97.57	
5	1,050	58.59	100.00		5	43	2.43	100.00	
Total	1,792	100.00			Total	1,766	100.00		
. tab EconFamJobs					. tab EconFamJobStsfx				
EconFamJobs	Freq.	Percent	Cum.		tsfx	Freq.	Percent	Cum.	
1	37	2.06	2.06		1	154	8.75	8.75	
2	4	0.22	2.29		2	575	32.69	41.44	
3	94	5.24	7.53		3	627	35.65	77.09	
4	562	31.33	38.85		4	371	21.09	98.18	
5	1,097	61.15	100.00		5	32	1.82	100.00	
Total	1,794	100.00			Total	1,759	100.00		
. tab EconTrain					. tab EconTrainStsfx				
EconTrain	Freq.	Percent	Cum.		sfx	Freq.	Percent	Cum.	
1	35	1.94	1.94		1	80	4.53	4.53	
2	13	0.72	2.67		2	377	21.36	25.89	
3	190	10.56	13.22		3	848	48.05	73.94	
4	782	43.44	56.67		4	416	23.57	97.51	
5	780	43.33	100.00		5	44	2.49	100.00	
Total	1,800	100.00			Total	1,765	100.00		
. tab EconHomeless					. tab EconHomelessStsfx				
s	Freq.	Percent	Cum.		sStsfx	Freq.	Percent	Cum.	
1	37	2.10	2.10		1	141	8.16	8.16	
2	30	1.70	3.80		2	435	25.16	33.31	
3	223	12.65	16.45		3	806	46.62	79.93	
4	691	39.19	55.64		4	315	18.22	98.15	
5	782	44.36	100.00		5	32	1.85	100.00	
Total	1,763	100.00			Total	1,729	100.00		

. tab EconAdEd				. tab EconAdEdStsfx			
EconAdEd	Freq.	Percent	Cum.	fx	Freq.	Percent	Cum.
1	33	1.85	1.85	1	56	3.18	3.18
2	26	1.45	3.30	2	254	14.42	17.59
3	265	14.82	18.12	3	804	45.63	63.22
4	796	44.52	62.64	4	568	32.24	95.46
5	668	37.36	100.00	5	80	4.54	100.00
-----				-----			
Total	1,788	100.00		Total	1,762	100.00	
. tab EconUnemp				. tab EconUnempStsfx			
EconUnemp	Freq.	Percent	Cum.	sfx	Freq.	Percent	Cum.
1	37	2.09	2.09	1	123	7.03	7.03
2	16	0.90	2.99	2	447	25.54	32.57
3	152	8.58	11.57	3	791	45.20	77.77
4	700	39.50	51.07	4	354	20.23	98.00
5	867	48.93	100.00	5	35	2.00	100.00
-----				-----			
Total	1,772	100.00		Total	1,750	100.00	

Concerns Questions (Community)

Importance				Satisfaction			
. tab ComTrans				. tab ComTransStsfx			
ComTrans	Freq.	Percent	Cum.	fx	Freq.	Percent	Cum.
1	50	2.88	2.88	1	177	10.39	10.39
2	166	9.55	12.43	2	342	20.07	30.46
3	409	23.53	35.96	3	708	41.55	72.01
4	696	40.05	76.01	4	433	25.41	97.42
5	417	23.99	100.00	5	44	2.58	100.00
Total	1,738	100.00		Total	1,704	100.00	
. tab ComChild				. tab ComChildStsfx			
ComChild	Freq.	Percent	Cum.	fx	Freq.	Percent	Cum.
1	72	4.17	4.17	1	46	2.72	2.72
2	130	7.54	11.71	2	205	12.12	14.83
3	353	20.46	32.17	3	884	52.25	67.08
4	620	35.94	68.12	4	493	29.14	96.22
5	550	31.88	100.00	5	64	3.78	100.00
Total	1,725	100.00		Total	1,692	100.00	
. tab ComElder				. tab ComElderStsfx			
ComElder	Freq.	Percent	Cum.	fx	Freq.	Percent	Cum.
1	38	2.20	2.20	1	53	3.13	3.13
2	60	3.47	5.66	2	243	14.34	17.47
3	302	17.45	23.11	3	911	53.78	71.25
4	776	44.83	67.94	4	448	26.45	97.70
5	555	32.06	100.00	5	39	2.30	100.00
Total	1,731	100.00		Total	1,694	100.00	
. tab ComDisab				. tab ComDisStsfx			
ComDisab	Freq.	Percent	Cum.	ComDisStsfx	Freq.	Percent	Cum.
1	31	1.80	1.80	1	45	2.67	2.67
2	51	2.96	4.76	2	229	13.60	16.27
3	292	16.94	21.69	3	892	52.97	69.24
4	768	44.55	66.24	4	475	28.21	97.45
5	582	33.76	100.00	5	43	2.55	100.00
Total	1,724	100.00		Total	1,684	100.00	
. tab ComRec				. tab ComRecStsfx			
ComRec	Freq.	Percent	Cum.	ComRecStsfx	Freq.	Percent	Cum.
1	22	1.27	1.27	1	35	2.05	2.05
2	25	1.44	2.71	2	172	10.08	12.13
3	186	10.72	13.43	3	401	23.49	35.62
4	866	49.91	63.34	4	886	51.90	87.52
5	636	36.66	100.00	5	213	12.48	100.00
Total	1,735	100.00		Total	1,707	100.00	
. tab ComFam				. tab ComFamStsfx			
ComFam	Freq.	Percent	Cum.	ComFamStsfx	Freq.	Percent	Cum.
1	29	1.70	1.70	1	24	1.43	1.43
2	37	2.17	3.87	2	173	10.32	11.75
3	285	16.73	20.60	3	687	40.97	52.71
4	832	48.83	69.42	4	677	40.37	93.08
5	521	30.58	100.00	5	116	6.92	100.00

Total			
	Freq.	Percent	Cum.
1	27	1.56	1.56
2	24	1.39	2.95
3	151	8.73	11.68
4	740	42.80	54.48
5	787	45.52	100.00

Total			
	Freq.	Percent	Cum.
1	73	4.23	4.23
2	90	5.21	9.44
3	332	19.24	28.68
4	555	32.16	60.83
5	676	39.17	100.00

Total			
	Freq.	Percent	Cum.
1	31	1.79	1.79
2	42	2.42	4.21
3	387	22.31	26.51
4	842	48.53	75.04
5	433	24.96	100.00

Total			
	Freq.	Percent	Cum.
1	27	1.58	1.58
2	7	0.41	1.98
3	88	5.13	7.12
4	622	36.29	43.41
5	970	56.59	100.00

Total			
	Freq.	Percent	Cum.
1	29	1.70	1.70
2	30	1.76	3.45
3	451	26.41	29.86
4	636	37.24	67.10
5	562	32.90	100.00

Total			
	Freq.	Percent	Cum.
1	27	1.58	1.58
2	14	0.82	2.40
3	202	11.82	14.22
4	701	41.02	55.24
5	765	44.76	100.00

Total			
	Freq.	Percent	Cum.
1	93	5.46	5.46
2	307	18.04	23.50
3	641	37.66	61.16
4	593	34.84	96.00
5	68	4.00	100.00

Total			
	Freq.	Percent	Cum.
1	38	2.25	2.25
2	107	6.34	8.60
3	683	40.49	49.08
4	649	38.47	87.55
5	210	12.45	100.00

Total			
	Freq.	Percent	Cum.
1	43	2.53	2.53
2	175	10.30	12.83
3	593	34.90	47.73
4	760	44.73	92.47
5	128	7.53	100.00

Total			
	Freq.	Percent	Cum.
1	148	8.80	8.80
2	450	26.75	35.55
3	589	35.02	70.57
4	448	26.63	97.21
5	47	2.79	100.00

Total			
	Freq.	Percent	Cum.
1	130	7.70	7.70
2	267	15.82	23.52
3	942	55.81	79.32
4	311	18.42	97.75
5	38	2.25	100.00

Total			
	Freq.	Percent	Cum.
1	43	2.55	2.55
2	120	7.12	9.67
3	778	46.17	55.85
4	656	38.93	94.78
5	88	5.22	100.00

. tab ComVolunt				. tab ComVolStsfx			
ComVolunt	Freq.	Percent	Cum.	ComVolStsfx	Freq.	Percent	Cum.
1	26	1.51	1.51	1	21	1.23	1.23
2	35	2.03	3.53	2	95	5.57	6.80
3	327	18.93	22.47	3	572	33.55	40.35
4	825	47.77	70.24	4	814	47.74	88.09
5	514	29.76	100.00	5	203	11.91	100.00
-----				-----			
Total	1,727	100.00		Total	1,705	100.00	
. tab ComRacism				. tab ComRacStsfx			
ComRacism	Freq.	Percent	Cum.	ComRacStsfx	Freq.	Percent	Cum.
1	47	2.72	2.72	1	105	6.18	6.18
2	36	2.09	4.81	2	291	17.12	23.29
3	237	13.73	18.54	3	756	44.47	67.76
4	664	38.47	57.01	4	493	29.00	96.76
5	742	42.99	100.00	5	55	3.24	100.00
-----				-----			
Total	1,726	100.00		Total	1,700	100.00	

Appendix C – Other Issues that Impact Community

Table C1: Ranked List of Other Issues Impacting Community

Rank	Variable	Observations	Percent of
1	Mental Health and Wellness	463	20.5 percent
2	Employment Assistance/Job Training	445	19.7 percent
3	Substance Abuse Prevention and Treatment	415	18.4 percent
4	Aging Resources	410	18.2 percent
5	Youth Development	402	17.8 percent
6	Basic Need Assistance	395	17.5 percent
7	Financial Education/Assistance	346	15.3 percent
8	Crime Prevention	340	15.1 percent
9	Eating Well/Nutrition	332	14.7 percent
10	Elder Care	331	14.7 percent
11	Weight Management	302	13.4 percent
12	Child Care/Parenting	281	12.5 percent
13	Housing Assistance	262	11.6 percent
14	Racism/Discrimination	237	10.5 percent
15	Exercising/Fitness	233	10.3 percent
16	Stress Reduction	232	10.3 percent
17	Domestic Violence Prevention	221	9.8 percent
18	Academic Enrichment	204	9.0 percent
19	Safe Driving Practices	192	8.5 percent
20	Child Abuse Prevention and Management	176	7.8 percent
21	Emergency Preparedness	162	7.2 percent
22	Underage Drinking Prevention/Education	158	7.0 percent
23	Suicide Prevention	152	6.7 percent
24	Teen Pregnancy Prevention	126	5.6 percent
25	Disability Services	118	5.2 percent
26	Sexual Abuse/Rape Prevention	105	4.7 percent
27	Anger Management	98	4.3 percent
28	Legal Services	93	4.1 percent
29	Cancers	91	4.0 percent
30	Annual Doctor Visits/Check-ups	85	3.8 percent
31	Tobacco Cessation	82	3.6 percent
32	Diabetes Prevention and Management	76	3.4 percent
33	Medical Transportation	73	3.2 percent
34	Other	69	3.1 percent
35	Elder Abuse Prevention/Reporting	62	2.7 percent
36	Sexually Transmitted Disease Prevention and Treatment	45	2.0 percent
37	Heart Disease Prevention	44	2.0 percent
38	Dental/Oral Health	41	1.8 percent
39	Vaccinations	38	1.7 percent
40	Pregnancy/Prenatal Health Care	36	1.6 percent
41	Annual Dental Visits/Check-ups	32	1.4 percent
42	Gambling Addiction	21	0.9 percent
43	Immigrant/Refugee Services	21	0.9 percent

Appendix D – Community Concerns Combined Table

Table D1: Community Concerns by Item, Number of Observations, Mean, Standard Deviation and Range						
Health Item		Observations	Mean	Std. Dev.*	Min	Max
Importance	Access to Affordable Healthcare	1,951	4.58	0.86	1	5
	Access to Mental Health	1,942	4.19	1.00	1	5
	Access to Physical Health	1,938	4.28	0.90	1	5
	Access to Oral Health	1,905	4.35	0.86	1	5
	Access to Prescription Medications	1,937	4.40	0.89	1	5
	Maintaining Healthy Lifestyle	1,936	4.40	0.86	1	5
	Access to Nutritious Foods	1,934	4.44	0.83	1	5
	Prevention of Chronic Disease	1,930	4.39	0.86	1	5
Satisfaction	Access to Affordable Healthcare	1,913	3.48	0.95	1	5
	Access to Mental Health	1,899	3.03	0.95	1	5
	Access to Physical Health	1,894	3.62	0.83	1	5
	Access to Oral Health	1,865	3.71	0.95	1	5
	Access to Prescription Medications	1,894	3.80	0.93	1	5
	Maintaining Healthy Lifestyle	1,897	3.59	0.95	1	5
	Access to Nutritious Foods	1,897	3.57	1.02	1	5
	Prevention of Chronic Disease	1,891	3.36	0.89	1	5
Education Item		Observations	Mean	Std. Dev.	Min	Max
Importance	Access to Quality Education	1,866	4.64	0.76	1	5
	Safety of Schools	1,849	4.63	0.76	1	5
	School Drop-Out Rates	1,841	4.30	0.88	1	5
	Teen Pregnancy	1,831	4.22	0.92	1	5
	Substance Abuse Among Minors	1,853	4.47	0.83	1	5
	Illiteracy	1,838	4.50	0.82	1	5
	Childhood Obesity	1,851	4.27	0.88	1	5
	Bullying	1,821	4.35	0.92	1	5
	Availability of Youth Mentoring Programs	1,855	4.22	0.87	1	5
	Age Appropriate Before/After-School Activities	1,850	4.23	0.89	1	5
Satisfaction	Access to Quality Education	1,831	3.44	1.07	1	5
	Safety of Schools	1,819	3.40	0.94	1	5
	School Drop-Out Rates	1,804	3.01	0.91	1	5
	Teen Pregnancy	1,790	2.94	0.83	1	5
	Substance Abuse Among Minors	1,823	2.70	0.94	1	5
	Illiteracy	1,795	3.05	0.94	1	5
	Childhood Obesity	1,811	2.81	0.90	1	5
	Bullying	1,789	2.80	0.96	1	5
	Availability of Youth Mentoring Programs	1,818	2.94	0.87	1	5
	Age Appropriate Before/After-School Activities	1,818	3.02	0.91	1	5
Income/Economy Item		Observations	Mean	Std. Dev.	Min	Max
Importance	Affordable Housing	1,799	4.29	0.83	1	5
	Poverty	1,750	4.28	0.82	1	5
	Overall Availability of Jobs	1,792	4.48	0.77	1	5
	Availability of Family Sustaining Jobs	1,794	4.49	0.78	1	5
	Availability of Workforce Training	1,800	4.26	0.82	1	5
	Homelessness	1,763	4.22	0.88	1	5
	Access to Adult Education Opportunities	1,788	4.14	0.85	1	5
	Unemployment	1,772	4.32	0.83	1	5

Satisfaction	Affordable Housing	1,761	3.15	0.92	1	5
	Poverty	1,718	2.77	0.90	1	5
	Overall Availability of Jobs	1,766	2.92	0.94	1	5
	Availability of Family Sustaining Jobs	1,759	2.75	0.95	1	5
	Availability of Workforce Training	1,765	2.98	0.85	1	5
	Homelessness	1,729	2.80	0.89	1	5
	Access to Adult Education Opportunities	1,762	3.21	0.86	1	5
	Unemployment	1,750	2.85	0.89	1	5
Community Item		Observations	Mean	Std. Dev.	Min	Max
Importance	Public Transportation	1,738	3.73	1.02	1	5
	Access to Child Care	1,725	3.84	1.08	1	5
	Elder Care Programs	1,731	4.01	0.91	1	5
	Services for People with Disabilities	1,724	4.06	0.89	1	5
	Recreation Facilities	1,735	4.19	0.78	1	5
	Healthy Family Activities	1,704	4.04	0.84	1	5
	Protecting the Environment	1,729	4.29	0.81	1	5
	Religious or Spiritual Values	1,726	3.97	1.08	1	5
	Availability of Arts and Cultural Events	1,735	3.92	0.85	1	5
	Crime Reduction	1,714	4.46	0.75	1	5
	Regional Cooperation	1,708	3.98	0.90	1	5
	Crisis Response	1,709	4.27	0.82	1	5
	Opportunities for Volunteerism	1,727	4.02	0.84	1	5
Racism and Discrimination	1,726	4.17	0.93	1	5	
Satisfaction	Public Transportation	1,704	2.90	0.98	1	5
	Access to Child Care	1,692	3.19	0.80	1	5
	Elder Care Programs	1,694	3.10	0.78	1	5
	Services for People with Disabilities	1,684	3.14	0.78	1	5
	Recreation Facilities	1,707	3.63	0.90	1	5
	Healthy Family Activities	1,677	3.41	0.82	1	5
	Protecting the Environment	1,702	3.14	0.94	1	5
	Religious or Spiritual Values	1,687	3.53	0.87	1	5
	Availability of Arts and Cultural Events	1,699	3.44	0.87	1	5
	Crime Reduction	1,682	2.88	0.99	1	5
	Regional Cooperation	1,688	2.92	0.86	1	5
	Crisis Response	1,685	3.37	0.80	1	5
	Opportunities for Volunteerism	1,705	3.64	0.81	1	5
Racism and Discrimination	1,700	3.06	0.91	1	5	

*Standard deviation describes how scores disperse across a distribution in relation to the mean. While standard deviation does measure spread of a distribution, it is *not* technically the average amount of variation around the mean. The term “standard” in standard deviation refers to a common unit of measure that can then be compared under appropriate conditions. Standard deviation is calculated by taking the square root of the variance¹. Variance refers to the average variation of scores in a distribution. The standard deviations listed above in Table D1 are all relatively low suggesting that the data points are primarily close to the mean.

¹ Hamilton, L. C. (1992). Regression with Graphics. Belmont, CA: Duxbury Press.

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Introduction and Methodology

In the fall of 2014, United Way of the Capital Region and its assessment partners held five Community Conversations across the region. The sessions were designed to give voice to the diverse perspectives of individual community members while collecting data on shared perceptions of the needs and opportunities within the region. Each session included an update to the community on the related data collection initiatives carried out by United Way and its partners, and an open forum on the most critical needs of the Capital Region. In total, 262 community members participated.

This report provides an overview of the methodology used in the Community Conversations, the primary findings, and the complete data sets from the polling process carried out in each Community Conversation. The PowerPoint presentation used in the sessions is also provided. (Appendix B).

Methodology

United Way held five Community Conversations across the region, as reflected in the following table.

Date	Host and Location	Number of Participants
10/2/14	Penn State Extension Office, New Bloomfield - Perry County	42
10/15/14	Millersburg Assembly of God, Millersburg - Upper Dauphin County	26
10/23/14	Women's Leadership Network: West Shore Country Club, Camp Hill - Cumberland County	100
10/24/14	Giant Food Community Center, Camp Hill	37
10/30/14	Hamilton Health Center, Harrisburg - Dauphin County	57
	Total	262

Each 90-minute session included the following major segments.

- **Introduction** – A brief welcome from a United Way representative and an explanation of the process under way to establish the region's most pressing needs, including the role of the Community Conversations.
- **"Know the Region"** – An opportunity for participants to answer polling questions to reflect their knowledge of regional demographics and to familiarize themselves with the electronic polling process (results available in Appendix only).
- **Four Building Blocks** – Presentation of data and survey findings on each of the four building blocks (listed below), followed by polling questions related to the most critical concerns and an open forum on each item. Each of the building blocks segments culminated in a "Top Three" vote on the most critical concerns from participants' perspectives.
 - Health
 - Education
 - Income
 - Basic Needs

All of the polling results are summarized and combined in the Findings section, and the individual results, by location, are available in Appendix A.

Editorial Acknowledgements: Special thanks to Paul Caulfield of the Dering Group for the production of this chapter.

Findings

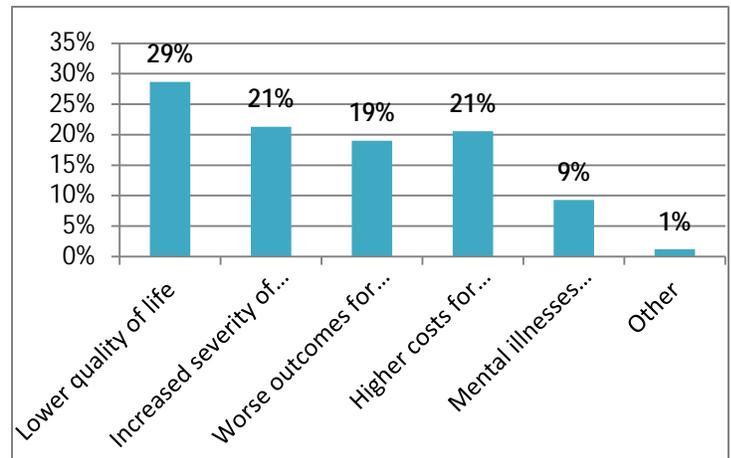
This section provides summary data on the answers of participants to all polling questions, by building block area. The individual data sets from each location were combined for a true average, and the specific location data sets are provided in Appendix A. The combining of location data provides a more universal “regional view.” However, it should be noted that there was in fact very little variation in results from one location to another (as is clear in the complete data sets).

Most of the polling questions restricted responses to a single answer, so the percentages shown in the charts relate directly to the number of participants in the session. For example, 50 percent on a single-response question means that half of the respondents selected that answer.

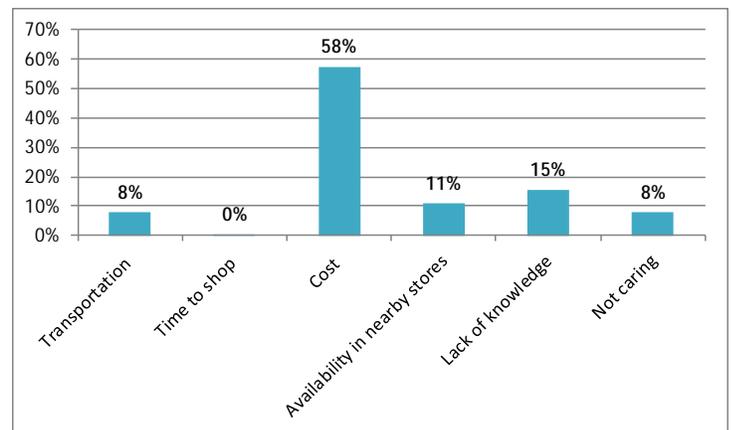
For the final questions in each section, in which respondents ranked their “top three” responses in order, the first response was weighted slightly higher than the second, which in turn was weighted slightly higher than the third. Therefore, the percentages appearing in these charts represent the percentage of total value for all weighted responses combined. In addition to the data presented, many of the sections include comments characteristic of the free-ranging discussion of each topic. These comments are provided to help characterize the nature of the conversations around each topic.

A. Health

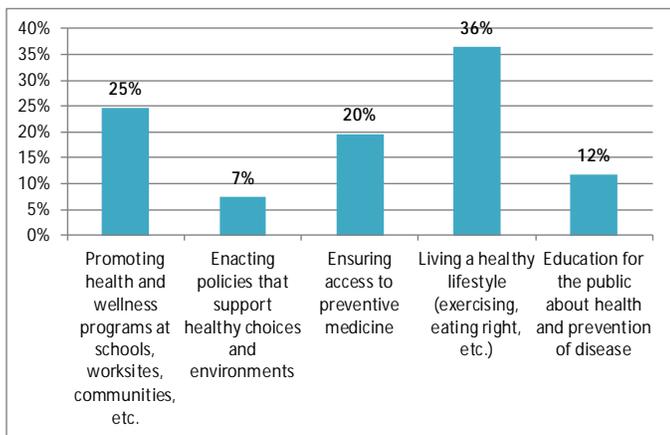
1. What do you consider the most significant consequence of people lacking access to affordable healthcare?



2. What is the most significant factor preventing people from obtaining nutritious foods?



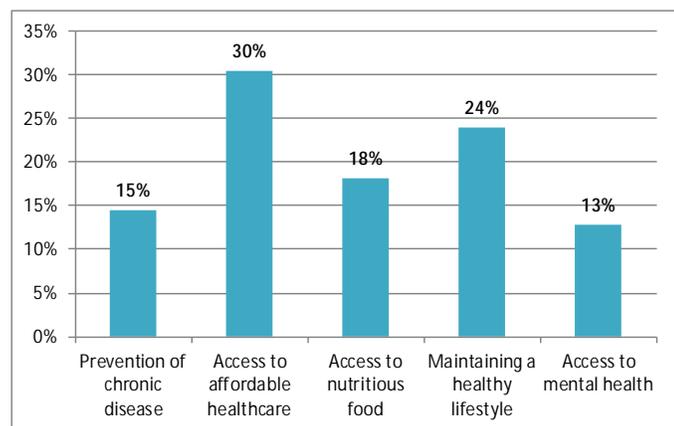
3. What do you see as the best method for preventing chronic diseases?



individual’s overall health. Comments were made at all conversations about the costs involved in obtaining fresh fruits and vegetables. In addition, there were comments about the difficulty accessing high quality foods in inner city neighborhoods. Comments were offered that there is a strong educational component needed to inform the community on the many elements contributing to good health. There is the perception that many people do not know how to properly prepare fresh foods.

The importance of good oral health care to an individual’s overall health was noted in several conversations. In many instances, there are oral health care access issues, especially in rural areas.

4. Select the top three health concerns in order of importance



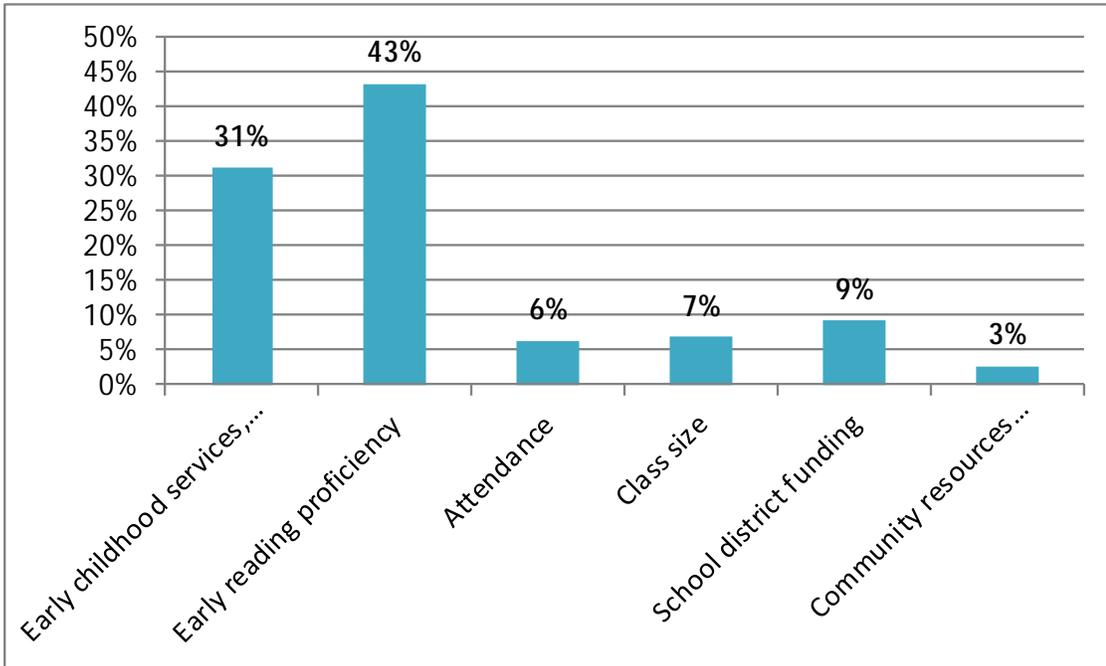
Many participants offered comments on the importance of mental and behavioral health services, but there is the belief there are inadequate services in the Capital Region. Several participants noted personal difficulties in accessing services in a timely manner. Comments also were offered about weak insurance coverage (limited number of visits, high co-pays, etc.) for behavioral health conditions.

Participant Comments and Observations

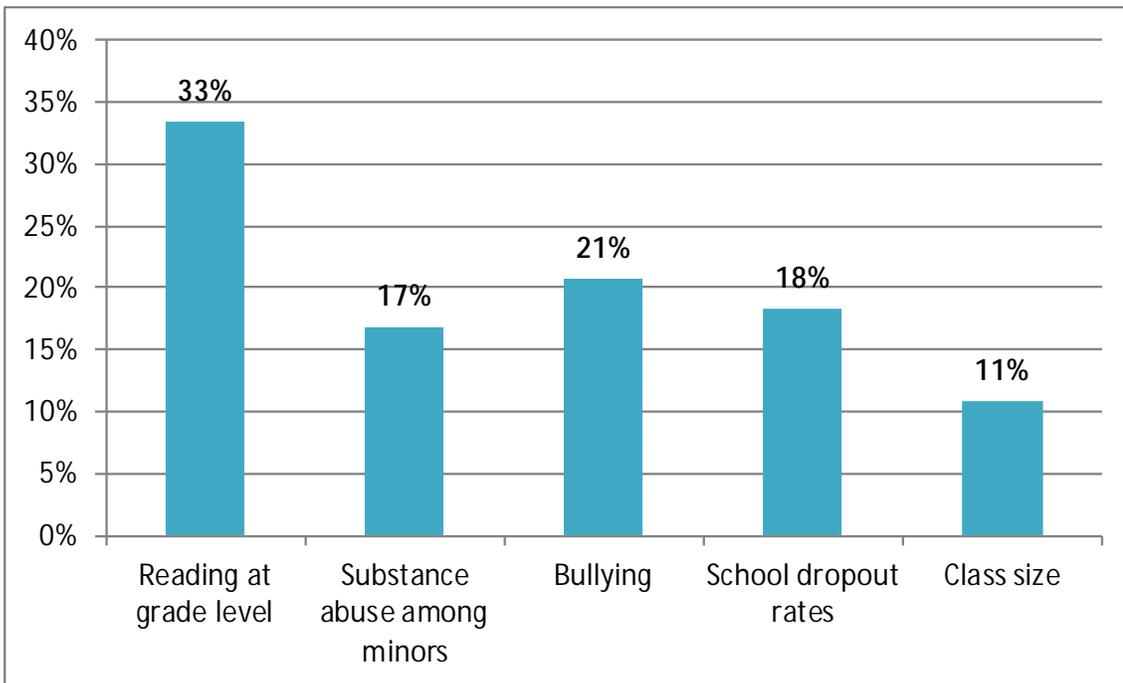
In all community conversations, there were comments reinforcing that an individual’s good health condition is key to a high quality of life. There was a strong recognition in the comments offered that access to health care, especially in the treatment and management of chronic health conditions, is essential. Additional comments were offered on the need for expanded preventive health care services. Participants noted that a healthy lifestyle, including good nutrition, contributes significantly to an

B. Education

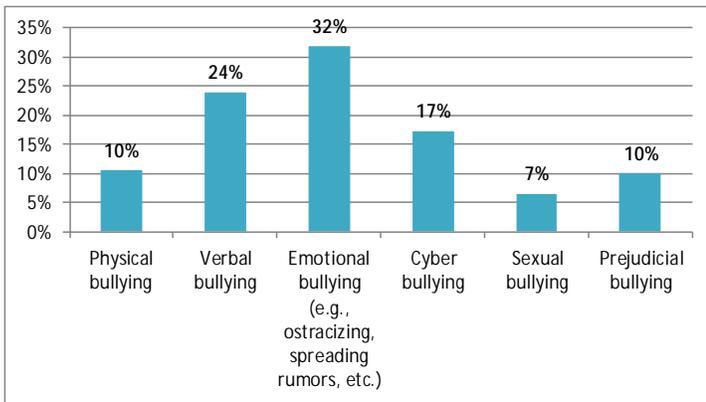
1. Which of the following do you consider the most important ingredient in an education?



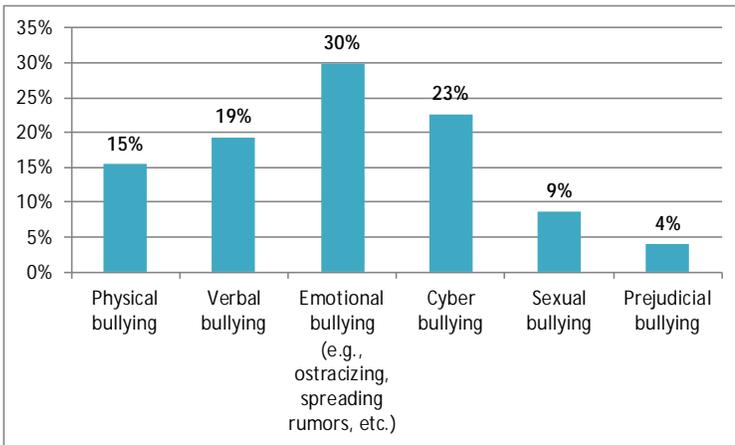
2. Select the top three education concerns in order of importance.



3. What forms of bullying are common? (Perry County, Upper Dauphin County, CH Giant)



4. Select the three forms of bullying of greatest concern. (Hamilton Health Center, WLN at WSCC)



Note: Questions B.3 and B.4 on bullying are separated because participants represented in item 3 selected "all that apply," while those represented in item 4 selected the three forms of bullying of greatest concern.

Participant Comments and Observations

Participants universally commented that education absolutely is essential to a person's success in life. Without a good education, a person will have difficulty obtaining a good job or have the necessary knowledge for a self-sufficient life. Many participants commented that education must start early, and many emphasized the importance of Pre-K and other early learning and education opportunities. Early learning was viewed as important in instilling the joy of learning. In every session, graduating from high school was deemed critical and only a beginning point in a successful transition to adulthood.

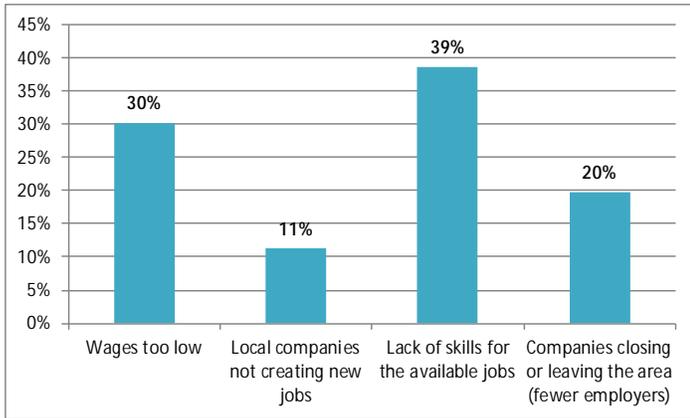
Educational services were viewed as a very important community responsibility. There were many comments on the role played by public education in ensuring a high quality of life in the region. Comments also were offered on the need for adequate funding, maintaining good class sizes, and teacher training and support.

There were many comments about the role of parents in stressing the importance of education and helping children prepare for school. Many participants commented on the need for active parental involvement in the schools.

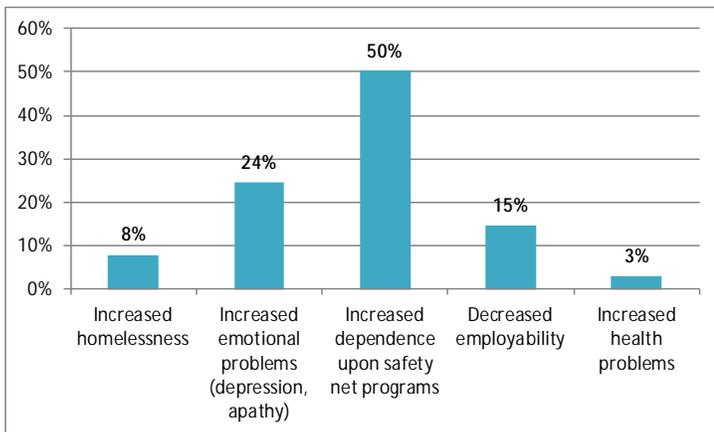
In all community conversations, there was concern expressed on bullying, and how it harms not only its victims, but harms the overall learning and school environment. Many participants recounted personal experience of their children with bullying and how schools are often ineffective in dealing with the problem. Many commented on the growth of cyberbullying and its harm on children, especially girls. Bullying was seen as leading to children dropping out of school.

C. Income

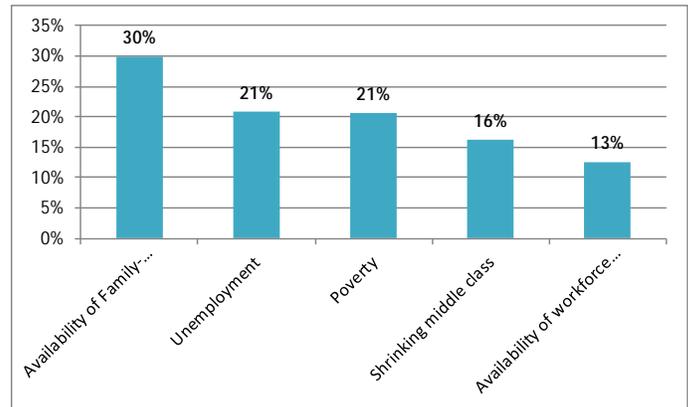
1. Availability of family-sustaining jobs is one of the top concerns. What do you consider the primary reason for this challenge?



2. What do you believe is the most significant impact of long-term unemployment?



3. Select the top three income concerns in order of importance.



Participant Comments and Observations

There were many comments on the importance of family-sustaining jobs. Many participants noted the disconnect between the skills required for good paying jobs and the skills of job seekers. In addition, many commented on the poor level of soft skills (work attendance, interpersonal relationships in the workplace, literacy, etc.) of younger workers.

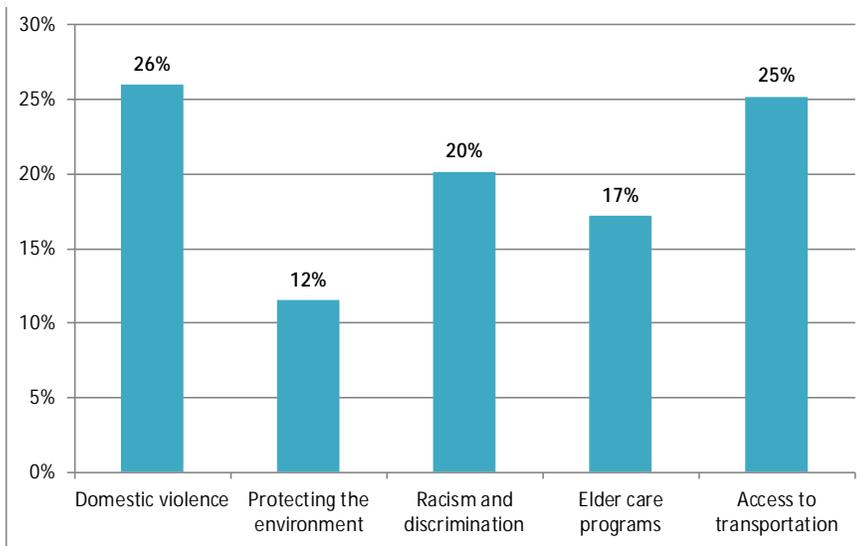
Comments were offered on the difficulties faced by individuals with criminal records, poor credit scores and weak job history in obtaining family supporting jobs.

There was discussion on the need for additional job training opportunities. These training efforts need to be forward looking for future job opportunities. Efforts to attract new employers to the community was discussed.

Concerns were raised about the struggles for long-term unemployed individuals. There were comments about discriminatory practices impacting older and minority job seekers.

D. Basic Needs

1. Select the top three basic-need concerns in order of importance.



Participant Comments and Observations

Transportation was mentioned numerous times as a barrier to accessing jobs, services and educational opportunities. Transportation was seen as underlying all of the building block issues discussed. Many commented that it is a difficult and expensive issue to address. The issue was recognized as a problem in every area of the region from rural to urban.

There were many comments on the need to address domestic violence in the region. Several commented that the problem is much more prevalent than reported. There was an expression of need from a number of participants for additional preventive and intervention services.

Several participants discussed housing issues in the region. There were questions on the true nature and quality of affordable housing in the region.

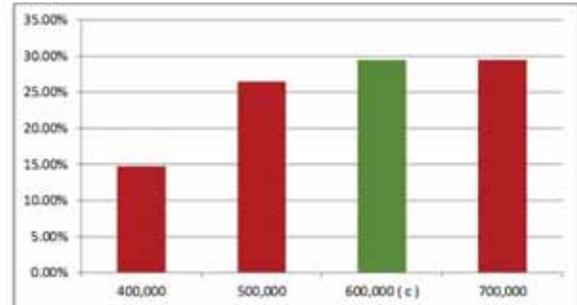
Comments were offered on the aging population of the Capital Region, especially persons aged 85 and over. It was expressed that this growing elderly population will place new pressures on the basic need services in the community.



Appendix A Perry County Results by Question

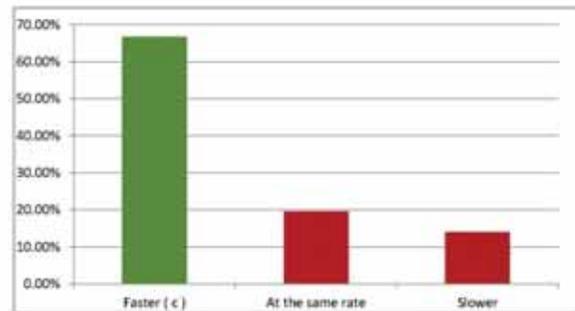
1. The population of the Capital Region (Cumberland, Perry and Dauphin Counties) is approximately:

	Responses	
	Percent	Count
400,000	14.71%	5
500,000	26.47%	9
600,000 (c)	29.41%	10
700,000	29.41%	10
Totals	100%	34



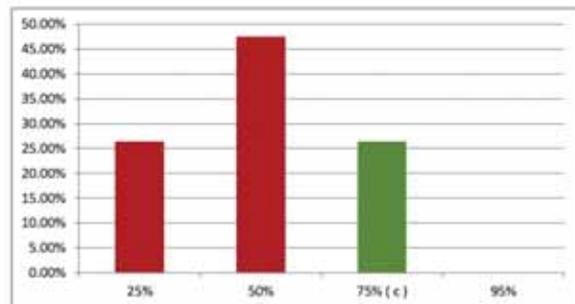
2. The Capital Region is growing _____ than PA.

	Responses	
	Percent	Count
Faster (c)	66.67%	24
At the same rate	19.44%	7
Slower	13.89%	5
Totals	100%	36



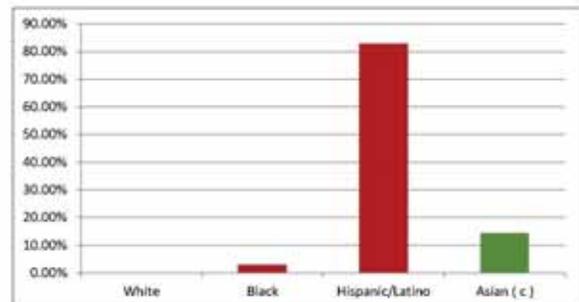
3. The percentage of people living in an urban setting is:

	Responses	
	Percent	Count
25%	26.32%	10
50%	47.37%	18
75% (c)	26.32%	10
95%	0.00%	0
Totals	100%	38



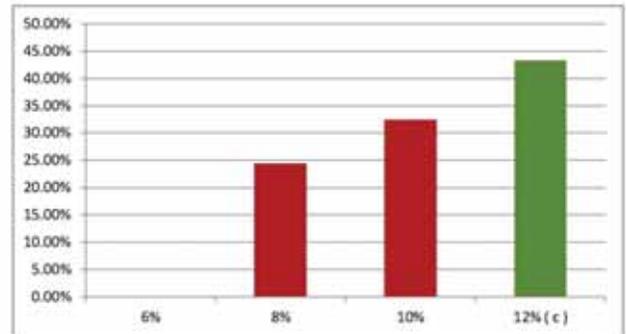
4. Population has increased 76% in which community?

	Responses	
	Percent	Count
White	0.00%	0
Black	2.86%	1
Hispanic/Latino	82.86%	29
Asian (c)	14.29%	5
Totals	100%	35



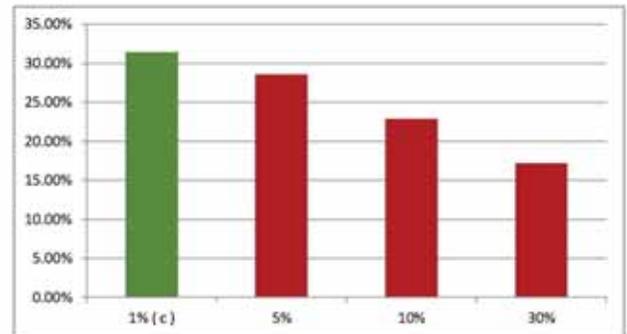
5. Those who reported having a disability make up what percentage of the Capital Region?

	Responses	
	Percent	Count
0%	0.00%	0
6%	24.32%	9
10%	32.43%	12
12% (c)	43.24%	16
Totals	100%	37



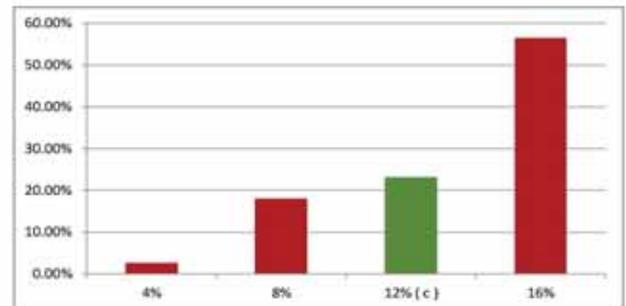
6. Since the late 1970s, virtually all the increase in income in the Capital Region has gone to the top:

	Responses	
	Percent	Count
1% (c)	31.43%	11
5%	28.57%	10
10%	22.86%	8
30%	17.14%	6
Totals	100%	35



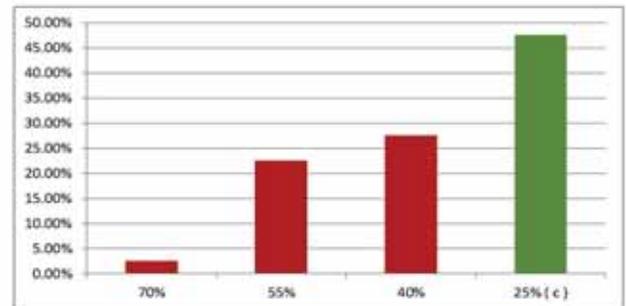
7. Those who lack access to nutritious foods to support a healthy lifestyle make up what percentage of the Capital Region?

	Responses	
	Percent	Count
4%	2.56%	1
8%	17.95%	7
12% (c)	23.08%	9
16%	56.41%	22
Totals	100%	39



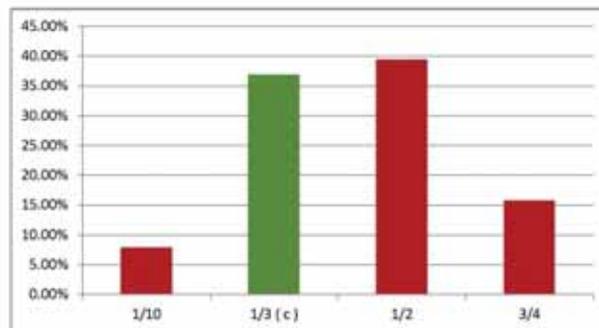
8. The percentage of children age 3 and 4 with access to high-quality pre-kindergarten:

	Responses	
	Percent	Count
70%	2.50%	1
55%	22.50%	9
40%	27.50%	11
25% (c)	47.50%	19
Totals	100%	40



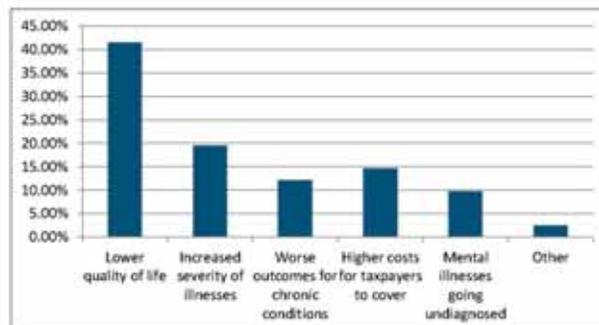
9. The proportion of people who are obese:

	Responses	
	Percent	Count
1/10	7.89%	3
1/3 (c)	36.84%	14
1/2	39.47%	15
3/4	15.79%	6
Totals	100%	38



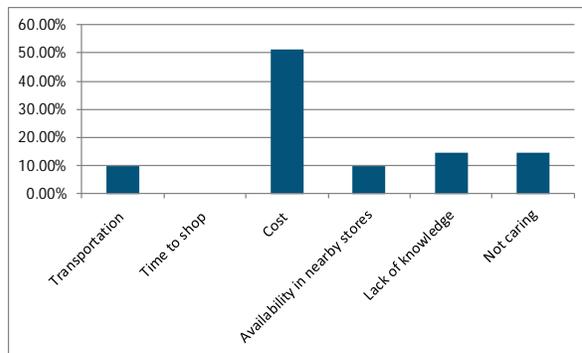
10. What do you consider the most significant consequence of people lacking access to affordable healthcare?

	Responses	
	Percent	Count
Lower quality of life	41.46%	17
Increased severity of illnesses	19.51%	8
Worse outcomes for chronic conditions	12.20%	5
Higher costs for taxpayers to cover	14.63%	6
Mental illnesses going undiagnosed	9.76%	4
Other	2.44%	1
Totals	100%	41



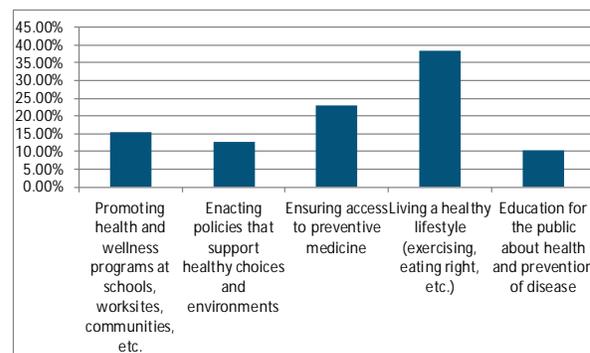
11. What is the most significant factor preventing people from obtaining nutritious foods?

	Responses	
	Percent	Count
Transportation	9.76%	4
Time to shop	0.00%	0
Cost	51.22%	21
Availability in nearby stores	9.76%	4
Lack of knowledge	14.63%	6
Not caring	14.63%	6
Totals	100%	41



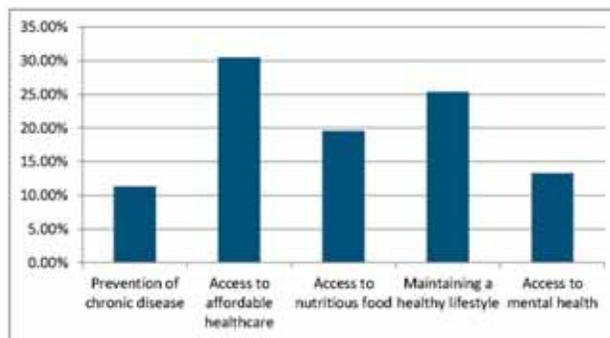
12. What do you see as the best method for preventing chronic diseases?

	Responses	
	Percent	Count
Promoting health and wellness programs at schools, worksites, communities, etc.	15.38%	6
Enacting policies that support healthy choices and environments	12.82%	5
Ensuring access to preventive medicine	23.08%	9
Living a healthy lifestyle (exercising, eating right, etc.)	38.46%	15
Education for the public about health and prevention of disease	10.26%	4
Totals	100%	39



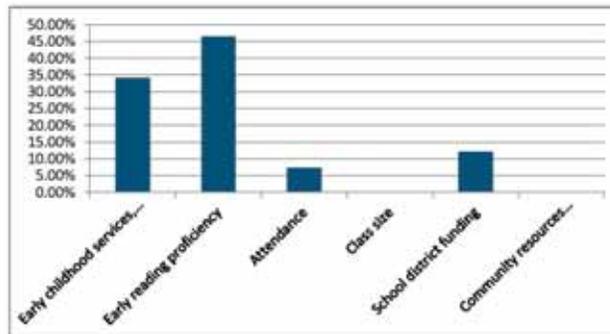
13. Select the top 3 health concerns in order of importance.

	Responses	
	Percent	Weighted Count
Prevention of chronic disease	11.36%	123
Access to affordable healthcare	30.47%	330
Access to nutritious food	19.58%	212
Maintaining a healthy lifestyle	25.30%	274
Access to mental health	13.30%	144
Totals	100%	1083



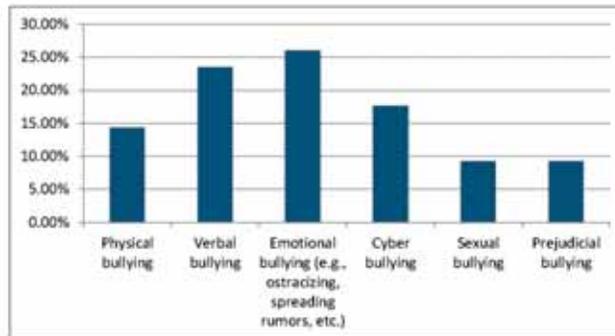
14. Which of the following do you consider the most important ingredient in an education?

	Responses	
	Percent	Count
Early childhood services, such as pre-kindergarten	34.15%	14
Early reading proficiency	46.34%	19
Attendance	7.32%	3
Class size	0.00%	0
School district funding	12.20%	5
Community resources (libraries, post post-secondary institutions)	0.00%	0
Totals	100%	41



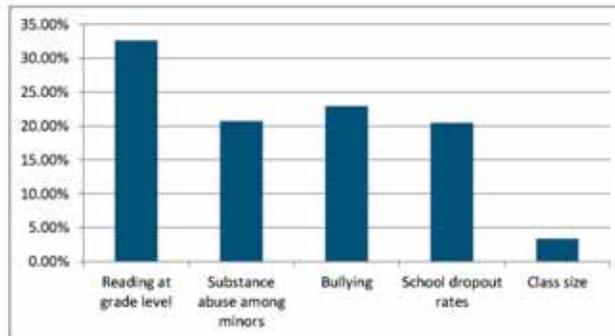
15. What forms of bullying are common? (Select all that apply.)

	Responses	
	Percent	Count
Physical bullying	14.29%	17
Verbal bullying	23.53%	28
Emotional bullying (e.g., ostracizing, spreading rumors, etc.)	26.05%	31
Cyber bullying	17.65%	21
Sexual bullying	9.24%	11
Prejudicial bullying	9.24%	11
Totals	100%	119



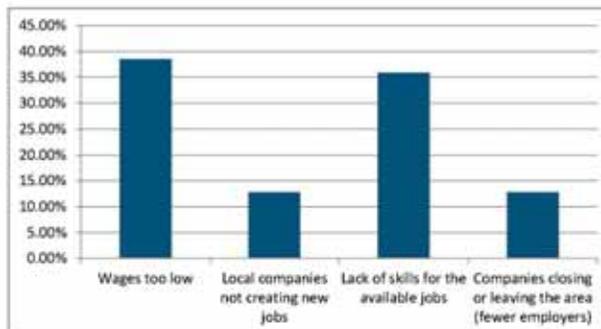
16. Select the top 3 education concerns in order of importance.

	Responses	
	Percent	Weighted Count
Reading at grade level	32.58%	333
Substance abuse among minors	20.74%	212
Bullying	22.90%	234
School dropout rates	20.45%	209
Class size	3.33%	34
Totals	100%	1022



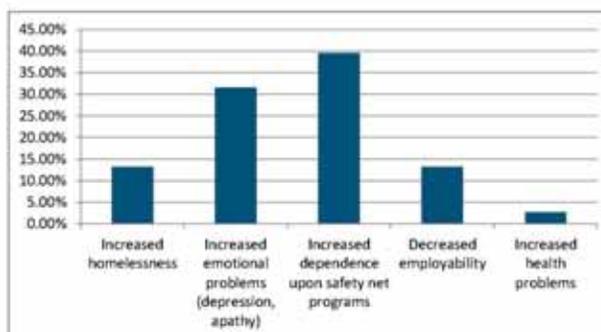
17. Availability of family-sustaining jobs is one of the top concerns. What do you consider the primary reason for this challenge?

	Responses	
	Percent	Count
Wages too low	38.46%	15
Local companies not creating new jobs	12.82%	5
Lack of skills for the available jobs	35.90%	14
Companies closing or leaving the area (fewer employers)	12.82%	5
Totals	100%	39



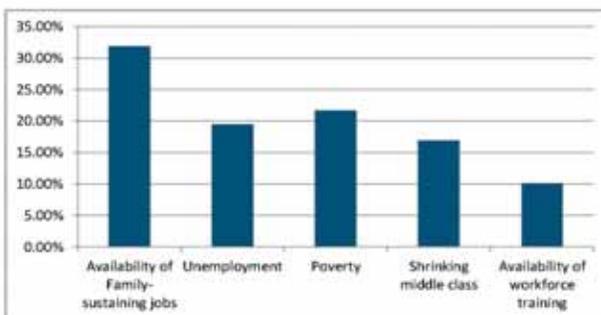
18. What do you believe is the most significant impact of long-term unemployment?

	Responses	
	Percent	Count
Increased homelessness	13.16%	5
Increased emotional problems (depression, apathy)	31.58%	12
Increased dependence upon safety net programs	39.47%	15
Decreased employability	13.16%	5
Increased health problems	2.63%	1
Totals	100%	38



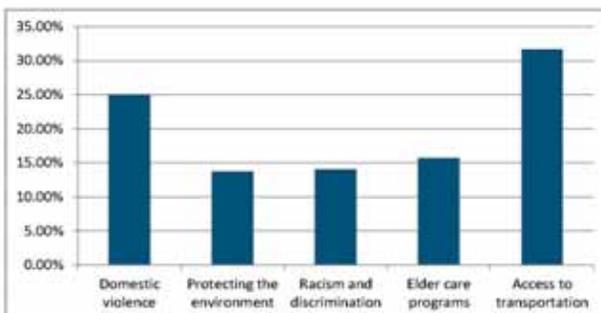
19. Select the top 3 income concerns in order of importance.

	Responses	
	Percent	Weighted Count
Availability of Family-sustaining jobs	31.85%	322
Unemployment	19.43%	197
Poverty	21.66%	219
Shrinking middle class	16.91%	171
Availability of workforce training	10.09%	102
Totals	100%	1011



20. Select the top 3 basic-need concerns in order of importance.

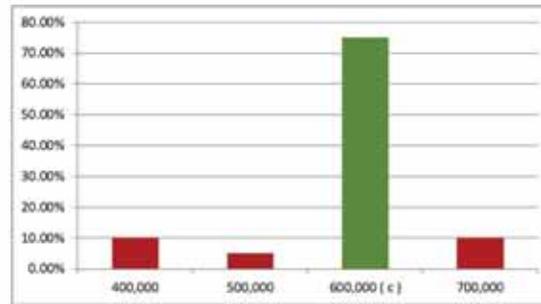
	Responses	
	Percent	Weighted Count
Domestic violence	24.95%	247
Protecting the environment	13.74%	136
Racism and discrimination	14.04%	139
Elder care programs	15.66%	155
Access to transportation	31.62%	313
Totals	100%	990



Upper Dauphin County Results by Question

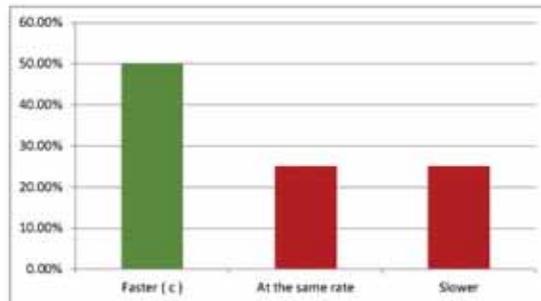
1. The population of the Capital Region (Cumberland, Perry and Dauphin Counties) is approximately:

Responses		
	Percent	Count
400,000	10.00%	2
500,000	5.00%	1
600,000 (c)	75.00%	15
700,000	10.00%	2
Totals	100%	20



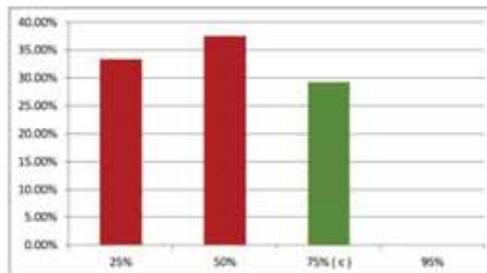
2. The Capital Region is growing _____ than PA.

Responses		
	Percent	Count
Faster (c)	50.00%	12
At the same rate	25.00%	6
Slower	25.00%	6
Totals	100%	24



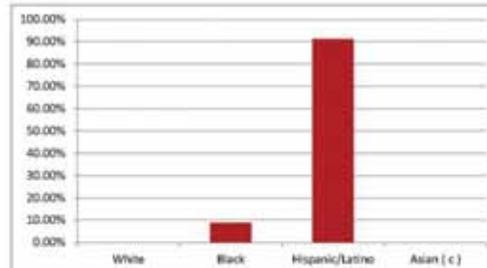
3. The percentage of people living in an urban setting is:

Responses		
	Percent	Count
25%	33.33%	8
50%	37.50%	9
75% (c)	28.17%	7
85%	0.00%	0
Totals	100%	24



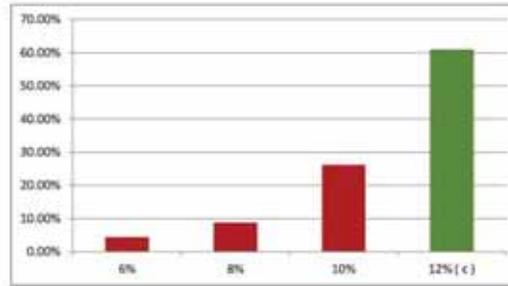
4. Population has increased 70% in which community?

Responses		
	Percent	Count
White	0.00%	0
Black	8.70%	2
Hispanic/Latino	91.30%	21
Asian (c)	0.00%	0
Totals	100%	23



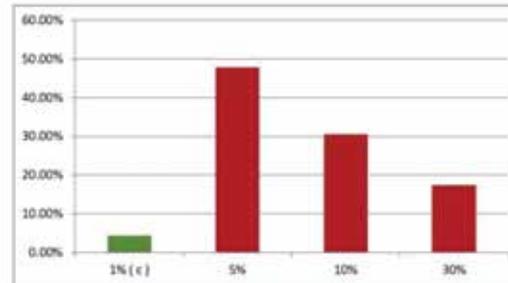
5. Those who reported having a disability make up what percentage of the Capital Region?

Responses		
	Percent	Count
6%	4.35%	1
8%	8.70%	2
10%	29.09%	6
12% (c)	62.87%	14
Totals	100%	23



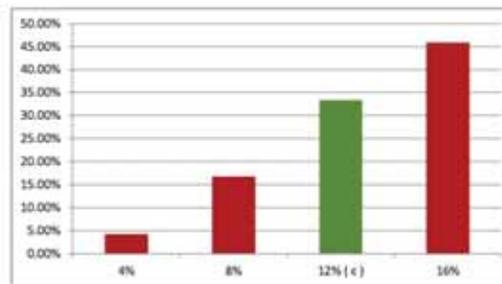
6. Since the late 1970s, virtually all the increase in income in the Capital Region has gone to the top:

Responses		
	Percent	Count
1% (c)	4.35%	1
5%	47.83%	11
10%	30.43%	7
30%	17.39%	4
Totals	100%	23



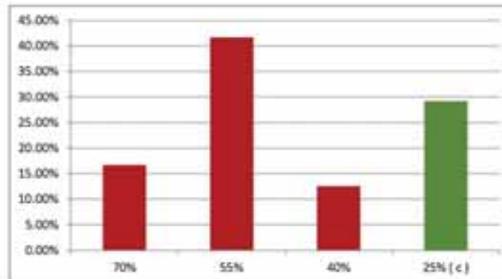
7. Those who lack access to nutritious foods to support a healthy lifestyle make up what percentage of the Capital Region?

Responses		
	Percent	Count
4%	4.17%	1
8%	16.67%	4
12% (c)	33.33%	8
16%	45.83%	11
Totals	100%	24



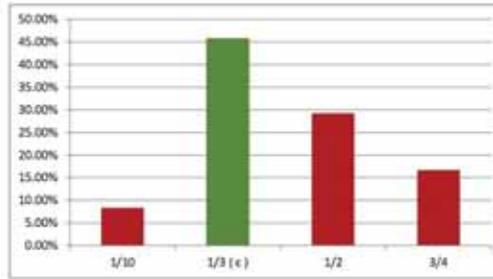
8. The percentage of children age 3 and 4 with access to high-quality pre-kindergarten:

Responses		
	Percent	Count
70%	16.67%	4
55%	41.67%	10
40%	12.50%	3
25% (c)	29.17%	7
Totals	100%	24



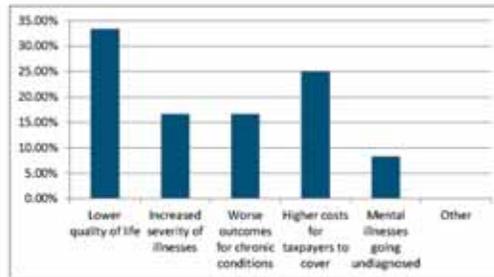
9. The proportion of people who are obese:

	Responses	
	Percent	Count
1/10	8.33%	2
1/3 (c)	45.83%	11
1/2	29.17%	7
3/4	16.67%	4
Totals	100%	24



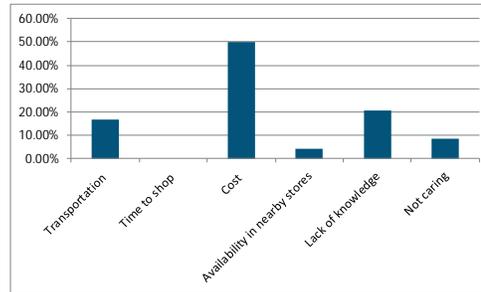
10. What do you consider the most significant consequence of people lacking access to affordable healthcare? (Select one.)

	Responses	
	Percent	Count
Lower quality of life	33.33%	8
Increased severity of illnesses	16.67%	4
Worse outcomes for chronic conditions	16.67%	4
Higher costs for taxpayers to cover	25.00%	6
Mental illnesses going undiagnosed	8.33%	2
Other	0.00%	0
Totals	100%	24



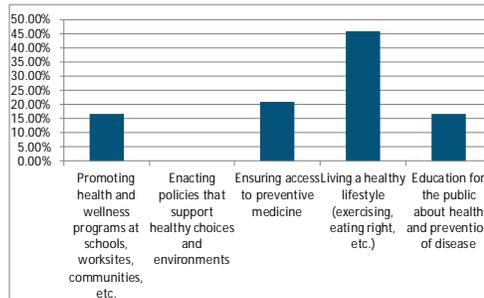
11. What is the most significant factor preventing people from obtaining nutritious foods? (Select one.)

	Responses	
	Percent	Count
Transportation	16.67%	4
Time to shop	0.00%	0
Cost	50.00%	12
Availability in nearby stores	4.17%	1
Lack of knowledge	20.83%	5
Not caring	8.33%	2
Totals	100%	24



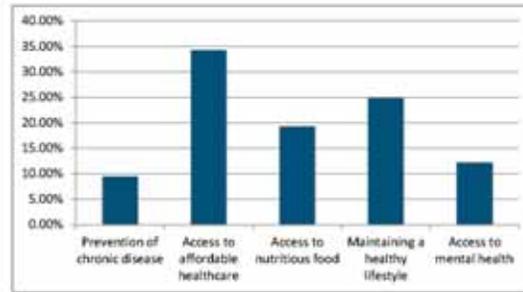
12. What do you see as the best method for preventing chronic diseases?

	Responses	
	Percent	Count
Promoting health and wellness programs at schools, worksites, communities, etc.	16.67%	4
Enacting policies that support healthy choices and environments	0.00%	0
Ensuring access to preventive medicine	20.83%	5
Living a healthy lifestyle (exercising, eating right, etc.)	45.83%	11
Education for the public about health and prevention of disease	16.67%	4
Totals	100%	24



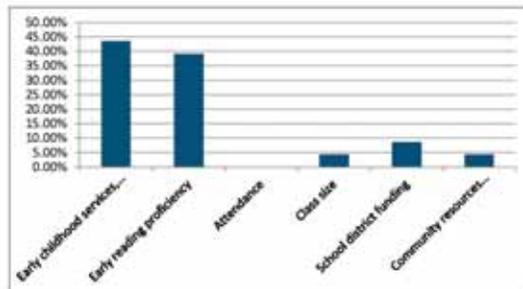
13. Select the top 3 health concerns in order of importance.

	Responses	
	Percent	Weighted Count
Prevention of chronic disease	9.41%	61
Access to affordable healthcare	34.26%	222
Access to nutritious food	19.29%	125
Maintaining a healthy lifestyle	24.85%	161
Access to mental health	12.19%	79
Totals	100%	648



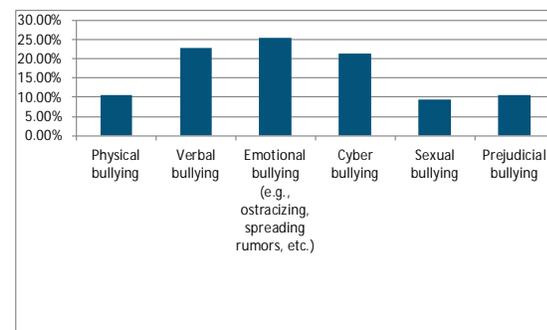
14. Which of the following do you consider the most important ingredient in an education?

	Responses	
	Percent	Count
Early childhood services, such as pre-kindergarten	43.48%	10
Early reading proficiency	39.13%	9
Attendance	0.00%	0
Class size	4.35%	1
School district funding	8.70%	2
Community resources (libraries, post post-secondary institutions)	4.35%	1
Totals	100%	23



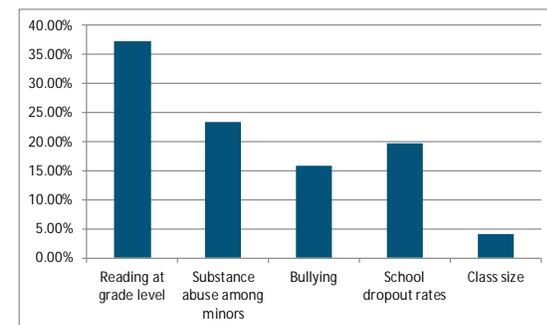
15. What forms of bullying are common? (Select all that apply.)

	Responses	
	Percent	Count
Physical bullying	10.67%	8
Verbal bullying	22.67%	17
Emotional bullying (e.g., ostracizing, spreading rumors, etc.)	25.33%	19
Cyber bullying	21.33%	16
Sexual bullying	9.33%	7
Prejudicial bullying	10.67%	8
Totals	100%	75



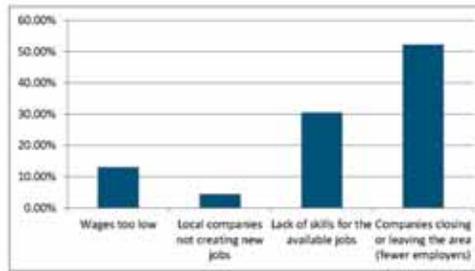
16. Select the top 3 education concerns in order of importance.

	Responses	
	Percent	Weighted Count
Reading at grade level	37.19%	238
Substance abuse among minors	23.28%	149
Bullying	15.78%	101
School dropout rates	19.69%	126
Class size	4.06%	26
Totals	100%	640



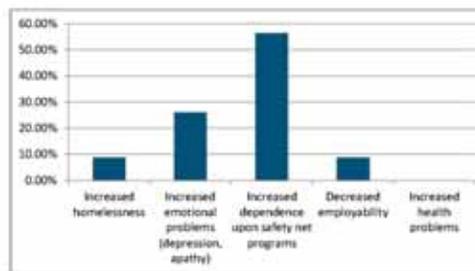
17. Availability of family-sustaining jobs is one of the top concerns. What do you consider the primary reason for this challenge?

Responses		
	Percent	Count
Wages too low	13.04%	3
Local companies not creating new jobs	4.35%	1
Lack of skills for the available jobs	30.43%	7
Companies closing or leaving the area (fewer employers)	52.17%	12
Totals	100%	23



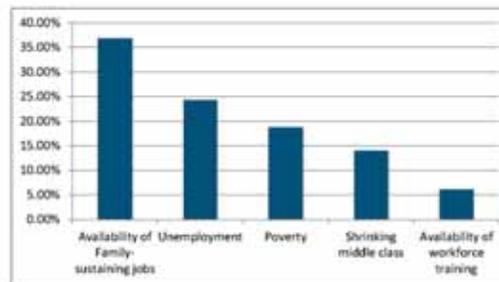
18. What do you believe is the most significant impact of long-term unemployment?

Responses		
	Percent	Count
Increased homelessness	8.70%	2
Increased emotional problems (depression, apathy)	26.09%	6
Increased dependence upon safety net programs	56.52%	13
Decreased employability	8.70%	2
Increased health problems	0.00%	0
Totals	100%	23



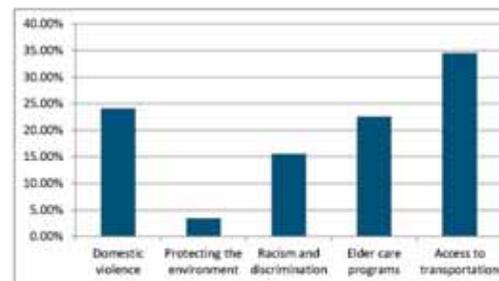
19. Select the top 3 income concerns in order of importance.

Responses		
	Percent	Weighted Count
Availability of Family-sustaining jobs	36.78%	210
Unemployment	24.34%	139
Poverty	18.74%	107
Shrinking middle class	14.01%	80
Availability of workforce training	6.13%	35
Totals	100%	571



20. Select the top 3 basic-need concerns in order of importance.

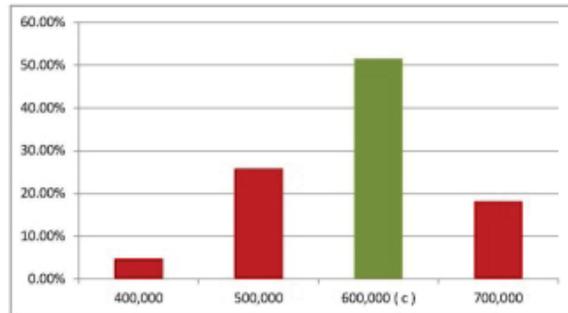
Responses		
	Percent	Weighted Count
Domestic violence	24.01%	133
Protecting the environment	3.43%	19
Racism and discrimination	15.52%	86
Elder care programs	22.56%	125
Access to transportation	34.48%	191
Totals	100%	564



Women's Leadership Network Event Results by Question

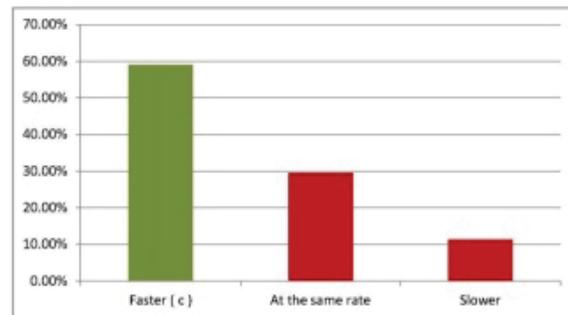
1. The population of the Capital Region (Cumberland, Perry and Dauphin Counties) is approximately:

Responses		
	Percent	Count
400,000	4.76%	5
500,000	25.71%	27
600,000 (c)	51.43%	54
700,000	18.10%	19
Totals	100%	105



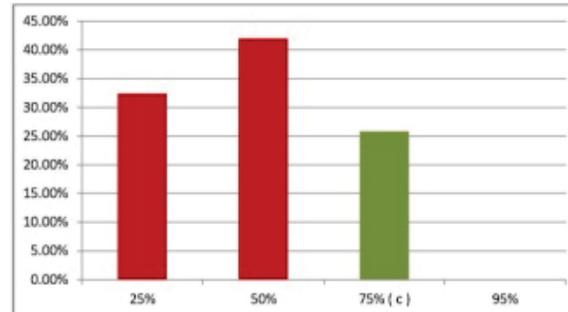
2. The Capital Region is growing _____ than PA.

Responses		
	Percent	Count
Faster (c)	59.05%	62
At the same rate	29.52%	31
Slower	11.43%	12
Totals	100%	105



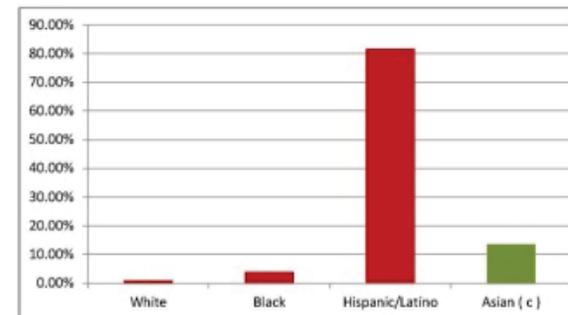
3. The percentage of people living in an urban setting is:

Responses		
	Percent	Count
25%	32.38%	34
50%	41.90%	44
75% (c)	25.71%	27
95%	0.00%	0
Totals	100%	105



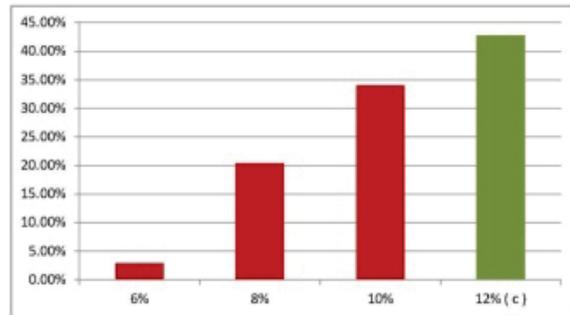
4. Population has increased 76% in which community?

Responses		
	Percent	Count
White	0.97%	1
Black	3.88%	4
Hispanic/Latino	81.55%	84
Asian (c)	13.59%	14
Totals	100%	103



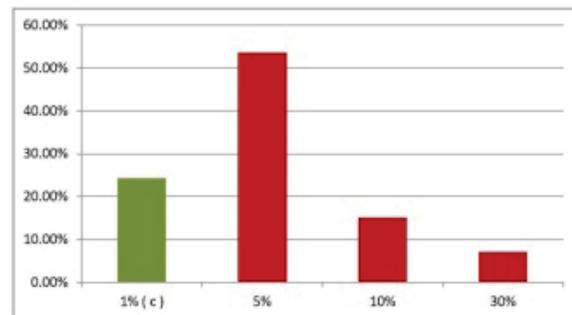
5. Those who reported having a disability make up what percentage of the Capital Region?

Responses		
	Percent	Count
6%	2.91%	3
8%	20.39%	21
10%	33.98%	35
12% (c)	42.72%	44
Totals	100%	103



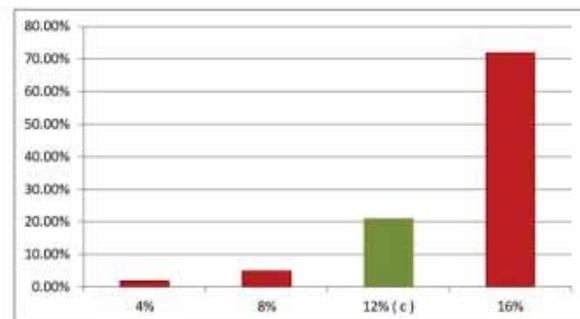
6. Since the late 1970s, virtually all the increase in income in the Capital Region has gone to the top:

Responses		
	Percent	Count
1% (c)	24.24%	24
5%	53.54%	53
10%	15.15%	15
30%	7.07%	7
Totals	100%	99



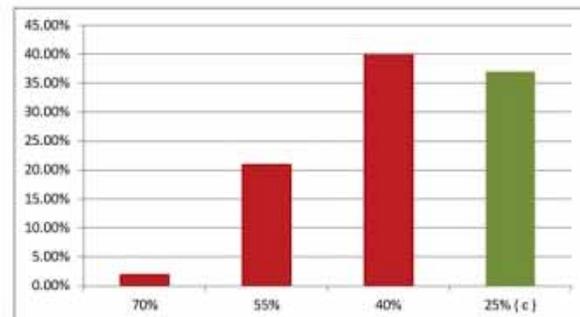
7. Those who lack access to nutritious foods to support a healthy lifestyle make up what percentage of the Capital Region?

Responses		
	Percent	Count
4%	2.00%	2
8%	5.00%	5
12% (c)	21.00%	21
16%	72.00%	72
Totals	100%	100



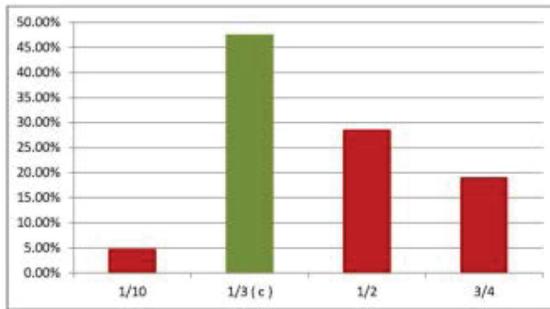
8. The percentage of children age 3 and 4 with access to high-quality pre-kindergarten:

Responses		
	Percent	Count
70%	2.00%	2
55%	21.00%	21
40%	40.00%	40
25% (c)	37.00%	37
Totals	100%	100



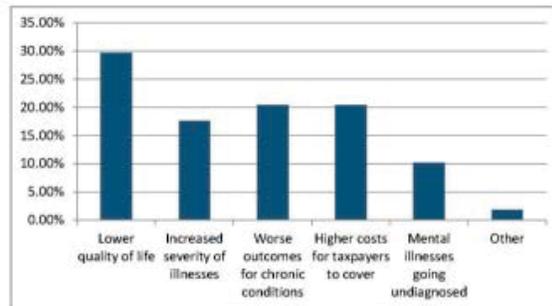
9. The proportion of people who are obese:

	Responses	
	Percent	Count
1/10	4.76%	5
1/3 (c)	47.62%	50
1/2	28.57%	30
3/4	19.05%	20
Totals	100%	105



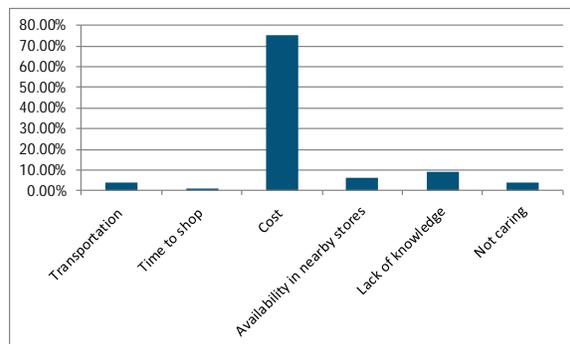
10. What do you consider the most significant consequence of people lacking access to affordable healthcare?

	Responses	
	Percent	Count
Lower quality of life	29.63%	32
Increased severity of illnesses	17.59%	19
Worse outcomes for chronic conditions	20.37%	22
Higher costs for taxpayers to cover	20.37%	22
Mental illnesses going undiagnosed	10.19%	11
Other	1.85%	2
Totals	100%	108



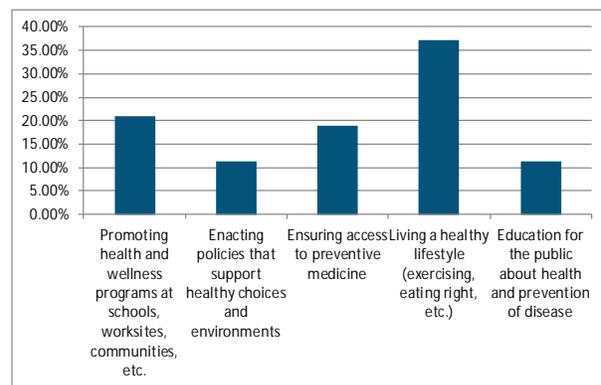
11. What is the most significant factor preventing people from obtaining nutritious foods?

	Responses	
	Percent	Count
Transportation	4.08%	4
Time to shop	1.02%	1
Cost	75.51%	74
Availability in nearby stores	6.12%	6
Lack of knowledge	9.18%	9
Not caring	4.08%	4
Totals	100%	98



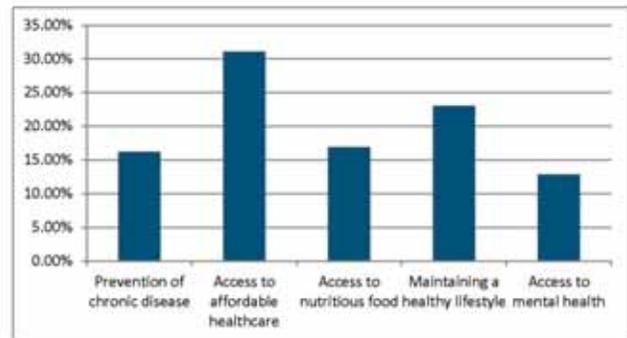
12. What do you see as the best method for preventing chronic diseases?

	Responses	
	Percent	Count
Promoting health and wellness programs at schools, worksites, communities, etc.	20.95%	22
Enacting policies that support healthy choices and environments	11.43%	12
Ensuring access to preventive medicine	19.05%	20
Living a healthy lifestyle (exercising, eating right, etc.)	37.14%	39
Education for the public about health and prevention of disease	11.43%	12
Totals	100%	105



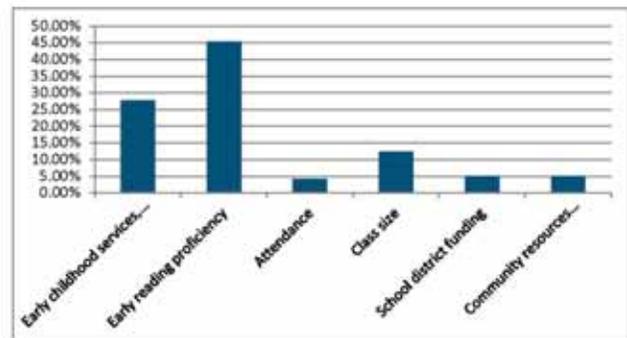
13. Select the top 3 health concerns in order of importance.

	Responses	
	Percent	Weighted Count
Prevention of chronic disease	16.22%	434
Access to affordable healthcare	31.03%	630
Access to nutritious food	16.86%	451
Maintaining a healthy lifestyle	23.03%	616
Access to mental health	12.86%	344
Totals	100%	2675



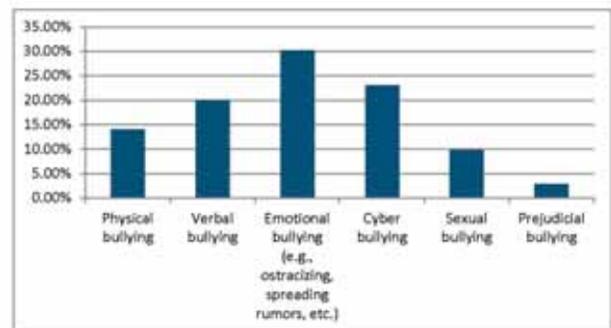
14. Which of the following do you consider the most important ingredient in an education?

	Responses	
	Percent	Count
Early childhood services, such as pre-kindergarten	27.84%	27
Early reading proficiency	45.36%	44
Attendance	4.12%	4
Class size	12.37%	12
School district funding	5.15%	5
Community resources (libraries, post post-secondary institutions)	5.15%	5
Totals	100%	97



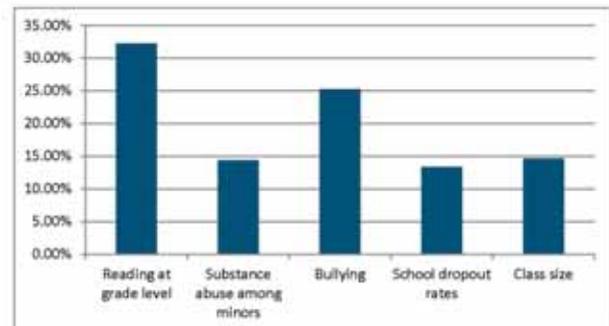
15. Select the 3 forms of bullying of greatest concern.

	Responses	
	Percent	Weighted Count
Physical bullying	14.06%	352
Verbal bullying	20.01%	501
Emotional bullying (e.g., ostracizing, spreading rumors, etc.)	30.15%	755
Cyber bullying	23.08%	578
Sexual bullying	9.78%	245
Prejudicial bullying	2.92%	73
Totals	100%	2504



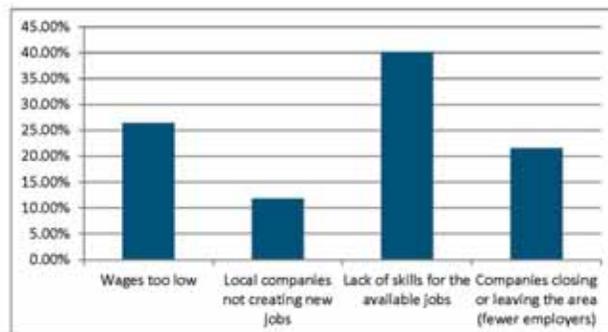
16. Select the top 3 education concerns in order of importance.

	Responses	
	Percent	Weighted Count
Reading at grade level	32.27%	838
Substance abuse among minors	14.44%	375
Bullying	25.30%	657
School dropout rates	13.40%	348
Class size	14.59%	379
Totals	100%	2597



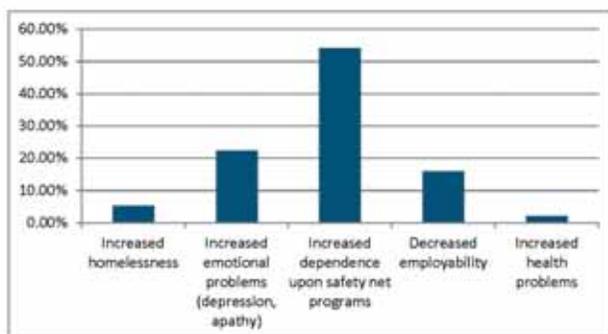
17. Availability of family-sustaining jobs is one of the top concerns. What do you consider the primary reason for this challenge?

	Responses	
	Percent	Count
Wages too low	26.47%	27
Local companies not creating new jobs	11.76%	12
Lack of skills for the available jobs	40.20%	41
Companies closing or leaving the area (fewer employers)	21.57%	22
Totals	100%	102



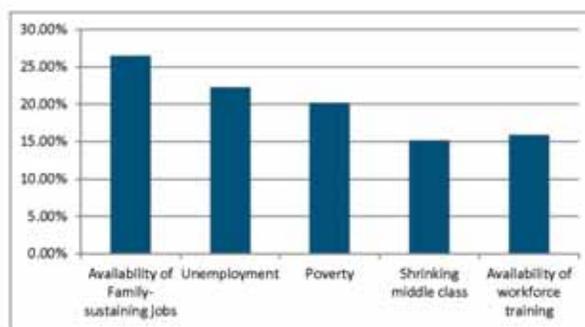
18. What do you believe is the most significant impact of long-term unemployment?

	Responses	
	Percent	Count
Increased homelessness	5.32%	5
Increased emotional problems (depression, apathy)	22.34%	21
Increased dependence upon safety net programs	54.26%	51
Decreased employability	15.96%	15
Increased health problems	2.13%	2
Totals	100%	94



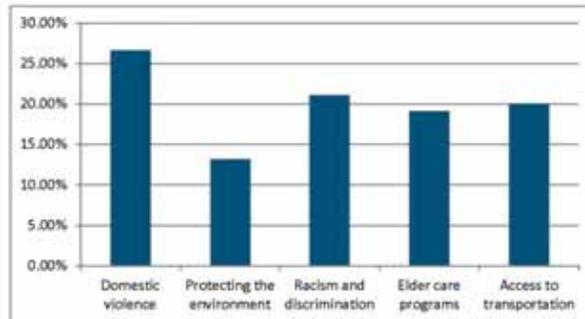
19. Select the top 3 income concerns in order of importance.

	Responses	
	Percent	Weighted Count
Availability of Family-sustaining jobs	26.44%	609
Unemployment	22.28%	513
Poverty	20.19%	465
Shrinking middle class	15.20%	350
Availability of workforce training	15.89%	366
Totals	100%	2303



20. Select the top 3 basic need concerns in order of importance

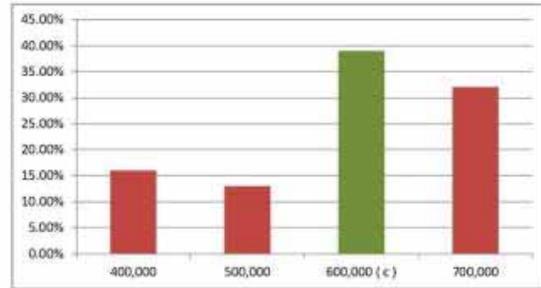
	Responses	
	Percent	Weighted Count
Domestic violence	26.64%	645
Protecting the environment	13.16%	319
Racism and discrimination	21.07%	510
Elder care programs	19.12%	463
Access to transportation	19.99%	484
Totals	100%	2421



Camp Hill Giant Results by Question

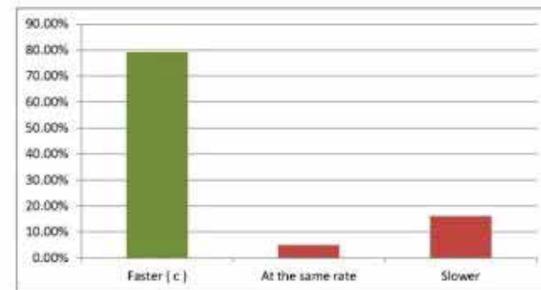
1. The population of the Capital Region (Cumberland, Perry and Dauphin Counties) is approximately:

Responses		
	Percent	Count
400,000	16.00%	6
500,000	13.00%	5
600,000 (c)	39.00%	14
700,000	32.00%	12
Totals	100%	37



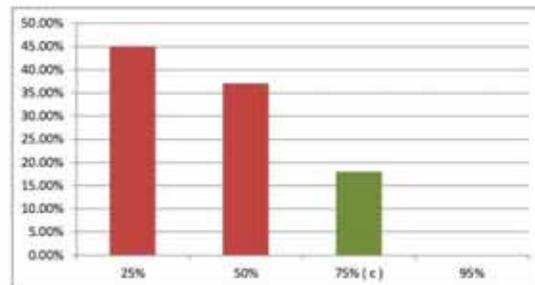
2. The Capital Region is growing _____ than PA.

Responses		
	Percent	Count
Faster (c)	79.00%	29
At the same rate	5.00%	2
Slower	16.00%	6
Totals	100%	37



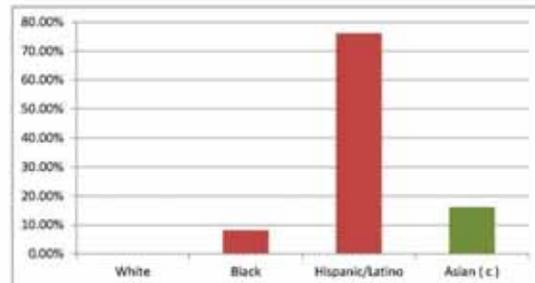
3. The percentage of people living in an urban setting is:

Responses		
	Percent	Count
25%	45.00%	16
50%	37.00%	14
75% (c)	18.00%	7
95%	0.00%	0
Totals	100%	37



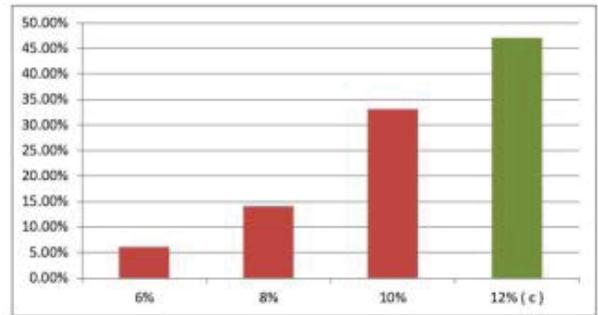
4. Population has increased 76% in which community?

Responses		
	Percent	Count
White	0.00%	0
Black	8.00%	3
Hispanic/Latino	76.00%	28
Asian (c)	16.00%	6
Totals	100%	37



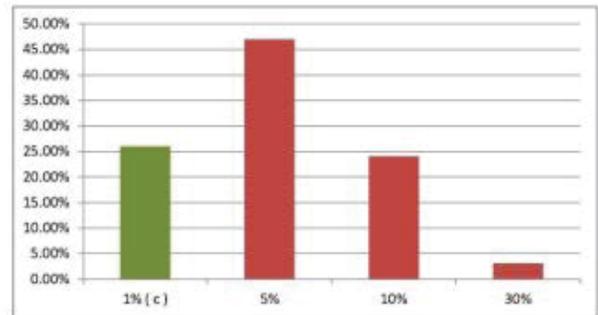
5. Those who reported having a disability make up what percentage of the Capital Region?

Responses		
	Percent	Count
6%	6.00%	2
8%	14.00%	5
10%	33.00%	12
12% (c)	47.00%	18
Totals	100%	37



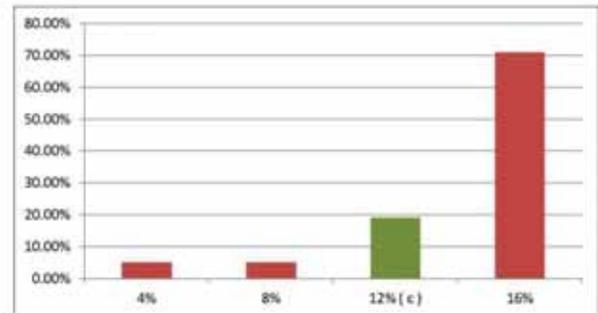
6. Since the late 1970s, virtually all the increase in income in the Capital Region has gone to the top:

Responses		
	Percent	Count
1% (c)	26.00%	10
5%	47.00%	17
10%	24.00%	9
30%	3.00%	1
Totals	100%	37



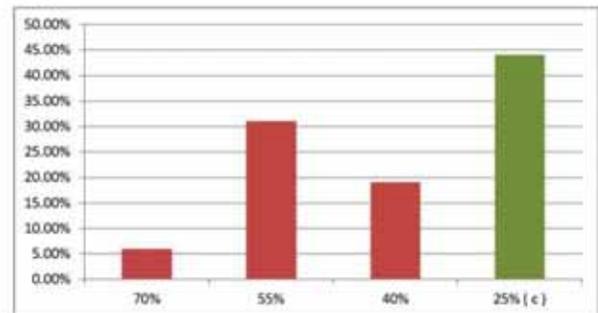
7. Those who lack access to nutritious foods to support a healthy lifestyle make up what percentage of the Capital Region?

Responses		
	Percent	Count
4%	5.00%	2
8%	5.00%	2
12% (c)	19.00%	7
16%	71.00%	26
Totals	100%	37



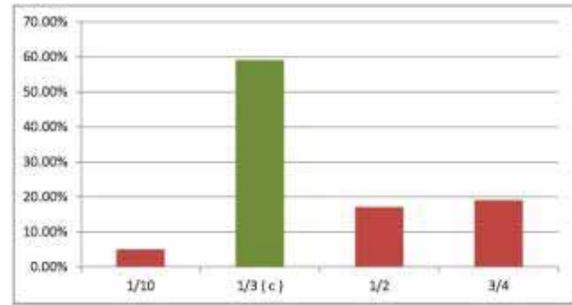
8. The percentage of children age 3 and 4 with access to high-quality pre-kindergarten:

Responses		
	Percent	Count
70%	6.00%	2
55%	31.00%	12
40%	19.00%	7
25% (c)	44.00%	16
Totals	100%	37



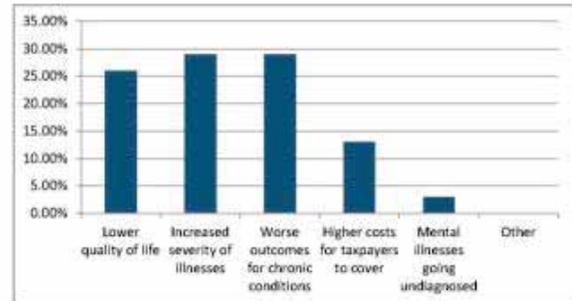
9. The proportion of people who are obese:

	Responses	
	Percent	Count
1/10	5.00%	2
1/3 (c)	59.00%	22
1/2	17.00%	6
3/4	19.00%	7
Totals	100%	37



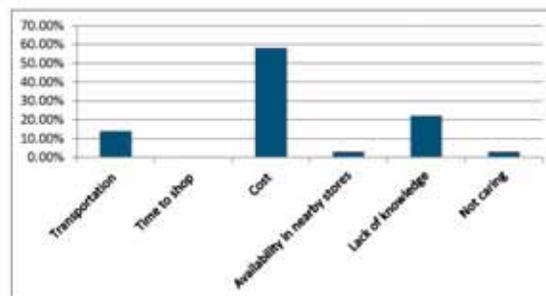
10. What do you consider the most significant consequence of people lacking access to affordable healthcare?

	Responses	
	Percent	Count
Lower quality of life	26.00%	9
Increased severity of illnesses	29.00%	11
Worse outcomes for chronic conditions	29.00%	11
Higher costs for taxpayers to cover	13.00%	5
Mental illnesses going undiagnosed	3.00%	1
Other	0.00%	0
Totals	100%	37



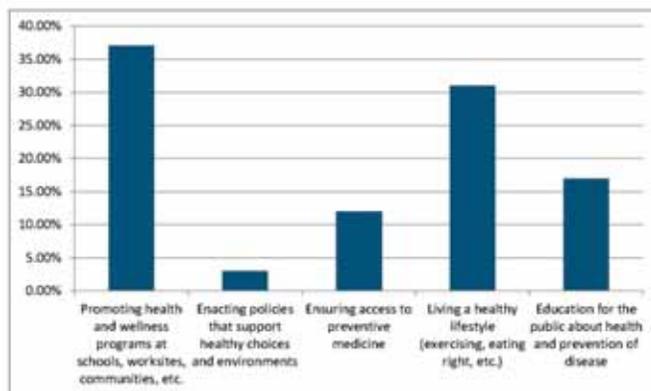
11. What is the most significant factor preventing people from obtaining nutritious foods?

	Responses	
	Percent	Count
Transportation	14.00%	5
Time to shop	0.00%	0
Cost	58.00%	22
Availability in nearby stores	3.00%	1
Lack of knowledge	22.00%	8
Not caring	3.00%	1
Totals	100%	37



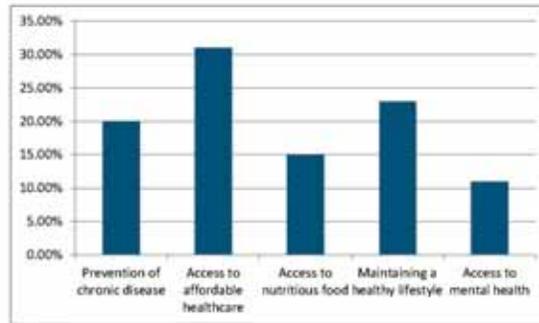
12. What do you see as the best method for preventing chronic diseases? (Select one.)

	Responses	
	Percent	Count
Promoting health and wellness programs at schools, worksites, communities, etc.	37.00%	14
Enacting policies that support healthy choices and environments	3.00%	1
Ensuring access to preventive medicine	12.00%	4
Living a healthy lifestyle (exercising, eating right, etc.)	31.00%	12
Education for the public about health and prevention of disease	17.00%	6
Totals	100%	37



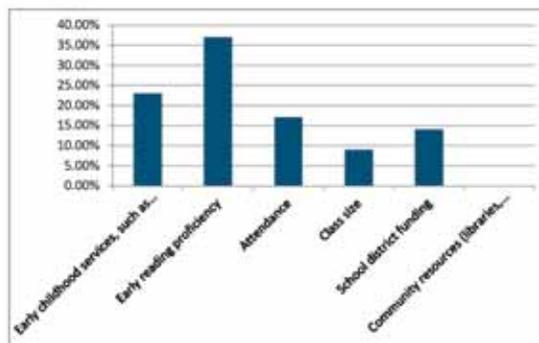
13. Select the top 3 health concerns in order of importance.

	Responses	
	Percent	Weighted Count
Prevention of chronic disease	20.00%	200
Access to affordable healthcare	31.00%	310
Access to nutritious food	15.00%	150
Maintaining a healthy lifestyle	23.00%	230
Access to mental health	11.00%	110
Totals	100%	999



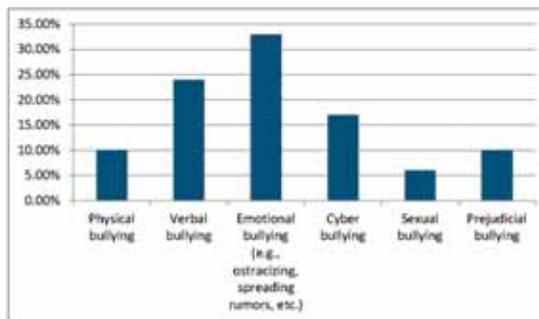
14. Which of the following do you consider the most important ingredient in an education?

	Responses	
	Percent	Count
Early childhood services, such as pre-kindergarten	23.00%	9
Early reading proficiency	37.00%	14
Attendance	17.00%	6
Class size	9.00%	3
School district funding	14.00%	5
Community resources (libraries, post-secondary institutions)	0.00%	0
Totals	100%	37



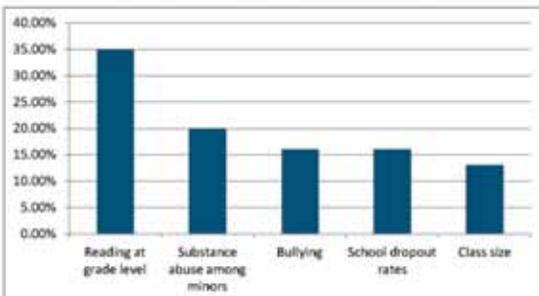
15. What forms of bullying are common?

	Responses	
	Percent	Weighted Count
Physical bullying	10.00%	100
Verbal bullying	24.00%	240
Emotional bullying (e.g., ostracizing, spreading rumors, etc.)	33.00%	330
Cyber bullying	17.00%	170
Sexual bullying	6.00%	60
Prejudicial bullying	10.00%	100
Totals	100%	999



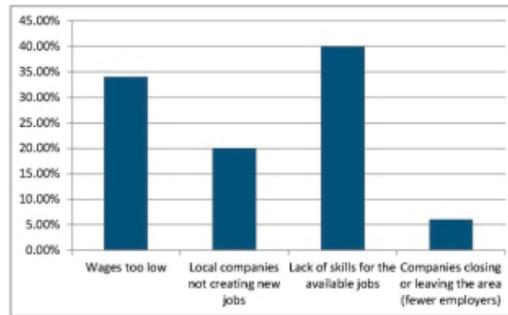
16. Select the top 3 education concerns in order of importance.

	Responses	
	Percent	Weighted Count
Reading at grade level	35.00%	13
Substance abuse among minors	20.00%	7
Bullying	16.00%	6
School dropout rates	16.00%	6
Class size	13.00%	5
Totals	100%	37



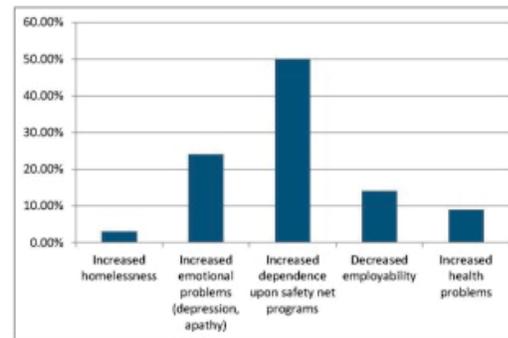
17. Availability of family-sustaining jobs is one of the top concerns. What do you consider the primary reason for this challenge?

	Responses	
	Percent	Count
Wages too low	34.00%	13
Local companies not creating new jobs	20.00%	7
Lack of skills for the available jobs	40.00%	15
Companies closing or leaving the area (fewer employers)	6.00%	2
Totals	100%	37



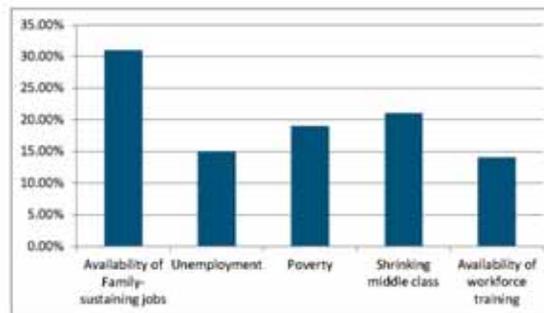
18. What do you believe is the most significant impact of long-term unemployment?

	Responses	
	Percent	Count
Increased homelessness	3.00%	1
Increased emotional problems (depression, apathy)	24.00%	9
Increased dependence upon safety net programs	50.00%	19
Decreased employability	14.00%	5
Increased health problems	9.00%	3
Totals	100%	37



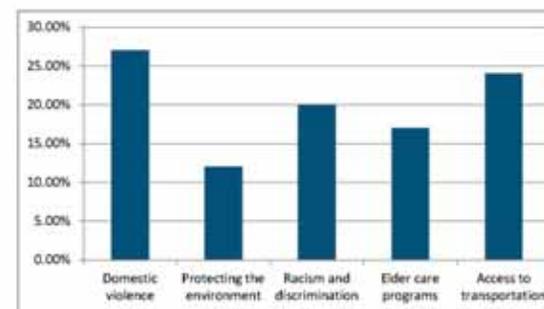
19. Select the top 3 income concerns in order of importance.

	Responses	
	Percent	Weighted Count
Availability of Family-sustaining jobs	31.00%	310
Unemployment	15.00%	150
Poverty	19.00%	190
Shrinking middle class	21.00%	210
Availability of workforce training	14.00%	140
Totals	100%	999



20. Select the top 3 basic need concerns in order of importance.

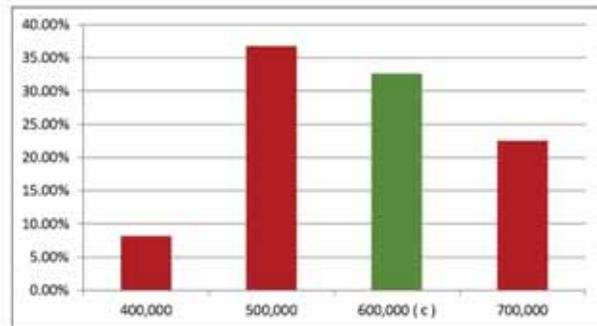
	Responses	
	Percent	Weighted Count
Domestic violence	27.00%	270
Protecting the environment	12.00%	120
Racism and discrimination	20.00%	200
Elder care programs	17.00%	170
Access to transportation	24.00%	240
Totals	100%	999



Hamilton Health Center Results by Question

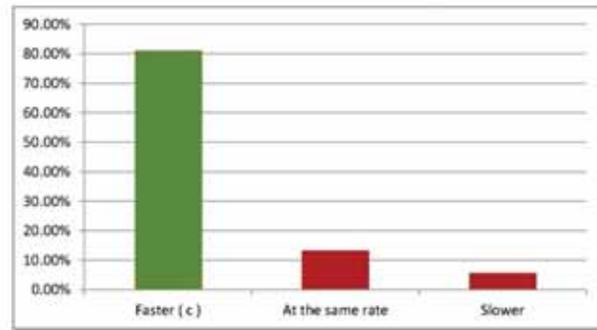
1. The population of the Capital Region (Cumberland, Perry and Dauphin Counties) is approximately:

Responses		
	Percent	Count
400,000	8.16%	4
500,000	36.73%	18
600,000 (c)	32.65%	16
700,000	22.45%	11
Totals	100%	49



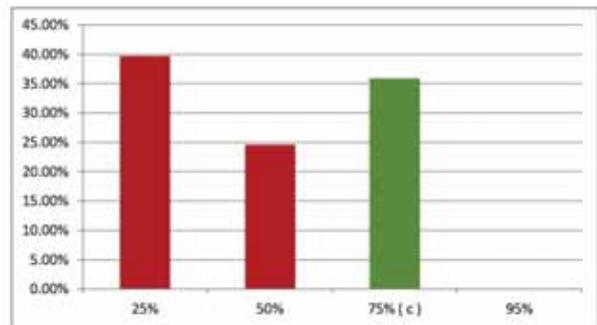
2. The Capital Region is growing _____ than PA.

Responses		
	Percent	Count
Faster (c)	81.13%	43
At the same rate	13.21%	7
Slower	5.66%	3
Totals	100%	53



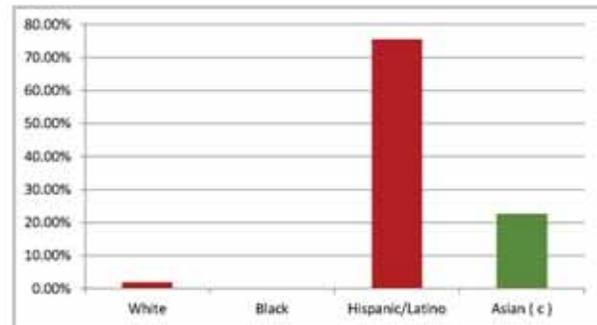
3. The percentage of people living in an urban setting is:

Responses		
	Percent	Count
25%	39.62%	21
50%	24.53%	13
75% (c)	35.85%	19
95%	0.00%	0
Totals	100%	53



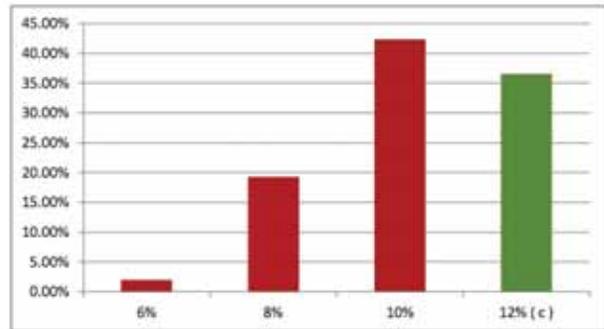
4. Population has increased 76% in which community?

Responses		
	Percent	Count
White	1.89%	1
Black	0.00%	0
Hispanic/Latino	75.47%	40
Asian (c)	22.64%	12
Totals	100%	53



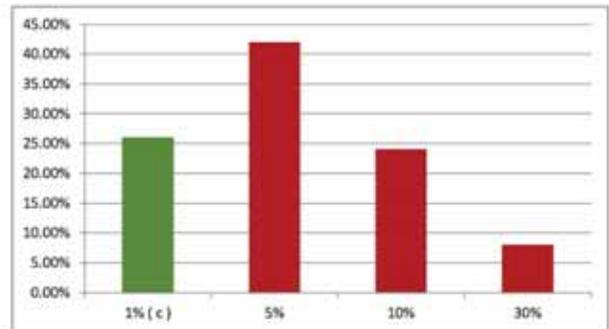
5. Those who reported having a disability make up what percentage of the Capital Region?

Responses		
	Percent	Count
6%	1.92%	1
8%	19.23%	10
10%	42.31%	22
12% (c)	36.54%	19
Totals	100%	52



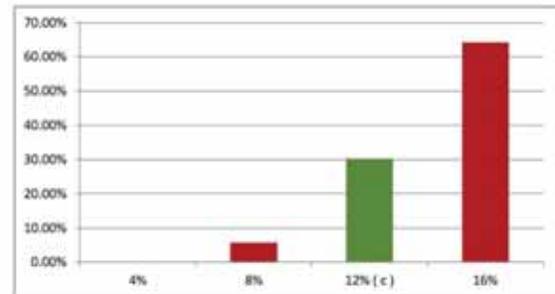
6. Since the late 1970s, virtually all the increase in income in the Capital Region has gone to the top:

Responses		
	Percent	Count
1% (c)	26.00%	13
5%	42.00%	21
10%	24.00%	12
30%	8.00%	4
Totals	100%	50



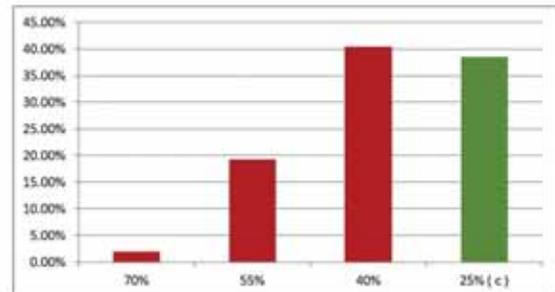
7. Those who lack access to nutritious foods to support a healthy lifestyle make up what percentage of the Capital Region?

Responses		
	Percent	Count
4%	0.00%	0
8%	5.65%	3
12% (c)	30.19%	16
16%	64.15%	34
Totals	100%	53



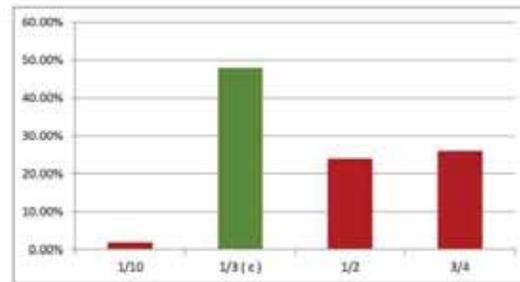
8. The percentage of children age 3 and 4 with access to high-quality pre-kindergarten:

Responses		
	Percent	Count
70%	1.92%	1
55%	19.23%	10
40%	40.38%	21
25% (c)	38.46%	20
Totals	100%	52



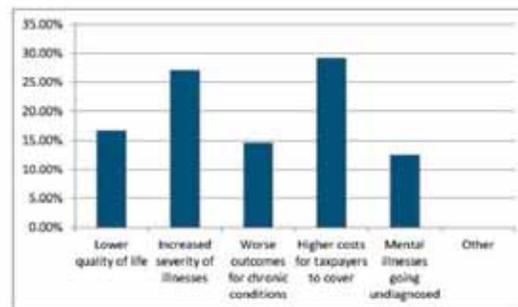
9. The proportion of people who are obese:

	Responses	
	Percent	Count
1/10	2.00%	1
1/3 (c)	48.00%	24
1/2	24.00%	12
3/4	26.00%	13
Totals	100%	50



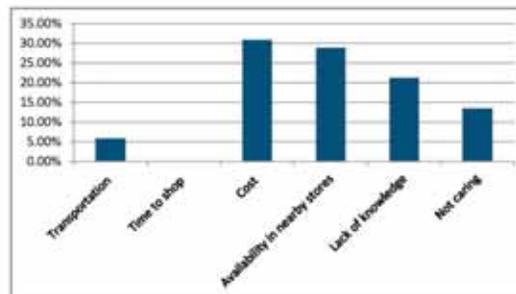
10. What do you consider the most significant consequence of people lacking access to affordable healthcare?

	Responses	
	Percent	Count
Lower quality of life	16.67%	8
Increased severity of illnesses	27.08%	13
Worse outcomes for chronic conditions	14.58%	7
Higher costs for taxpayers to cover	29.17%	14
Mental illnesses going undiagnosed	12.50%	6
Other	0.00%	0
Totals	100%	48



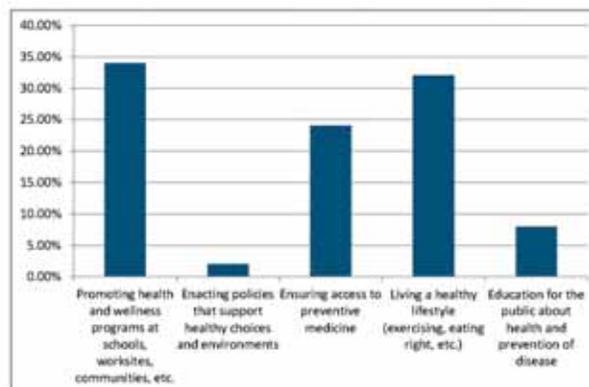
11. What is the most significant factor preventing people from obtaining nutritious foods?

	Responses	
	Percent	Count
Transportation	5.77%	3
Time to shop	0.00%	0
Cost	30.77%	16
Availability in nearby stores	28.85%	15
Lack of knowledge	21.15%	11
Not caring	13.46%	7
Totals	100%	52



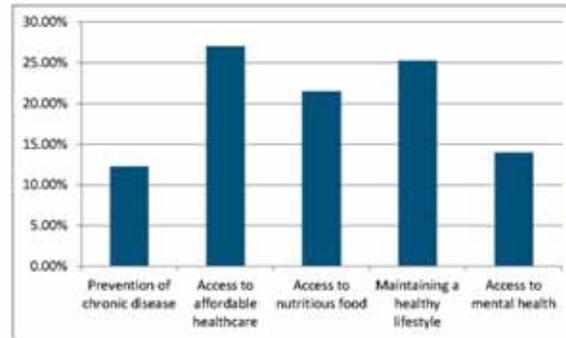
12. What do you see as the best method for preventing chronic diseases?

	Responses	
	Percent	Count
Promoting health and wellness programs at schools, worksites, communities, etc	34.00%	17
Enacting policies that support healthy choices and environments	2.00%	1
Ensuring access to preventive medicine	24.00%	12
Living a healthy lifestyle (exercising, eating right, etc.)	32.00%	16
Education for the public about health and prevention of disease	8.00%	4
Totals	100%	50



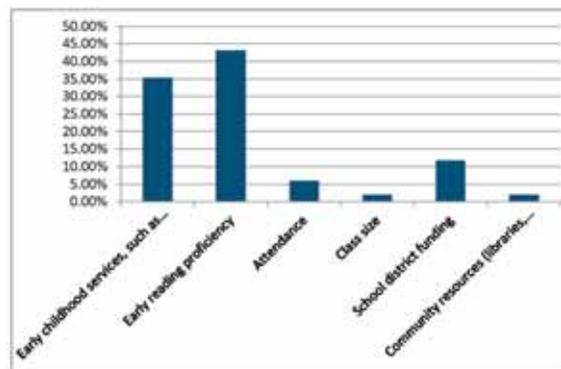
13. Select the top 3 health concerns in order of importance.

	Responses	
	Percent	Weighted Count
Prevention of chronic disease	12.24%	168
Access to affordable healthcare	27.04%	371
Access to nutritious food	21.50%	295
Maintaining a healthy lifestyle	25.22%	345
Access to mental health	13.99%	192
Totals	100%	1372



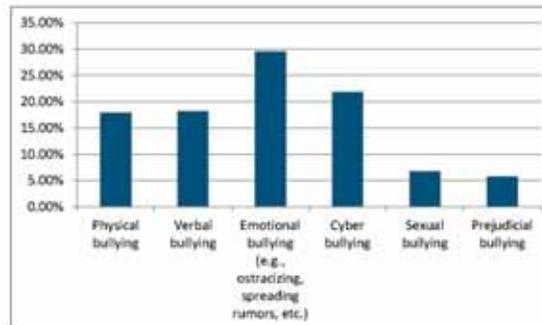
14. Which of the following do you consider the most important ingredient in an education?

	Responses	
	Percent	Count
Early childhood services, such as pre-kindergarten	35.29%	18
Early reading proficiency	43.14%	22
Attendance	5.86%	3
Class size	1.96%	1
School district funding	11.76%	6
Community resources (libraries, post post-secondary institutions)	1.96%	1
Totals	100%	51



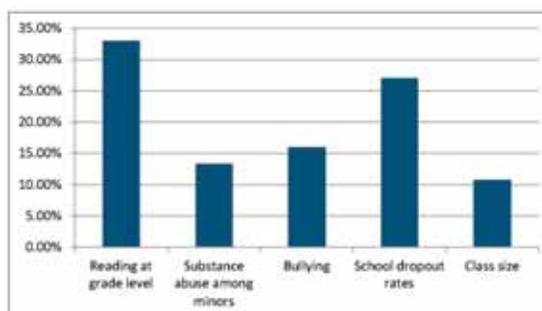
15. Select the 3 forms of bullying of greatest concern.

	Responses	
	Percent	Weighted Count
Physical bullying	17.92%	245
Verbal bullying	18.22%	249
Emotional bullying (e.g., ostracizing, spreading rumors, etc.)	29.55%	404
Cyber bullying	21.80%	298
Sexual bullying	6.73%	92
Prejudicial bullying	5.78%	79
Totals	100%	1367



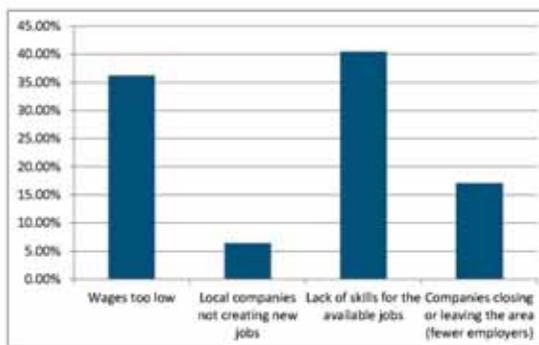
16. Select the top 3 education concerns in order of importance.

	Responses	
	Percent	Weighted Count
Reading at grade level	32.99%	447
Substance abuse among minors	13.28%	180
Bullying	15.94%	216
School dropout rates	27.01%	366
Class size	10.77%	146
Totals	100%	1355



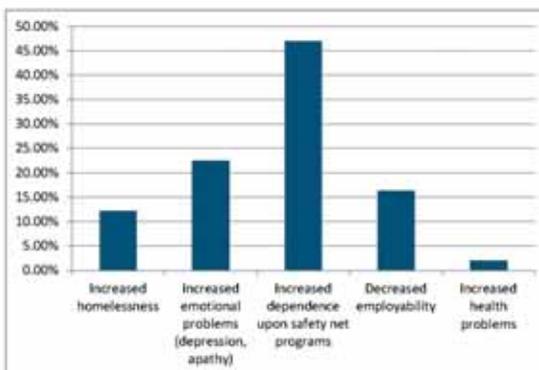
17. Availability of family-sustaining jobs is one of the top concerns. What do you consider the primary reason for this challenge?

	Responses	
	Percent	Count
Wages too low	36.17%	17
Local companies not creating new jobs	6.38%	3
Lack of skills for the available jobs	40.43%	19
Companies closing or leaving the area (fewer employers)	17.02%	8
Totals	100%	47



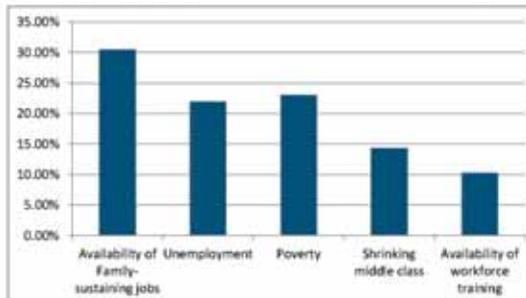
18. What do you believe is the most significant impact of long-term unemployment?

	Responses	
	Percent	Count
Increased homelessness	12.24%	6
Increased emotional problems (depression, apathy)	22.45%	11
Increased dependence upon safety net programs	46.94%	23
Decreased employability	16.33%	8
Increased health problems	2.04%	1
Totals	100%	49



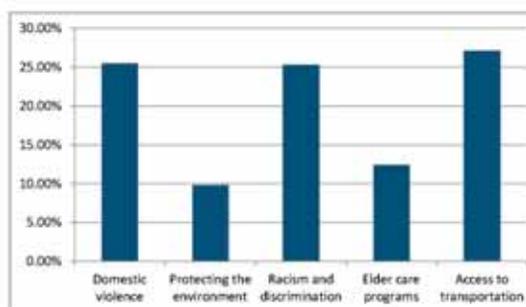
19. Select the top 3 income concerns in order of importance.

	Responses	
	Percent	Weighted Count
Availability of Family-sustaining jobs	30.45%	359
Unemployment	21.97%	259
Poverty	22.99%	271
Shrinking middle class	14.33%	169
Availability of workforce training	10.26%	121
Totals	100%	1179



20. Select the top 3 basic-need concerns in order of importance

	Responses	
	Percent	Weighted Count
Domestic violence	25.50%	319
Protecting the environment	9.75%	122
Racism and discrimination	25.26%	316
Elder care programs	12.39%	155
Access to transportation	27.10%	339
Totals	100%	1251



Appendix B



The Capital Region is growing _____ than PA.

- A. Faster
- B. At the same rate
- C. Slower

Faster	At the same rate	Slower
0%	0%	0%



The percentage of people living in an urban setting is:

- A. 25%
- B. 50%
- C. 75%
- D. 95%

25%	50%	75%	95%
0%	0%	0%	0%

The population of the Capital Region (Cumberland, Perry and Dauphin Counties) is approximately:

- A. 400,000
- B. 500,000
- C. 600,000
- D. 700,000

400,000	500,000	600,000	700,000
0%	0%	0%	0%

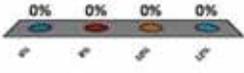
Population has increased 76% in which community?

- A. White
- B. Black
- C. Hispanic/Latino
- D. Asian

White	Black	Hispanic/Latino	Asian
0%	0%	0%	0%

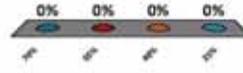
Those who reported having a disability make up what percentage of the Capital Region?

- A. 6%
- B. 8%
- C. 10%
- ✓ D. 12%



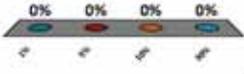
The percentage of children age 3 and 4 with access to high-quality pre-kindergarten:

- A. 70%
- B. 55%
- C. 40%
- ✓ D. 25%



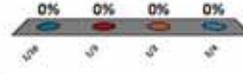
Since the late 1970s, virtually all the increase in income in the Capital Region has gone to the top:

- ✓ A. 1%
- B. 5%
- C. 10%
- D. 30%



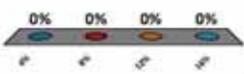
The proportion of people who are obese:

- A. 1/10
- ✓ B. 1/3
- C. 1/2
- D. 3/4

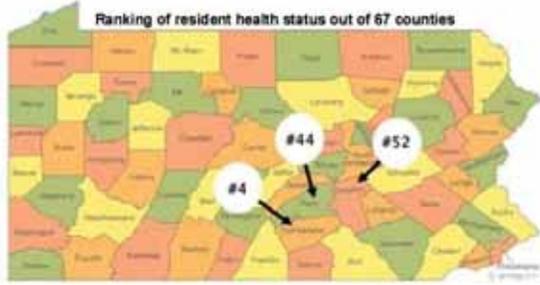


Those who lack access to nutritious foods to support a healthy lifestyle make up what percentage of the Capital Region?

- A. 4%
- B. 8%
- ✓ C. 12%
- D. 16%




How healthy is the Capital Region?



Source: University of Wisconsin Population Health Institute

12

How many people in the Capital Region have weight issues?



Source: County Health Rankings, RWJF (CDC BRFSS)

13

Adults have the highest numbers of uninsured in the Capital Region.



Source: U.S. Census Small Area Health Insurance Estimates

14

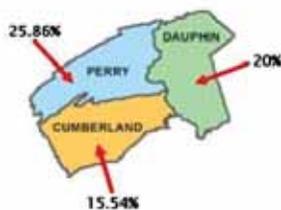
Health-related Issues: **Strengths** and **Concerns**



- Access to prescription medications
- Maintaining a healthy lifestyle
- Access to mental health
- Access to physical health
- Access to oral health
- Access to affordable healthcare
- Access to nutritious foods
- Prevention of chronic disease

15

In the Capital Region, Perry County has the highest percentage of uninsured individuals.



Source: U.S. Census Small Area Health Insurance Estimates

16

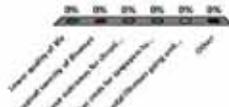
Additional Health-related Concerns

- Substance abuse 
- Mental health 
- Aging and elder issues 
- Air and/or water quality 
- Food-related 

17

What do you consider the most significant consequence of people lacking access to affordable healthcare? (Select one.)

- A. Lower quality of life
- B. Increased severity of illnesses
- C. Worse outcomes for chronic conditions
- D. Higher costs for taxpayers to cover
- E. Mental illnesses going undiagnosed
- F. Other



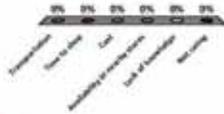
Select the top 3 health concerns in order of importance.

- A. Prevention of chronic disease
- B. Access to affordable healthcare
- C. Access to nutritious food
- D. Maintaining a healthy lifestyle
- E. Access to mental health



What is the most significant factor preventing people from obtaining nutritious foods? (Select one.)

- A. Transportation
- B. Time to shop
- C. Cost
- D. Availability in nearby stores
- E. Lack of knowledge
- F. Not caring



Education

What do you see as the best method for preventing chronic diseases? (Select one.)

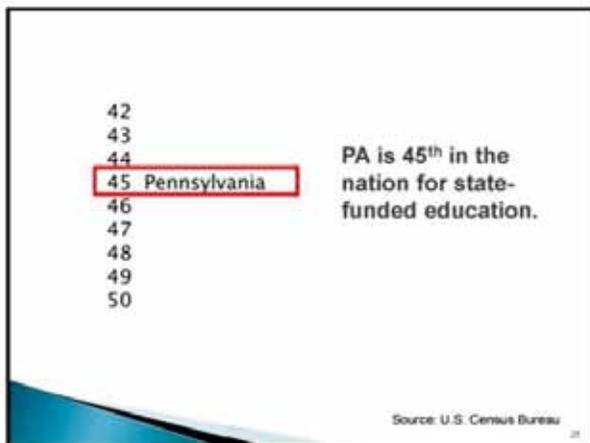
- A. Promoting health and wellness programs at schools, worksites, communities, etc.
- B. Enacting policies that support healthy choices and environments
- C. Ensuring access to preventive medicine
- D. Living a healthy lifestyle (exercising, eating right, etc.)
- E. Education for the public about health and prevention of disease



Students who read proficiently by third grade are four times more likely to graduate from high school.



Source: Chapin Hall at the University of Chicago



Additional Education-related Concerns

- ▶ Youth mentoring & formal programs/ youth activities
- ▶ School policy (class size, funding, teacher credentials, etc.)
- ▶ Parent involvement
- ▶ Services for individuals with disabilities

If a student drops out, it may cost the community more than \$800,000 in programs and services over the course of that student's lifetime.

Of special concern is Dauphin County, which continues to report very high dropout number.

County	Grade 7-12 (enrollment)	Male Dropouts	Female Dropouts	Dropouts
Cumberland	11,735	81	24	105
Dauphin	25,214	187	110	297
Perry	3,826	28	12	40

Source: PA Department of Education

Which of the following do you consider the most important ingredient in an education? (Select one.)

- A. Early childhood services, such as pre-kindergarten
- B. Early reading proficiency
- C. Attendance
- D. Class size
- E. School district funding
- F. Community resources (libraries, post post-secondary institutions)

Education-related Issues: Strengths and Concerns

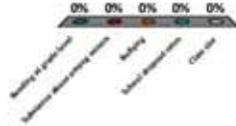
- ▶ Access to quality education
- ▶ Safety of schools
- ▶ School dropout rates
- ▶ Teen pregnancy
- ▶ Class size
- ▶ Availability of youth mentoring programs
- ▶ Age-appropriate before/after school activities
- ▶ Poor reading proficiency
- ▶ Substance abuse among minors
- ▶ Bullying

Select the 3 forms of bullying of greatest concern.

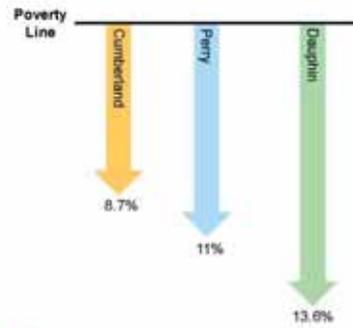
- A. Physical bullying
- B. Verbal bullying
- C. Emotional bullying (e.g., ostracizing, spreading rumors, etc.)
- D. Cyber bullying
- E. Sexual bullying
- F. Prejudicial bullying

Select the top 3 education concerns in order of importance.

- A. Reading at grade level
- B. Substance abuse among minors
- C. Bullying
- D. School dropout rates
- E. Class size



31



Sources: Keystone Research Center; U.S. Census; American Community Survey Data

34

Income

Income-related Issues: **Strengths** and **Concerns**



- Overall availability of jobs
- Affordable housing
- Availability of workforce training
- Homelessness
- Access to adult education opportunities
- Availability of family-sustaining jobs
- Unemployment
- Poverty

33

Since 2007, the median household income has declined in both Dauphin and Cumberland Counties.



Sources: Keystone Research Center; U.S. Census; American Community Survey Data

32

Additional Income-related Concerns

- Welfare, TANF, SNAP, and public assistance
- Wages
- Continuing education and training opportunities
- Access to jobs
- Access to transportation



35

Availability of family-sustaining jobs is one of the top concerns. What do you consider the primary reason for this challenge? (Select one.)

- A. Wages too low
- B. Local companies not creating new jobs
- C. Lack of skills for the available jobs
- D. Companies closing or leaving the area (fewer employers)

0% 0% 0% 0%

Wages too low
Local companies not creating new jobs
Lack of skills for the available jobs
Companies closing or leaving the area

37



What do you believe is the most significant impact of long-term unemployment? (Select one.)

- A. Increased homelessness
- B. Increased emotional problems (depression, apathy)
- C. Increased dependence upon safety net programs
- D. Decreased employability
- E. Increased health problems

0% 0% 0% 0% 0%

Increased homelessness
Increased emotional problems
Increased dependence upon safety net programs
Decreased employability
Increased health problems

38

Share of income from major federal social programs

2000: 1 in every 9 dollars

2012: 1 in every 7 dollars

Sources: PA Dept. of Public Welfare; U.S. Bureau of Economic Analysis; Center for American Progress

41

Select the top 3 income concerns in order of importance.

- A. Availability of Family-sustaining jobs
- B. Unemployment
- C. Poverty
- D. Shrinking middle class
- E. Availability of workforce training

0% 0% 0% 0% 0%

Availability of Family-sustaining jobs
Unemployment
Poverty
Shrinking middle class
Availability of workforce training

39

The use of the Supplemental Nutrition Assistance Program (SNAP) grew 250% in the Capital Region from 2000 to 2011.

Supplemental Nutrition Assistance Program

250%

Sources: PA Dept. of Public Welfare; U.S. Bureau of Economic Analysis; Center for American Progress

42

The number of chronically homeless in the Capital Region has increased 25% since 2008.

2000: 100 chronically homeless



2012: 125 chronically homeless

Sources: PA Dept. of Public Welfare; U.S. Bureau of Economic Analysis; Center for American Progress

Select the top 3 basic-need concerns in order of importance

- Domestic violence
- Protecting the environment
- Racism and discrimination
- Elder care programs
- Access to transportation



0% 0% 0% 0% 0%

Basic Needs-related Issues: **Strengths** and **Concerns**



- Crisis response
- Public transportation
- Access to child care
- Elder care programs
- Services for people with disabilities
- Opportunities for volunteerism
- Domestic violence
- Protecting the environment
- Racism and discrimination

If you have questions, concerns, or need more information:

Tim Whelan
 United Way of the Capital Region
 2235 Millennium Way
 Enola, PA 17025
 (717) 732-0700
twhelan@uwcr.org

Additional Basic Needs-related Concerns

- Racism, discrimination, and issues of diversity 
- Affordable housing 
- Child care 
- Public transportation 
- Youth activities 



2014 Community Conversations

the Foundation
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