

HEALTHY ECONOMY

Objective HE.1 Increase high-quality employment opportunities for local residents

HE.1.a Proportion of jobs paying a livable wage

The “Self-Sufficiency Standard” measure the amount of income needed for a family to adequately meet its needs without government assistance. Humboldt County’s self-sufficiency wage is \$34,481 for an adult with two young children. While Humboldt’s self-sufficiency wage is comparable low to more affluent counties in California, the percentage of jobs in Humboldt County whose full-time yearly pay is below this standards is high. The median hourly wage for all occupations in Humboldt County is \$12.97 an hour – significantly lower than the self-sufficiency wage for a single adult with an infant (\$14.77/hour). Of the top ten jobs with the greatest absolute projected growth in Humboldt County from 2001 to 2008, only 30 percent paid an hourly self-sufficiency wage (\$11.85/hour for a single-parent family with two school-age children).

DATA SOURCE: The Economic Impact of the Child Care Industry in Humboldt County prepared by the National Economic Development and Law Center, 2004.

Why is this a Community Health Indicator?

Income is one of the strongest and most consistent predictors of health and disease in the public health research literature. Nationally, individuals with average family incomes of \$15-20,000 are three times more likely to die prematurely as those with family incomes greater than \$70,000.^a Low income is also a risk factor for low birth weight babies, for suffering injuries or violence, for getting most cancers, and for getting most chronic conditions. The relationship between income and health is mediated though nutrition, employment conditions, parenting resources, leisure and recreation, housing adequacy, and neighborhood environmental quality, community violence, and stress.^{b,c,d,e,f}

a. Sorlie PD, Backlund E, Keller JB. US mortality by economic, demographic, and social characteristics: the National Longitudinal Mortality Study. *Am J Pub Health.* 1995;85(7):949-56.

b. Duncan GJ, Yeung WJ, Brooks-Gunn J, Smith JR. How much does childhood poverty affect the life chances of children? *American Sociological Review* 1998; 63: 406-423.

c. Morris JN, Donkin AJ, Wonderling D, Wilkinson P, Dowler EA. A minimum income for healthy living. *J Epidemiol Community Health.* 2000;54(12):885-9.

d. Alaimo K, Olson CM, Frongillo EA, Briefel RR. Food insufficiency, family income, and health in US preschool and school-aged children. *Am J Pub Health.* 2001;91(5): 781-786.

e. Haan M, Kaplan GA, Camacho T. Poverty and health. Prospective evidence from the Alameda County Study. *Am J Epidemiol.* 1987;125(6):989-98.

f. Chandola T, Brunner E, Marmot M. Related Chronic stress at work and the metabolic syndrome: prospective study. *BMJ.* 2006;332(7540):521-5. Epub 2006 Jan 20.

HE.1.b Median per-capita income

Area	Median Income in Jan 1999	Median Income in Jan 2003	Median Income in Aug 2007
9551/03 Eureka	\$32,456	\$36,240	\$41,121
95519 Arcata	\$31,623	\$35,310	\$40,065
95521 McKinleyville	\$38,047	\$42,483	\$48,204
95540 Fortuna	\$31,129	\$34,758	\$39,439

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Objective HE.2 Increase jobs that provide healthy, safe and meaningful work

HE.2.a Proportion of population covered by health insurance

DATA SOURCE

Why is this a Community Health Indicator?

According to the Institute of Medicine, uninsured children and adults do not receive the care they need. Consequently, they suffer from poorer health and development, and are more likely to die

prematurely than those with coverage. Annually, 18,000 premature deaths are attributable to lack of health coverage. A high proportion of uninsured individuals can adversely affect the overall health status of the community, the financial stability of its members, health care institutions and providers, and the access of its residents to certain services, such as emergency departments and trauma centers.^a

a. Institute of Medicine, 2004. Project on the Consequences of Uninsurance: An Overview. <http://www.iom.edu/Object.File/Master/17/736/Fact%20sheet%20overview.pdf>

Health-Based Rationale

Jobs that do not include health insurance contribute to poor health outcomes. Annually nationwide, 18,000 premature deaths are attributable to lack of health coverage.¹ Families with at least one full-time, full-year worker are more than twice as likely to have health insurance coverage, compared to families whose wage earners work as part-time employees (less than 35 hours per week), as contingent labor (e.g., on a seasonal or temporary basis, as employees of contractors, self-employed), or in which there is no wage earner.² Individuals without health insurance frequently forego timely health care, suffer more severe illness, and are more likely to die a premature death than their insured counterparts.^{3 4}

Existing Conditions

Information on health insurance benefits for industries is limited and not sufficiently categorized and unable to make conclusions based on this evidence.

Humboldt County's uninsured percentages for all ages and person under age of 18 are below that of the entire State of California (18.8, 15.5), but above that of San Francisco County (13.3, 10.6).⁵

All Ages			Under Age 18		
Number insured	Number uninsured	Percent uninsured	Number insured	Number uninsured	Percent uninsured
102,605	21,154	17.1	25,539	3,975	13.5

¹ Institute of Medicine, 2004. Project on the Consequences of Uninsurance: An Overview. <http://www.iom.edu/Object.File/Master/17/736/Fact%20sheet%20overview.pdf>.

² Institute of Medicine. Committee on the Consequences of Uninsurance. Coverage Matters: Insurance and Health Care (2001), Chapter 3, Who Goes Without Health Insurance? Who Is Most Likely to Be Uninsured? Available at: http://www.nap.edu/html/coverage_matters/ch3.html.

³ Institute of Medicine, 2004. Project on the Consequences of Uninsurance: An Overview. <http://www.iom.edu/Object.File/Master/17/736/Fact%20sheet%20overview.pdf>.

⁴ http://www.nap.edu/html/coverage_matters/ch3.html.

⁵ U.S. Census Bureau, Small Area Health Insurance Estimates Program Available at: <http://www.census.gov/hhes/www/sahie/index.html>.

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Recommended Health-Promoting Mitigations:

- Develop policies to attract and retain industries who:
 - Can provide a living wage;
 - Provide health insurance benefits;
 - Meet existing levels of workforce education.
- Develop policies to solidify collaborations that can provide employees the opportunity for advancement, possibly resulting in earning a living wage:
 - Educational institutions;
 - Labor training centers;
 - Other labor organizations.
- Ensure that a trained and qualified workforce is available to meet the needs of projected growing industries that can often provide living wages.

Appendix: Table of job data.

Table HE.5. Healthy Economy Data By Industry⁷					
Industry	Title	Entry Level Wage	Hourly Mean	2004-2014 % Employment Change	Education/Training
Agriculture	Agricultural Workers, All Other	10.61	12.12	5.6	30-Day OJT (11)
	Farmworkers & Laborers, Crop, Nursery & Greenhouse	8.31	10.02	3.4	30-Day OJT (11)
	Agricultural Equipment Operators	9.96	11.44	3.8	1-12 Month OJT (10)
	Farmworkers, Farm and Ranch Animals	9.5	11.14	4	30-Day OJT (11)
	First-Line Supervisors/Managers of Farming, Fishing	14.52	20.02	12.2	Work Experience (8)
Timber	Forest and Conservation Technician	14.14	18.16	10	AA Degree (6)
	Foresters	29.23	34.19	N/A	N/A
	Logging Equipment Operators	14.52	18.80	2.9	1-12 Month OJT (10)
	Logging Workers, All Other	13.81	15.31	-8.3	N/A
Construction	Construction and Related Workers, All Other	12.13	16.95	N/A	1-12 Month OJT (10)
	Construction Laborers	11.93	17.67	9.9	1-12 Month OJT (10)
	Construction Managers	26.82	34.77	19	BA/BS Degree (5)
	Structural Iron and Steel Workers	18.15	20.79	N/A	1-12 Month OJT (10)
	Painters, Construction and Maintenance	13.27	17.06	19.1	1-12 Month OJT (10)
Road Construction/Maintenance	Cement Masons and Concrete Finishers	15.74	19.32	24	12-Month OJT (9)
	Civil Engineers	22.34	31.36	10.3	BA/BS Degree (5)
Tourism: Restaurant	Cooks, Restaurant	8.52	9.76	10.4	12-Month OJT (9)

⁷ California LaborMarketInfo. California Employment Development Department. Available at: <http://www.labormarketinfo.edd.ca.gov/>

Table HE.5. Healthy Economy Data By Industry⁷

Industry	Title	Entry Level Wage	Hourly Mean	2004-2014 % Employment Change	Education/Training
	First-Line Supervisors/ Managers of Food Pre- preparation	9.61	12.36	11.4	Work Experience (8)
	Food Preparation Workers	7.85	9.08	16.7	30-Day OJT (11)
	Host and Hostess	7.52	9.14	13	30-Day OJT (11)
	Waiters and Waitresses	7.52	8.86	9.6	30-Day OJT (11)
Hotel	First-Line Supervisors/ Managers of Housekeeping	8.81	13.82	11.1	Work Experience (8)
	Hotel, Motel, and Resort Desk Clerks	8.05	9.55	13.6	30-Day OJT (11)
	Maids and Housekeeping Cleaners	7.71	8.96	12.8	30-Day OJT (11)
Outdoor	Recreation Workers	8.22	9.78	8	BA/BS Degree (5)
	Amusement and Recreation Attendants	8	8.88	18.8	30-Day OJT (11)
	Receptionists and Information Clerks	9.54	11.38	6.7	30-Day OJT (11) (est)
Retail	First-Line Supervisor/Managers of Retail Sales Work	12.43	16.85	7.8	Work Experience (8)
	Retail Salespersons	8.19	10.80	21.9	30-Day OJT (11)
	Stock Clerks and Order Fillers	8.27	10.87	-3.7	30-Day OJT (11)
Restoration: Wetlands, Brownfields	Conservation Scientists	24.48	30.40	N/A	BA/BS Degree (5)
	Forest and Conservation Technicians	14.14	18.16	10	AA Degree (6)
High Technology	Computer Specialists, All Other	21.91	26.55	24.6	N/A
	Computer Support Specialists	14.25	18.46	28.6	AA Degree (6)
	Computer Systems Analysts	26.53	32.66	20	BA/BS Degree (5)
	Network Systems and Data Communications Analysts	16.05	23.80	40	BA/BS Degree (5)

Humboldt County Healthy Development Measurement Tool
Healthy Economy

Table HE.5. Healthy Economy Data By Industry⁷

Industry	Title	Entry Level Wage	Hourly Mean	2004-2014 % Employment Change	Education/Training
Green Industry	Environmental Engineers	20.26	28.94	N/A	BA/BS Degree (5)
(not mentioned specifically)	Environmental Science and Protection Technicians	12.95	14.85	N/A	N/A
	Occupational Health and Safety Specialists	27.13	31.03	N/A	N/A
Healthcare	Healthcare Support Workers, All Other	11.64	13.74	11.1	30-Day OJT (11)
	Health Technologists and Technicians	14.28	19.94	12.9	N/A
	Home Health Aides	8.12	9.49	25	30-Day OJT (11)
	Medical Transcriptionists	14.79	16.02	8.3	Post-Secondary Voc-Ed (7)
	Licensed Practical and Licensed Vocational Nurses	17.67	20.23	0	N/A
	Nursing Aides, Orderlies, and Attendants	9.2	10.77	0	30-Day OJT (11)
	Registered Nurses	25.67	31.08	22.5	AA Degree (6)
Education	Adult Literacy, Remedial Education, GED	16.44	23.46	14.3	BA/BS Degree (5)
	Clinical, Counseling, and School Psychologists	29.43	51.42	15.6	PhD Degree (2)
	Educational, Vocational, and School Counselors	19.71	25.98	12.9	MA/MS Degree (3)
	Health Educators	13.33	15.77	9.5	MA/MS Degree (3)
	Preschool Teachers	9.73	13.58	15.6	Post-Secondary Voc-Ed (7)
	Teacher Assistants	N/A	N/A	14.6	30-Day OJT (11)
	Teachers and Instructors, All Others	N/A	N/A	28.2	BA/BS Degree (5)
	Elementary School Teachers	N/A	N/A	9.7	BA/BS Degree (5)
	Middle School Teachers	N/A	N/A	8.8	BA/BS Degree (5)
	Secondary School Teachers	N/A	N/A	1.2	BA/BS Degree (5)
	Vocational Education Teachers, Postsecondary	N/A	N/A	20	Post-Secondary Voc-Ed (7)
Government	Eligibility Interviewers, Government Programs	12.28	14.04	-13.3	1-12 Month OJT (10)

Table HE.5. Healthy Economy Data By Industry⁷

Industry	Title	Entry Level Wage	Hourly Mean	2004-2014 % Employment Change	Education/Training
	Lawyers	24.9	33.90	12.2	LLD/MD Degree (1)
	Office Clerks, General	9.05	12.06	2.9	30-Day OJT (11)
	Social and Human Service Assistants	9.09	13.07	14	1-12 Month OJT (10)
Gaming	Gaming Dealers	7.91	10.17	33.3	Post-Secondary Voc-Ed (7)
	Gaming Service Workers, All Other	7.89	8.80	36.4	1-12 Month OJT (10)
	Gaming Change Persons and Booth Cashiers	8.82	10.47	12.5	30-Day OJT (11)
	Gaming Supervisor	18.56	22.24	15.4	Post-Secondary Voc-Ed (7)
	Slot Key Person	8.06	9.66	11.5	Post-Secondary Voc-Ed (7)

Legend

Title: Occupation specified by California Labor MarketInfo and represents jobs in Humboldt County with pertinent information.

Hourly 25th Percentile: Represents hourly wage of lower 25% of employees in that occupation, thus can represent the entry level wage.

Hourly Mean Wage: Wage as compared to living wage (\$15.27 per hour) where red indicates below living wage.

Education

wage not calculated (N/A) due to seasonal work.

2004-2014 % Employment Change: Estimated projection of employment change from 2004-2014

Education & Training Levels:

- (1) LLD/MD Degree=First Professional Degree
- (2) PhD Degree=Doctoral Degree
- (3) MA/MS Degree=Master's Degree
- (4) BA/BS + Experience=Bachelor's Degree or Higher and Some Work Experience
- (5) BA/BS Degree=Bachelor's Degree
- (6) AA Degree=Associate Degree
- (7) Post-Secondary Voc-Ed=Post-Secondary Vocational Education
- (8) Work Experience=Work Experience in a Related Occupation
- (9) 12-Month OJT=Long-Term On-the-Job Training
- (10) 1-12 Month OJT=Moderate-Term On-the-Job Training
- (11) 30-Day OJT=Short-Term On-the-Job Training

HE.2.b Occupational non-fatal injury rate by industry

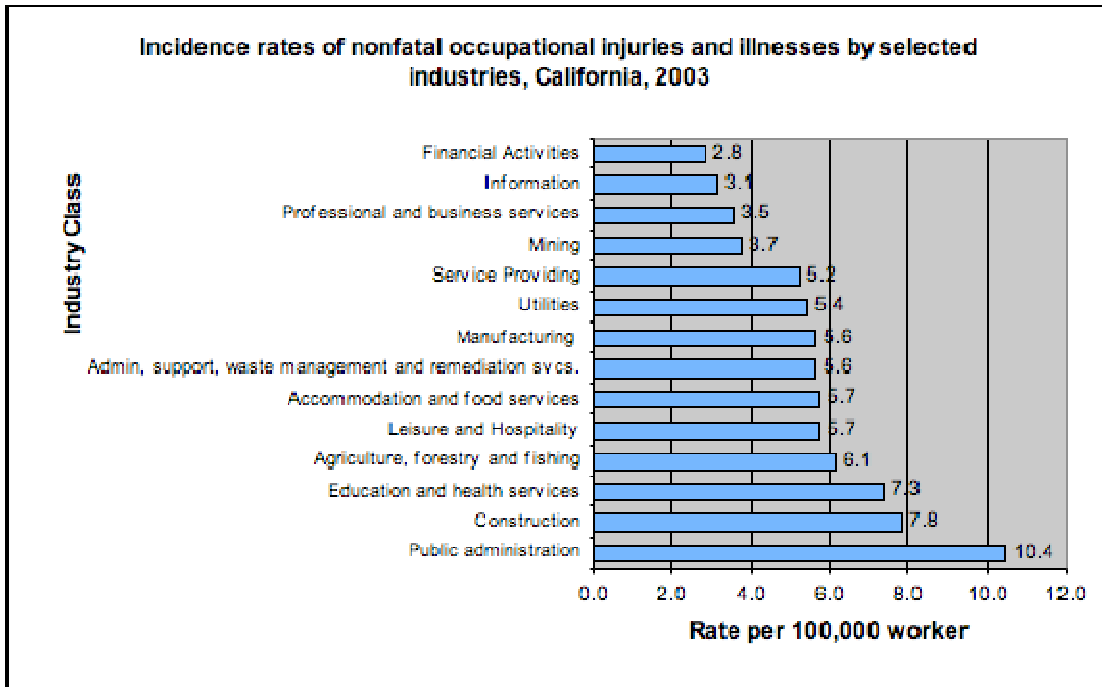
Incidence* rates of nonfatal occupational injuries and illnesses by selected industries, California, 2003

Industry	Non-fatal injury rate
Public administration	10.4

Construction	7.8
Education and health services	7.3
Educational Services	3.2
Health care and social assistance	7.9
Agriculture, forestry and fishing	6.1
Leisure and Hospitality	5.7
Accommodation and food services	5.7
Admin, support, waste management and remediation svcs.	5.6
Manufacturing	5.6
Apparel manufacturing	1.9
Textile mills	4.4
Food manufacturing	9.1
Beverage and tobacco product manufacturing	10.8
Wood product manufacturing	11.0
Utilities	5.4
Service Providing	5.2
Wholesale trade	5.0
Retail trade	5.8
Transportation and warehousing	9.8
Mining	3.7
Professional and business services	3.5
Professional, scientific and technical services	1.9
Management of companies and enterprises	5.0
Information	3.1
Financial Activities	2.8
Finance and insurance	2.1
Real estate and rental and leasing	4.8

*Incidence rates represent the number of injuries and illnesses per 100,000 full-time workers in California. Data in this table was derived from a longer list of selected industries. Bolded rows represent major industrial classes, while non-bolded rows represent sub-categories within those industry categories. There are many more major industrial classes as well as industrial sub-categories. For more information, visit: <http://www.dir.ca.gov/DLSR/Injuries/2003/Menu.htm>

Source: California Department of Industrial Relations, Division of Labor Statistics and Research



Data Source

California Department of Industrial Relations, Division of Labor Statistics and Research. Accessed online on August 16, 2006.

<http://www.dir.ca.gov/DLSR/Injuries/2004/Menu.htm>

Occupational Safety and Health Administration. OSHA Facts -- December 2004.

Accessed online on October 23, 2006: <http://www.osha.gov/as/opa/oshafacts.html>

Explanation and Limitations

Incidence rates represent the number of injuries and illnesses per 100,000 full-time workers in California. Industry classifications are based on the North American Industry Classification System Manual, 2002 Edition. Data were derived from a longer list of selected industries. Bolded rows represent major industrial classes, while non-bolded rows represent sub-categories within those industry categories. There are many more major industrial classes as well as industrial sub-categories.

Rates of occupational injury are a means of comparing the number of injuries in a given industrial classification to another. The general type and severity of injuries differ significantly from job class to job class. Pain severity, cost and length of recovery, and associated time off from work vary substantially by individual as well.

According to the Occupational Safety and Health Administration, outreach, education and compliance assistance related to worker safety can substantially reduce the number of workplace injuries and fatalities. Despite a doubling of the number of workers and worksites in the United States between 1971 to 2006 (from 58 million workers at 3.5 million worksites to 115+ million at 7.2 million sites), OSHA has helped cut workplace fatalities by more than 60 percent and occupational injury and illness rates by 40 percent. Preventative measures, such as proper safety equipment and procedures, can dramatically improve the health and safety of workers, particularly in high-risk industries.

Why is this a Community Health Indicator?

Occupational injuries represent adverse health outcomes that are preventable with proper engineering, equipment, and training. Some industries are inherently more dangerous than others. Injured workers generally experience a loss of income with concomitant increased expenses of daily living and medical care.

Objective HE.3 Increase equality in income and wealth

HE.3.a Poverty rates amongst different age groups

PERCENTAGE OF PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL

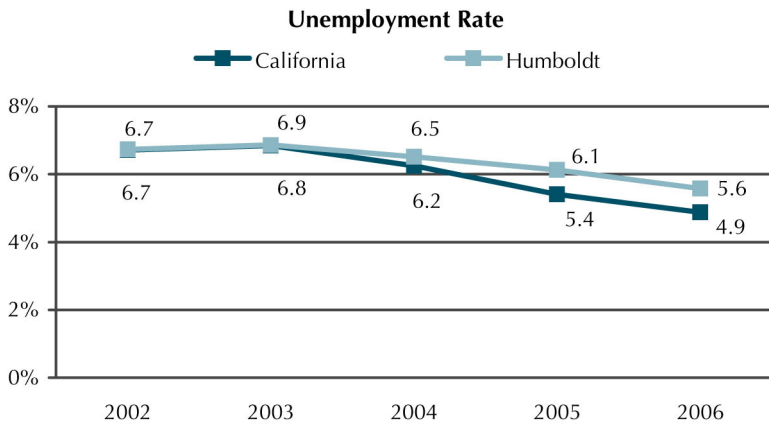
	HUMBOLDT	HUM MARGIN OF ERROR	CALIFORNIA	CA MARGIN OF ERROR
All people	15.8%	+/-2.2	13.3%	+/-0.2
Under 18 years	16.0%	+/-4.7	18.6%	+/-0.5
Related children under 18 years	15.4%	+/-4.8	18.2%	+/-0.5
Related children under 5 years	22.4%	+/-9.9	19.6%	+/-0.7
Related children 5 to 17 years	12.9%	+/-4.3	17.7%	+/-0.5
18 years and over	15.8%	+/-2.3	11.3%	+/-0.2
18 to 64 years	18.0%	+/-2.7	11.9%	+/-0.2
65 years and over	4.6%	+/-2.0	8.1%	+/-0.3
People in families	9.0%	+/-2.5	11.7%	+/-0.3
Unrelated individuals 15 years and over	31.8%	+/-5.2	21.3%	+/-0.4

DATA Source: U.S. Census Bureau, 2005 American Community Survey

Why is this a community health indicator?

Poverty is associated with relatively worse health outcomes, including obesity, chronic disease, and premature death.

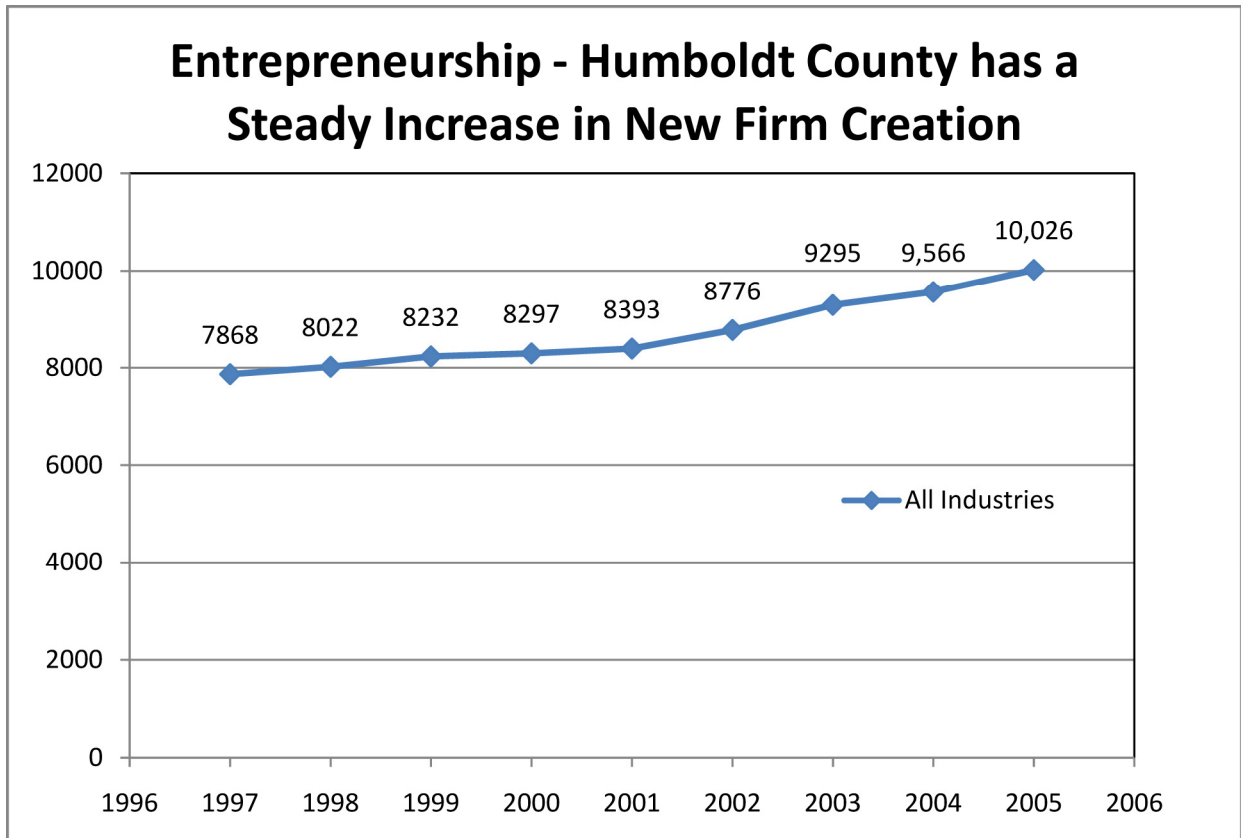
HE.3.b Unemployment



Why is this a Community Health Indicator?

People with meaningful and adequately reimbursed employment are more likely to live in conditions supporting good health. Unemployment and associated lack of income are associated with stress, worse housing conditions, lack of access to necessary goods and services to maintain good health.

HE.3.c New business creation



DATA SOURCE: Jacqueline Debets, Humboldt County Economic Development Coordinator

Why is this a community health indicator? Business creation is one measurement of economic activity in the County. Locally owned businesses are a significant source of employment.

HE.3.d Number of jobs available with appropriate educational requirements

Health-Based Rationale

One's education level plays an important role in determining the types of jobs and therefore the income one can expect. Level of educational attainment is a variable linked with economic advancement with the opportunities and accessibility to higher paying jobs. As income increases, funds can be used to amenities that contribute to good health including medical care.⁸ As detailed above, income is one of the strongest and most consistent predictors of health and disease in public health research literature.

Existing Conditions

Education levels. As the table below shows, of the population in the County 25 years and older, approximately 74% have finished junior high but do not have more than an Associate's Degree.

HE.3 Education levels in Humboldt. ⁹		
	Population	Percent
Population 25 years and over	84,677	100
Less than 9th grade	3,648	4.3
9 to 12th, no diploma	5,978	7.0
High School Graduate (Equivalency)	20,958	24.8
Some college, no degree	24,495	29.0
Associate's degree	7,468	8.8
Bachelor's degree	15,353	18.1
Graduate or professional degree	6,777	8.0
High School Graduate or higher	75,024	88.60
Bachelor's Degree or higher	22,101	26.10

Occupations by education level. This level of education qualifies them for several industries with living wages:

- Timber;
- Construction (excluding managerial);

⁸ Isaacs, Stephen and Steven A. Schroader. The Ignored Determinant of the Nation's Health. The New England Journal of Medicine. 2004: 351:11.

⁹Social Characteristics in the United States: 2006. U.S. Census Bureau American FactFinder. Available at: http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US06023&-qr_name=ACS_2006_EST_G00_DP2&-ds_name=ACS_2006_EST_G00_&-_lang=en&-_sse=on

- Healthcare;
- Some education occupations.

Many of these industries do require additional on the job training ranging from 30 day to one year training.

Occupations not often compensating employees with a living wage based on this educational attainment are (all excluding managerial or supervisor positions):

- Agriculture, Ranching, Fishing;
- Restaurants;
- Hotel;
- Outdoor tourism;
- Retail;
- Government;
- Gaming.

Objective HE.4 High speed internet access available throughout County

HE.4.a Businesses and payroll without high speed internet access

Community	# establishments with employees (non-govt)	# employees	Payroll in \$1000s
Alderpoint	4	6	\$213
Bridgeville	13	36	\$1,050
Carlotta *	13	29	\$500
Hoopla	20	113	\$2,772
Kneeland	10	35	\$1,004
Miranda	17	40	\$1,116
Myers Flat	10	29	\$560
Orick	12	131	\$4,666
Orleans	7	9	\$261
Phillipsville	6	22	\$574
Redcrest	5	9	\$155
Weott	3	6	\$128
Whitethorn/Shelter Cove	26	89	\$1,626
Willow Creek *	41	207	\$5,986
TOTAL	187	761	\$20,611
Yearly payroll in non-broadband communities of Humboldt County			\$20,611,000
		average per person	\$27,084.10
Notes: * Carlotta and Willow Creek have a little broadband These figures do NOT include sole proprietorships with no employees Based on US Census data 2005 figures: http://censtats.census.gov/cbpnaic/cbpnaic.shtml Courtesy of Dennis Mullins at EDD			

DATA SOURCE: Connie Stewart, Assemblymember Patty Berg's office 10/12/07

Why is this a community health indicator?

Business increasingly relies on the internet for information, purchasing and sales. Access to high speed internet is particularly important to outlying areas that do not have proximity to suppliers and markets, and these are precisely the communities that do not have access to broad band services.

Access to high speed internet services in outlying communities could encourage small office and home (SOHO) businesses and reduce commuting. This is consistent with mixed use rural community centers with enhanced and diverse services for local residents, further reducing the need for private car trips.