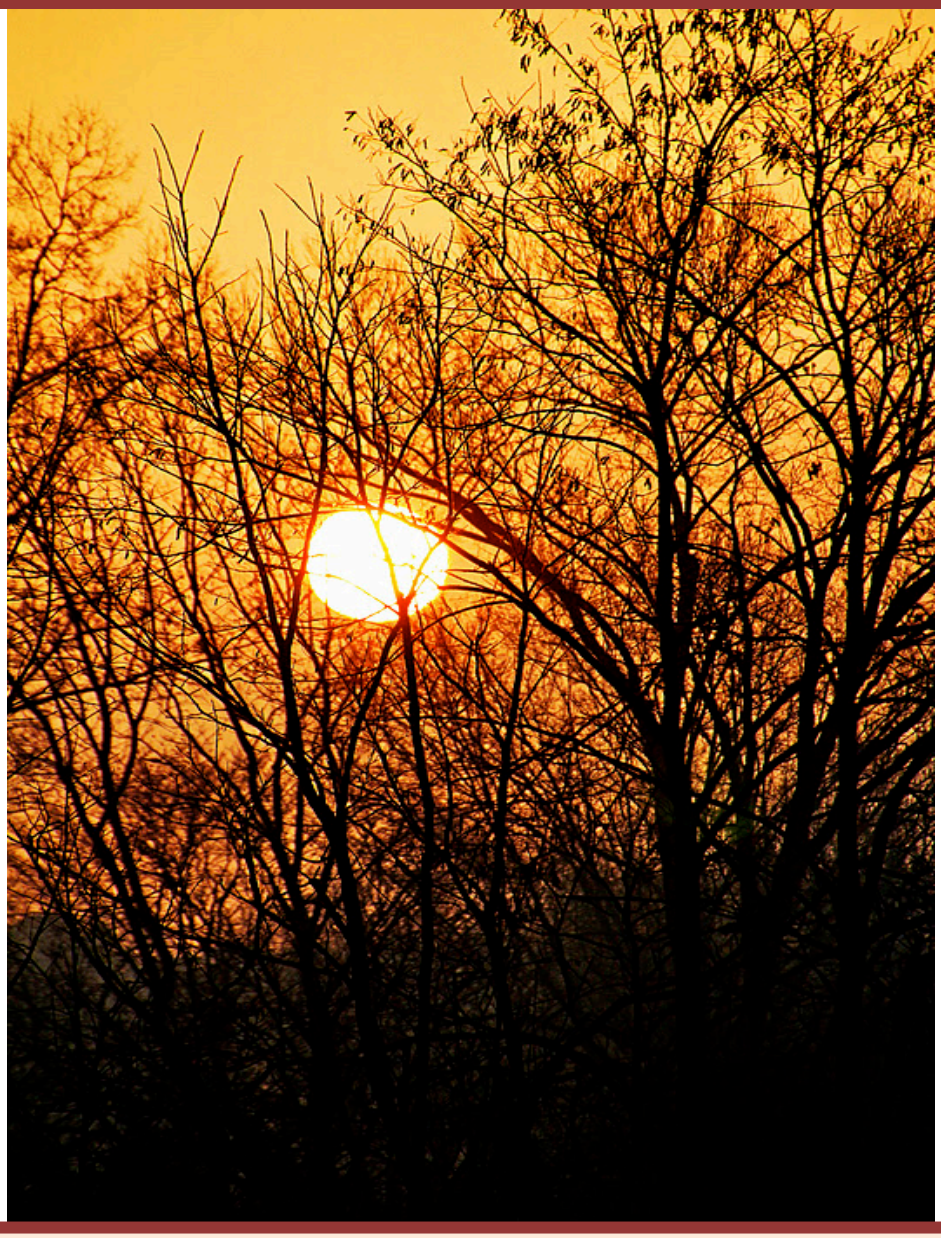
2012



WHAT IS NEXT? UPDATING PRIORITIES FOR THE NORTH PENN REGION

Prepared for the Greater North Penn Collaborative For Health & Human Services

Jana M Mossey, PhD, MPH, MSN, Professor,
Dept. of Epidemiology & Biostatistics
School of Public Health, Drexel University

Table of Contents

1. Introduction:

The objectives of the project reflected in this report were to:

i. Identify and catalog currently existing data sources that yield estimates of community health indicators specific, as much as possible, to the targeted geographic area. Such data sources include both those already known to and used by members of the Greater North Penn Collaborative for Health and Human Services (*The Collaborative*), and those that have potential usefulness but have not been applied to the North Penn geographic area.

ii. Evaluate the quality of the existing data sources in terms of the accuracy and specificity of the derived community health indicators and identify existing (vs. creating) relevant health indicators where no data currently exist from which to develop useful regional and neighborhood specific estimates.

iii. Identify the important community level health deficits, risks, or problems, through examination of community health indicators that have already been estimated or through further analysis or reanalysis of existing data.

iv. Develop a report for *The Collaborative* membership that will summarize the findings from steps i – iii and that will include a list of potentially modifiable public health deficits and risks toward which *The Collaborative* resources and energy can be targeted.

While this report was first conceived as a straight forward extension of the presentation given to *The Collaborative* on October 9, 2012, it quickly became evident that, to be useful to *The Collaborative* members, examination of additional reports and data sources than those cited in the presentation would be required. In specific, planning documents pertinent to targeted issues that had been prepared by local, county, and state agencies needed review. Moreover, to understand areas of potential

unmet need not addressed by reports or to update findings from reports that had been written more than 3 or 4 years ago, it was necessary to identify and examine such sources as: Census data tables that separately showed statistics for the 16 North Penn municipalities, reports of enrollment and academic achievements for the three school districts; reports of criminal activity Findings from these additional resources have been added to those presented in the published reports to enable as accurate an identification of areas of unmet need as possible.

On review of reports and data, several observations have been made that have impacted the organization of this report and the interpretation of findings.

1. Through the initiatives of the North Penn Community Health Foundation and *The Collaborative*, a large number of special investigations have been conducted to assess the needs and problems of the residents within the North Penn Region. Because of the topics covered and the breadth and depths of the reports, many problems have been identified and quantified, and, in most instances, recommendations have been made to address the need or problem. In preparing this report, it has been important not only to summarize the conclusions presented in the different reports but also to investigate the degree to which the recommendations have been implemented, and, if so, to ascertain if positive changes in relevant outcomes have occurred.

2. While there is a high degree of consensus regarding the nature and magnitude of existing and potential problems across the investigators who have prepared the documents reviewed for this report, the size of the problems differ widely across the 16 municipal divisions that comprise the North Penn Region. For example:

a) The geographic footprint, population density, and coverage by public transportation systems shown in Table 1 vary to an extreme degree. Salford and Towamencin Townships both cover about 9.6 square miles but the population density in Salford is 247.8 people/square mile compared to 1815/square mile for Towamencin. Contrasted with Ambler Borough with a size of .8 square miles and a population density of 7,605.8 people/square mile, it is not surprising that needs and resources would differ across the municipalities.

b) The increasing size of the Asian immigrant population has resulted in recognition of the needs for: culturally competent education programs and health/social services, especially those focused on the older population; native food markets; and culturally appropriate recreation opportunities. According to the 2010 Census data, the proportion of the population that reports an Asian heritage also varies widely across municipalities. As seen in Table 2, 24.9% of residents in the Hatfield Borough versus 1.1% of residents in Salford Township reported in the 2010 Census that they are of Asian descent.

c) Despite an overall increase in the population size of the North Penn Region between the 2000 and 2010 Census, such change has not been uniform. While the percent change between 2000 and 2010 in North Wales is -3.38%, Hatfield Borough shows a 26.3% increase in population size during the same time period. Differences such as these suggest that, while specific approaches and programmatic offerings for a particular problem may be equally applicable across municipalities, the size, and, therefore, the priority, of the problem itself is likely to differ from one municipality to another.

For ease of review and presentation of findings, conclusions, and recommendations, this report is divided into several sections. Where

appropriate, the implications of the above 2 issues have been addressed in the text. The specific report sections are: 2) Methods; 3) Documents and Data Sources Reviewed; 4) Identified public health and community health issues accompanied by supporting evidence from published documents and data sources; 5) Summary and suggested priority of identified needs/problems.

2. Methods

This report represents a review, evaluation, integration, and update of the content of over 30 reports and data sources. Some of these were initially identified by members of *The Collaborative*; additional reports were identified as relevant during the process of determining the nature and extent of current needs in the North Penn Region. Because the data on which many of the initially identified reports were based were six or more years out of date, extensive searching was undertaken of federal, state, county, and local data sources to find more current information. The investigation process generally followed the steps described below:

a. **Identification and review of reports and data sources**: The initial review of available reports focused on identification of : 1) Needs/problems identified; 2) Nature and year of data used to quantify the magnitude of the needs/problems; 3) Reference group to which the data could be applied [e.g. North Penn municipal divisions such as Ambler Borough or Hatfield Township; Montgomery County; Southeastern Pennsylvania]; 4) Estimates of temporal changes in the magnitude of the identified indicators; 5) Primary recommendations for action and/or policy development. Likewise, identified data sources were evaluated in terms of the reference group to which they applied, the date the data were acquired, and the frequency with which the data were updated.

b. **Comparison of needs/problems identified from reviewed reports and data sources against community health indicators identified from government sources and published research.** Because the reports and data sources that were relevant to the North Penn Region had been generated for a variety of purposes by consulting groups, non-profit organizations, and government agencies, there was concern that some important topics might have been overlooked. To assess whether the existing

reports provided comprehensive coverage of important public health dimensions, several listings of public health indicators applicable to community level needs assessment were reviewed. Fortunately, most important topics were included in one or more of the reports. In several instances, however, additional data sources were identified and reviewed. For example, additional data to estimate the occurrence of illicit drug use within the North Penn Region were searched for through the www.cdc.gov web site, through the arrest reporting system of the Department of Justice, and through the police actions reported in local newspapers.

c. **Identification of needs/problems that appeared to be poorly addressed or recently emergent.** In important ways, this was the most difficult aspect of the work undertaken for this report. The predominant reason was the absence of information with which to determine if: 1) recommendations for new or modified services included in reports had been implemented; 2) relevant process and/or outcome data had been made available with which to evaluate the program initiatives; and 3) desired program outcomes have been achieved. For example, in the *BoomerANG report* **[1g]**, the authors noted that the younger "baby boomer" elderly were interested in services focused on health and wellness and physical activities such as Yoga or exercise classes. They reported that the younger elderly did not identify with, or envision themselves attending the currently available Senior Centers that provided meaningful services to the individuals ~ 80+, who currently used them. Recommendations were made to reconfigure the Senior Center services to make them more interesting and acceptable to the baby boomer generation". However, no process measures were reported nor data identified that documented whether or not the recommendations had been followed. In the absence of such information, it has been difficult to determine whether the problems already known to the members of *The Collaborative* have been

resolved, diminished, or worsened. This dilemma has impacted the confidence with which the conclusions and recommendations of this report are presented.

3. Documents and Data Resources Reviewed

Reports reviewed are classified as:

[np] reference population is North Penn Region
[g] reference population includes North Penn
[p] planning document relevant to North Penn
[d] data source pertinent to North Penn population

The section that follows identifies and describes basic characteristics of most of the reports and data sources that were reviewed in the process of completing this document. The shorthand approach to identifying each information source element is shown above. Particular attention has been placed on identifying relevant sources of information for which the North Penn Region is the referent population. Since only a limited number of data sources and/or reports meet this criterion, other data/information resources with County, State, or National level reference populations have been drawn upon. The ability to apply the findings from these broader data resources to the North Penn Region depends on the degree to which one considers North Penn to differ substantially from the reference group represented in such data resources. Comparisons of socio-demographic and health related indicators between the North Penn Region and other geographic areas in Montgomery County, Philadelphia County, and the U.S. population, show North Penn to have more positive levels on most variables than these other population areas. The 'better than average' status of the North Penn Region needs to be taken into account when interpreting all reported findings.

3.a. [np] Reports: Published reports specifically focused on the North Penn Region: *(Arranged chronologically according to report date)*

[1np] ***North Penn Community Health Needs Assessment***; Philadelphia Health Management Corporation (PHMC): November 2002.

This report combined data from the PHMC 2000 Southeastern Pennsylvania Household Health Survey, the 2000 US Census, PA Department of Health Vital Statistics, 6 focus groups of North Penn residents, and interviews with 20 key community leaders in the North Penn Region. The North Penn Region was the report reference group. Although based on 2000 data, findings showed: 1) a large proportion of the residents were unaware of health and social services and how to access them; 2) residents lacked access to dental, prescription, and primary care insurance and underused preventive screening services; 3) death rates showed disproportionately high rates for stroke and cancer. Investigators identified five priority areas of need: Communication, primary care, preventive health care, services for non-English speakers, volunteerism.

[2np] ***North Penn Community Health Special Population Needs Assessment***; Philadelphia Health Management Corporation: May 2003.

Although limited because it was written in 2003, this report comprehensively considers the status and needs of special needs populations in the North Penn Region including persons who are: chronically mentally ill, mentally retarded, learning disabled, developmentally delayed, substance abusers, cancer survivors. Data from the 2000 Census, the 1996 Survey of Income and Program Participation, the U.S.D.H.H.S, 2001 National Household Survey of Drug Abuse, the 1993 Epidemiology Catchment Area Study, the 1999 CDC Youth Risk Behavior Surveillance program, and the PA Department of Health 1997-2000 Cancer Incidence and Mortality tables. Investigators obtained or estimated prevalence rates of physical (130/1,000 adults), mental, emotional (210/1,000 persons <18 and disability and substance abuse problem (43/1,000 in the past 12 months). Through interviews with residents and providers, they identified barriers to care and quality of life that included: 1) inadequate funding and quality of services; 2) inappropriate or unavailable supportive and affordable

housing for special needs individuals; 3) fear of stigma and/or discrimination; 4) limited transportation; 5) poor job opportunities; 6) lack of age appropriate social and recreational opportunities; 7) limited respite care for caregivers; 8) administrative delays in processing forms and service requests. The North Penn Region was the reference group for this report.

[3np] ***An independent assessment of the health, human services, cultural and education needs of Montgomery County: North Penn Region;*** DB Smith With the assistance of Janet Davidson MBA, David Ford MA, Christopher Hopson MA, David Laufe MBA, Fox School of Business and Management, Temple University. 2006.

The goals of the project were to provide an independent assessment that could (1) assist the funders in establishing priorities, (2) provide information to others concerned about the health and quality of life issues in Montgomery County, and (3) stimulate more effective strategies for achieving quality of life and health improvement goals for Montgomery County and its five regions: West, North Penn, East, Central, and Southeast. This report summarizes the findings for the North Penn region.

This very comprehensive, thoughtful report provides extensive data for the North Penn Region as a single unit and for each of the 16 municipal divisions that comprise the Region. Although outdated due to its completion in 2006 and restriction of most data to prior to 2004, the many topics addressed pertinent to the North Penn Region included: physical environment; demographic characteristics; arts and culture; health care system; health service access, and behavioral health. Information sources included: 1) fifteen 1.5 hour discussion groups comprised of health professionals and a small number of new immigrants; 2) the 2000 Census; 3) PA Department of Health Vital Statistics 1999-2003; 4) PA Department of Education K12 Statistics 2003-2004; 5) PA Police Uniform Crime Reports for 2004 found on the Department of Justice Website; 6) Montgomery County Children & Youth Annual Report 2004; Welfare Benefit files for 2003. Investigators reported 6% of persons 5-20 years of age had a disability, while 12% and 32% of residents age 21-64 and 65+, respectively, reported a disability; 16% of adults were missing ≥ 5 permanent teeth; 24% of adults smoked; 24% reported binge drinking; and 27% met criteria for obesity. Important conclusions included: 1) Need for improvement in community leadership, access to health services, transportation systems; 2) Need for

increased number of transition and affordable housing; 3) Systematic fluoridation of the local water systems.

[4np] ***Indian Valley Regional Comprehensive Plan July 2005 (as amended July 2007)*****;** Prepared by the Montgomery County Planning Commission; 2007.

This report presents the housing and land use policies and guidelines for the Indian Valley Region. Although it does not include relevant data tables, information is available regarding current housing requirements and planned changes for the region.

[5np] ***Koreans and Asian Indians in the North Penn Area;*** L Fiebert; Associate Executive Director, Family Services of Montgomery County; April 2008.

This report was undertaken to identify needs specific to Asian Indian and Korean immigrants who had moved into the North Penn Region. Qualitative face-to-face interviews lasting 1-2 hours with 19 Asian Indian and 21 Korean individuals conducted 2006-2007. Although representing a 'sample of convenience', the interviewees identified 14 problem areas particularly relevant to the elderly members of the Asian community that they thought required further consideration. These included: 1) Concerns related to being elderly; 2. Mental Health Issues; 3) Domestic Violence and Child Abuse; 4) Discrimination, Lack of Power, and Lack of Trust; 5) Health and Medical Issues; 6) Health Insurance Issues ; 7) Immigration Concerns; 8) Intragroup Conflict; 9) Lack of Awareness of Community Services; 10) Language Issues; 11) Generational Conflict; 12) Poverty; 13) Substance Abuse and Addiction Problems; 14) Transportation Problems. The report author recommended the following: Increase awareness and cooperation of leaders; Enhance cultural competency, and social and health services in ways that are appropriate to the needs and background of Asoam immigrant elderly; Develop new services for elderly; Promote prevention; Promote collection/organization of aggregated data on target group.

[6np] ***North Penn Housing/Homeless Providers Network; Situational Analysis Report 2008;***

This report was written for the North Penn Housing/Homeless Providers Network. It describes the housing resources, populations, and needs in the North Penn Region. Findings are based on both primary and secondary research of the North Penn regional housing system, including: 1) An environmental scan of key trends in the regional housing system. 2) An assessment of the organizational capacity of each of the 5 Network member agencies through site visits and surveys of Board and staff members; 3) A descriptive inventory of the existing facilities and services that provide housing and homeless services in the North Penn region Agency websites, internal documents such as annual reports, tracking sheets, brochures, financial documents and information submitted by some of the agencies to the United Way of Southeastern Pennsylvania Regional Registry of Social Services provided information regarding program services and statistical data. [Report, Page 6]

Authors suggest that achievement of a comprehensive continuum of housing alternatives for independent, supported, and assisted housing arrangements for North Penn residents is dependent on: 1) Building the internal leadership, fundraising, technology, and staffing capacity of each of the Provider Network member agencies; 2) Creating meaningful partnerships with other housing and homeless providers and advocacy groups, faith-based organizations, and mental and behavioral health care providers; 3) Closing gaps in the region's continuum of care, especially in terms of centralized information and referral systems; 4) Instituting a coordinated evaluation system; 5) Increasing the availability of high-quality, affordable housing, both permanent and permanent supportive; and 6) Improving the region's public transportation system.

[7np] ***An analysis of demographics and community growth patterns and projections of public school enrollments in the Wissahickon School District 2010-11;*** Pennsylvania Economy League, Central PA Division; December 2010.

This report was undertaken to permit development of projects for the Wissahickon School District planning purposes. Population statistics, live births, and school enrollment trends were examined. The authors noted that the Grade 1 classes were expected to be smaller in the upcoming years. They attributed this, in part, to a decline in new housing starts in the school district area, limited suitable land for new building, fewer annual births, and less in-migration of elementary and middle school age children. A 5.9% decline in the Wissahickon School District enrollment between 2012 and 2020 was projected.

[8np] ***Health Status and access to care in the North Penn Community Health Foundation Service Area: 2002 – 2010*****;** Public Health Management Corporation: May 2011.

This report provides a comparison between 2002 and 2010 of selected health related indicators for the North Penn Region. Data from the 2002 and 2010 Southeastern Community Household Survey that PHMC conducts longitudinally was used to estimate changes in health behaviors, health conditions, and health service utilization. Important updates relative to self-reported population levels of self-rated health; cancer screening behaviors; prevalence of diabetes, hypertension, and asthma, elevated depressive symptom levels, and disability status; health service access, insurance coverage, and access to dental care; health behavior indicators such as BMI, physical activity level, smoking, drug abuse experience, eating habits; and financial indicators, receipt of food stamps and housing cost burden. Of importance, the data indicate sufficient improvements in healthy behaviors for both adults and children to have met the Healthy People 2020 goals for obesity and smoking. In contrast, rates of asthma were noted to be increasing in both children and adults and diabetes in adults.

[9np] ***Student Support Card, Indian Valley Character Counts! Coalition. Indian Valley Student Support Card. Available: http://www.souderton.org/announcements/IVCCC-Support-Card-2012.pdf .*** 2012.

The Student Support Card summarizes the quantity and quality of support students in the Indian Valley (Souderton School District) feel in their lives. Data presented are based on responses to a 157 item questionnaire, "Profiles of Students Life: Attitudes and Behaviors". Purported to reflect the student assets and to consider the relationships between asset levels and risky and positive behaviors, the data provides a unique opportunity to evaluate student well-being. The Student Support Card compares findings from administration of the questionnaire to 1,261 8^{th} , 10^{th}, and 12^{th} grade students in 2010 with results obtained from a second administration to 1,207 students in the same grades in 2012. Results show small positive change between the two administrations for most target activities and attitudes. As well, graphs demonstrate that the more assets reported, the less likely the student will engage in risky behavior such as tobacco abuse, alcohol abuse, sexual activity, suicidal behavior and the more likely the student will perform well in school. Responses to specific questions provide insight into the prevalence of risky behaviors with 52% 2012 graduating

class members indicating they have had sexual intercourse, 35% reporting marijuana use in the past 12 months, the majority of respondents indicated they had ready access to alcohol and prescription drugs. Only 25% indicated they perceived they were valued by adults, and, between 2010 and 2012, a decline in the students' reported constructive use of time was noted. This important survey could provide important longitudinal information if it is continued to be administered on a periodic basis.

[10np] ***North Penn School District Annual Report: 2010-2011*****; http://content.yudu.com/A1uaqo/StoriesofSuccess/resources/index.htm?referrerUrl**

This report represents the most current North Penn School District Annual Report available. Because this is a yearly report, it is possible to make longitudinal comparisons in school performance, academic level, enrollment statistics, etc. . The report documents a steady rise in achievement scores (PSSA exams). As well, 100% of kindergarten students from the Gwynedd Square Elementary School had achieved reading proficiency. Elementary school language arts proficiency was noted to have increased. The report indicated that North Penn High School was very high in national high school rankings and SAT scores were above state and county averages. An increase in the proportion of students receiving special education services was noted (from 16.5% in 2010 to 17% in 2011). Adult education programs were attended by over 5,000 residents.

The School District Annual Reports provide a unique source of information regarding the health, well-being, and functioning of school age individuals within the District. In combination with data from the County and State Departments of Education, a relatively comprehensive picture of different health and social dimensions regarding school age children can be constructed.

[11np] ***North Penn United Way: 2010-2011 Annual Report*** **http://www.npuw.org/Portals/17/Binder1.pdf**

This report provided information regarding program activities funded and/or carried out by the North Penn United Way. The value of reviewing this material is in the increased ability to distinguish between planned and actually implemented programs .

3.b. [g] Reports: Published reports that identify 'population trends', 'needs', and 'service deficits' that inform the North Penn Region but where North Penn Region is not the reference population: *(Arranged chronologically according to report date)*

[1g] ***Final Report BoomerANG Project Montgomery County, PA***: M Marcus and J Migliaccio; January 2006

> *The purpose of the project summarized in this report was to identify "the programs and services senior centers or other community-based organizations should provide in the next decade" (Report, Page 1) for the large emerging older population.*
>
> *Multiple methods were used to estimate the size and demographic characteristics of the emerging population as reflected in the current 50+ County population. Data were obtained from older citizens, representatives from the service sector focused on the needs of older individuals, medical and public health experts, business, municipal, county, and state government officials. While the reference population for this report is the emerging and existing elderly in Montgomery County, the findings appear germane to the North Penn situation. Major findings reported include: 1) The growth of the 55-to-64 year old cohort during the calendar years 2003 to 2008 was more rapid than anticipated. This emphasized the need to urgently begin to address the needs of the 50+ 'young elderly'.*
>
> *Based on a countywide survey of residents 50 +, a discrepancy was observed between the current structure and function of "senior services" and the stated preferences and anticipated needs of those who will be entering the 60+ group within the next decade. Specifically, while survey respondents indicated a desire for many of the types of services offered at Senior Centers, they indicated disinterest in attending senior centers as currently operated. Their interests focused more on health and wellness, retirement , transportation needs and caregiving options than on provision of a safe gathering place with daily meal services. The more urban dwelling elderly were observed to have expectations and service need priorities different from their rural age-mates.*
>
> *Authors recommended: 1) Reorganization of the current structures and services of the existing County's senior centers so that they are able to meet the needs of the "Baby Boomer" elderly….Specifically through offering a greater variety of*

programs and more opportunities for "Wellness" activities such as exercise programs and yoga instruction. 2) Shifting the service paradigm from 'accommodating deficits' to 'active health maintenance' so that the "Boomer" elderly will be interested in becoming engaged. 3) Implementation of a comprehensive and inclusive planning process so that senior center personnel and other service providers would collaborate on the development, implementation, evaluation, and revision of modified services.

[2g] ***An independent assessment of the health, human services, cultural and educational needs of Montgomery County,*** DB Smith, With the assistance of Janet Davidson MBA, David Ford MA, Christopher Hopson MA, David Laufe MBA, Fox School of Business and Management, Temple University. 2006.

This report is the larger document from which **[3np],** *the report specific to the North Penn Region, was taken. It consists of a systematic review of previous efforts to assess key health and social indicators, a qualitative assessment that distills the insights of providers and citizens in Montgomery County communities, and a synthesis that identifies the key priorities and recommendations for addressing them.*

While residents in Montgomery County, as a group, were seen to be healthier than those in Philadelphia, the authors noted the following county wide problems: 1) Inadequate dissemination of information to decision makers; 2) A limited transportation system unable to provide necessary access to rural residents and to move individuals from homes to service and commerce centers; 3)Poorly coordinated services both between agencies and clients and agencies; 4) Inequitable distribution of services and resources throughout the municipal divisions that comprise the county;; 5) High levels of pollution and contaminated land sites/waste dumps located throughout the county.

[3g] ***Elders living on the edge: The impact of public support programs in Pennsylvania when income falls short in retirement*****;** Prepared for The Pennsylvania Elder Economic Security Initiative in partnership with Wider Opportunities for Women (WOW): May 2008.

Although developed with the state level elderly population as the reference group, this report provides important documentation of the dilemmas that older

individuals may experience when their typical expenses exceed their income. The report also identifies sources of supplemental funding and benefits that may offset the gap between income and expenses.

Authors recommended that: 1)Retirement incomes be strengthened; 2) Barriers to receipt of public housing be removed; 3) Housing options be increased; 4) Outreach activities focused on older individuals and their families be broadened; 5) Programs to assist in home modification so an individual can 'age in place' be increased; 6) Eliminate the required 'spend-down' for Medicaid eligibility for Nursing Home payment; 7) Increase transportation options for elders. They strongly promoted evidence based policy development and encouraged the use of the 'Elder Economic Security Standard Index' for planning and evaluation activities.

[4g] ***Chronic health conditions in Pennsylvania: Diabetes, Asthma, COPD, Heart Failure;*** Pennsylvania Health Care Cost Containment Council: June 2010

The purpose of this report was to provide information regarding the burden of asthma, chronic obstructive pulmonary disease (COPD), heart failure, and diabetes as experienced by the residents of Pennsylvania. The Pennsylvania Health Care Cost Containment Council (PHC4) utilization and cost data were analyzed to provide estimates of the prevalence of the 4 chronic conditions, to identify the sub-populations at highest risk, and to calculate the hospital costs associated with the chronic conditions.

Authors noted that: 1) hospitalization rates for the 4 chronic conditions had increased between 2004 and 2008; 2) Black non-Hispanic Pennsylvania residents had higher hospitalization rates than non-Hispanic Whites and Hispanic individuals (Report page 2); 3) A large proportion of the hospitalizations were considered 'avoidable'; 4) The burden to the state for the hospital care of Medicaid patients with one of the 4 conditions was considerable with 25,000 admissions during the year attributed to Medicaid recipients [From a State funding perspective, this is very important as Medicaid funds are allocated to States, and, unlike Medicare, cost over-runs are not necessarily covered through Federal sources; 5) The high rate of re-hospitalization shortly after discharge (16.3% readmitted within 365 days and 9.6% readmitted twice within 365 days) suggested inappropriate in-hospital care or inadequate outpatient follow-up care.

Although the reference group for this report is the resident Pennsylvania population, the findings should allow North Penn providers to obtain Regional estimates of the 'disease and cost' burden of these diseases. Notably, however, data from the Pennsylvania Health Care Cost Containment Council (PHC4) are limited in that they do not reflect outpatient services and physician and other provider costs. Moreover, while it is possible to identify population based denominators, the available data are limited to persons who have been hospitalized or who sought treatment in another service captured within the PHC4 system. Despite limitations in the diversity of the data, the burden of the 4 chronic conditions is well documented and the authors emphasize the need for continued preventive efforts to reduce risk factor exposure, especially tobacco use and obesity.

[5g] ***Pennsylvania Office of Child Development and Early Learning: Annual Report 2010-2011*****;** Pennsylvania Departments of Education and Public Welfare

This report documents the types of services available to Pennsylvania children with development and early learning needs, provides tables showing trends in the number of children who receive services, and presents the results of some service provision. Data are either presented at the County, Regional (e.g. SE Region) or State level. The relevance to the North Penn Region, therefore, is limited.

[6g] ***A preliminary analysis for ending hunger in Montgomery County.*** M Chilton and V Karamanian; Center for Hunger-Free Communities. Prepared for the North Penn Community Health Foundation; April 2012

The report provides preliminary information regarding food insecurity and hunger. Mixed methods were used for data collection including examination of multiple data sources and interviews with key stakeholders. Estimates of the prevalence of food insecurity and hunger were derived from national data sources. Authors reported that in 2010, 8.6 % of individuals in Montgomery County cut down on the size of meals due to inadequate financial resources, and that this proportion increased in families in which there were children. Data were obtained from interviews with service providers at county food pantries and other social and health service agencies and from residents who were visiting food pantries.

Authors report that barriers to seeking assistance to overcome food insecurity or hunger included: 1) shame in admitting that such assistance was needed; 2) inadequate transportation systems to get to the food/service locations; 3) unevenness of pantry food quality; 4) lack of knowledge regarding alternative assistance programs that an individual might be eligible for.

Participation in School Lunch Programs was emphasized as a important way to improve the nutrition of school age children. Authors noted that 15% of the children enrolled in the Wissahickon School District participated in the free or reduced cost meal program; but they emphasized that students enrolled in the lunch free or reduced cost lunch program should all also be enrolled in the equivalent breakfast program. Specifically, the recipient size of the two programs should be the same.

Investigators recommended that: 1) The North Penn Community Health Foundation consider promoting the development of a comprehensive data collection system that would enable systematic collection of information on need, services delivered; 2) Information regarding nutrition and available services across agencies and geographic areas should be shared between agencies and readily available to the public; 3) Mechanisms to ensure effective and sustainable programs for addressing issues of food insecurity and hunger in County and Region should be developed.

[7g] *Montgomery County Health Department Annual Health Statistics Report: 2012*

http://www2.montcopa.org/health/cwp/fileserver,Path,HEALTH/muni_rpts/2012rpts/2012AnnualReport.pdf,AssetGUID,8e5fe511-db9b-43a3-b7098f10632b8e8e.pdf Prepared by Jessica Mahan, MPH, CPH, under the direction of Dr. Joseph M. DiMino, Director of Health/Medical Director

The Annual Health Statistics Report provides extensive information regarding the state of health of the county residents. Tables, that can be downloaded and saved as Excel files for the user's statistical purposes, contain county-wide and, in some instances, municipal division data on populations statistics, natality, mortality, cancer incidence and mortality, and reportable diseases. Most data included in the 2012 statistical report pertain to events occurring between 2007 and 2010. While some indicators are dated, this report provides important information that is useful to document the status, and change in status, of the population at both county and county division levels.

[8g] ***Data Snap Shots: Immigration in Greater Philadelphia*****;** Delaware Valley Regional Planning Commission: May 2012

This report summarizes information regarding immigration and immigrants in the greater Philadelphia Area. Data presented are primarily derived from the 2010 Census, and the smallest reference group is the County level. The only tables that showed municipal division data were those in which the municipal divisions or towns with the highest and lowest percentage and/or number of immigrants were located. In these tables, only Hatfield appeared. With 22% of the resident population comprised of immigrants, it was among the communities with the highest percent of immigrants. Although interest may lie in knowing the distribution of the immigrant population according to time in country and citizen status, the usefulness of this report is limited because birth country and/or cultural heritage was not distinguished.

3.c. [p] Reports: "Planning documents" that include North Penn Region in the planning catchment area.

[1p] ***Montgomery County Health Alliance (MCHA) Childhood obesity community action plan*****;** September 2011

This report provides both statistical information regarding the prevalence of obesity in Montgomery County and programmatic information regarding the prevention programs that have been implemented through the school districts and community organizations to encourage healthy eating behaviors, physical activity, and generally health life-styles. The Alliance adopted and promoted the 5-2-1-0 program with 5 servings of fresh fruits and vegetables daily, no more than 2 hours screen time, 1 hour of physical activity, and no sugar sweetened beverages. The most important aspect of this report is the detail describing the programs initiated by the Alliance. Although the report was circulated in 2011, it summarizes historical information regarding the formation of the Alliance and the background work that had been completed in order to successfully mount prevention programs throughout the county. Data specific to the North Penn Region were not provided.

[2p] ***Montgomery County Health Department 2012 Program Plans*; *March 2012***

http://www2.montcopa.org/health/cwp/fileserver,Path,HEALTH/pdfs/ProgramPlans/2012ProgramPlans.pdf,AssetGUID,d1f302a2-e0ee-40e0-a6498491ab3b0f03,rc,1.pdf

This report presents the description, objectives, activities, and evaluation methods for the Department's programs planned for the 2012 year. The document is detailed although no data tables are presented. Under certain topics, such as Childhood Lead Poisoning Prevention Program (Report p 67) both planned activities and goal achievements are presented. This provides an important opportunity to compare current local needs and program planning with the ongoing activities of the County Health Department to identify areas where the County Health Department resources are insufficient to meet observed local needs.

[3p] ***Montgomery County MH Program: FY 2012-2017 Update 2012-2014, Mental Health Plan for Adults with Serious Mental Illness*** **http://mhmrda.montcopa.org/mhmrda/cwp/fileserver,Path,MHMRDA/webformhmrda/MH/Montgomery_MH_Plan_FY_2012-17_update_13-14_B.pdf,AssetGUID,825bc192-55c8-41ed-b8a1abf0cbd2ac78,rc,1.pdf**

The mental health patient groups targeted in this county-wide report include: As written in the Executive Summary, "This plan was developed in collaboration with key stakeholders, which include individuals that receive service, family members, providers, Manage Care Organization representatives,
counterparts in other related systems, and the community at large. The planning process included surveys, focus groups, community meetings and recommendations from and ongoing discussions with the Montgomery County Community Support Program (CSP) Committee.
The plan is structured to describe the planning process, summarize the assessment of need, describe the current system of services, outline a plan for systems change which addresses the stated needs and a timeline to achieve that change, an outline of the quality management process, and a fiscal plan that supports existing and planned services. ….. The intent of this plan is to capture

the essence of this development and some of the transformational strides that have occurred thus far" (Page 4).

Focus groups with stakeholders, a needs assessment survey, and contacts with administrators and agency personnel provided data for the report. Based on these data sources, several recurring high priority needs were identified that remain unmet. These include: 1) lack of safe and affordable housing; employment and education; opportunities for meaningful social activities, peer support, and advocacy, crisis intervention, and ongoing treatment (Report, page 9). Three underserved groups have been identified and include: transition age youth (18-26 years of age) most of whom age out of the system, older adults, and Latino and Asian residents.

This report provides extensive documentation regarding the size of patient populations, estimated extent of unmet need or service inadequacies, and the nature, success, and future plans for mental health programming to meet the needs of county residents. Data specific to the North Penn Region cannot be identified from the tables or narrative; however, the comprehensive documentation of planned services and programs in both the main body of the report and the appendices may be very useful.

[4p] Annual Report Montgomery County Planning Commission 2011.

Prepared by the Montgomery County Planning Commission Staff, Kenneth B. Hughes,
Director **http://planning.montcopa.org/planning/cwp/fileserver,Path,PLANNING/2012PDFs/2011MCPCAnnualReport.pdf,assetguid,55bbf5b1-998a-45cd-8a11db65e475c293.pdf**

This report provides annual updates on activities within the Country regarding infrastructure development, housing revitalization, zoning changes, road & highway construction, transportation improvements, etc.. Although not designed as a source 'data source', a considerable amount of information on current projects actually being implemented is included. Review of the document, therefore, is particularly useful when attempting to distinguish between planned activities and activities that have been funded and are 'in progress'. Presumably, comparison, across years, of the different reports should provide insight into County, and within County, regional improvements.

3.d. [d] Reports: Sources for data representing point in time population counts or cumulative 12 month event frequencies that are repeated at defined intervals (e.g. 10 year Census counts; births occurring over a 12 month period). Data from these sources were used to calculate more current estimates of important indicators than were available in the published reports.

[1d] *Census 2010 Population Data for the 16 North Penn Municipal Divisions and/or the Census Tracts Associated with Each Municipal Division.*

Tables available containing data from the 2000 and 2010 Census Counts were used. The web address for the 2010 Census Data table: Table DP-1 Profile of general population and housing characteristics is: **http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=geo&refresh=t** *Notably, the data in this table represent population counts rather than sampling estimates.*

The 2010 Census eliminated the 'long-form' questionnaire. The 2010 data, therefore, that are available are limited to population counts and demographic characteristics and housing characteristics.

[2d] *American Community Survey (ACS) Data: available from Census website: www.Census.gov;*

In coordination with truncation of the Decennial Census Long Form collection tool from 2000 to 2010, the American Community Survey was developed. This is an ongoing statistical survey in which a sample of the U.S. population is interviewed every year. Many questions asked in the ACS were taken from the Census Long Form used in 2000. Because the ACS involves sampled individuals rather than a population count, sampling estimates are generated along with confidence limits around computed indicators. Data tables located on the Census website that are available to the public typically represent 3 year or 5

year averages. When data are accessed for large population groups, the statistical sampling errors typically are small. As the population group becomes smaller, the confidence intervals around estimates increase in size. For some indicators, the sample estimates, even if constructed using 5 years of data, are too inaccurate to make available for public use. For example, the most current data for the prevalence of disability in each of the 16 North Penn Municipal Divisions are so limited that no information is available. For this reason, there are no counts of individuals in the North Penn Municipal Divisions who have a mental, physical, or emotional disability. In most instances the ACS data reviewed for this report are derived from the 2006-2010 summary tables for the 16 North Penn Region County Sub-Divisions. These are equivalent to the municipal divisions identified elsewhere in this report.

[3d] Bureau of Justice Statistics; Uniform Crime Reporting System Accessed through the Arrest Data Analysis Tool. *http://www.bjs.gov/index.cfm?ty=daa*

The arrest data are available as counts of arrest events that were submitted by local police jurisdictions. Data are organized for each reporting agency and are the counts of arrests made during a 12 month calendar year. Of the 16 municipal divisions in the North Penn Region, 13 units report to the Uniform Crime Reporting System. The 3 municipal divisions not reporting are municipal divisions with a separate accompanying municipal division of the same name and include: Hatfield Borough, Upper Salford Township, and Salford Township. For each reporting unit, arrest data are presented according to several characteristics, e.g. type of crime (assault, homicide, dui); age of person arrested (<18, ≥18); person's gender. Arrest data, while invaluable, represent persons who have been identified to the police. All persons who have committed a crime but have not been arrested are not counted.

[4d] Department of Education Data on Local School District Enrollment, Standardized Exam Scores, Drop Out Rates, Home Schooling Enrollment,

etc. http://www.portal.state.pa.us/portal/server.pt/community/data_and_statistics/7202

Data available from the 'Portal.State.PA' web site document, by school district and/or specific school, school enrollment, exam scores, dropout rates, graduation rates, home school education, and other indicators of school

performance. The data are assembled by year so they provide an opportunity to investigate trends over time in school performance and characteristics. Although some data are school specific, the reference group for most data tables can be disaggregated to the School District Level so the three North Penn School Districts can be viewed separately and comparisons can be made between schools. A second source of important information regarding School performance are the data assembled on the safe.schools website: www.safeschools.state.pa.us . In school offender counts and rates are presented for School Districts.

[5d] Montgomery County or Pennsylvania State Government Departments:

[5.d.1] *Health Department (MCHD) Data and Statistics* http://health.montcopa.org/health/site/default.asp : *The Montgomery County Health Department 2012 Annual Health Statistics Report.* Prepared by Jessica Mahan, MPH, CPH under Director of Health/Medical Director, Dr. Joseph M DiMino.

The annual statistical report prepared by the Montgomery County Health Department provides summary tables of population statistics, natality, mortality, cancer incidence and death, and reportable diseases statistics for the County. Selected tables show municipal division level data (e.g. population, natality, and mortality statistics). In these instances it is possible to locate information that pertains to each of the 16 municipal divisions in the North Penn Region. In most instances, however, the data are aggregated across the county and presented by strata characteristics such as age or gender. Notably, while this report is dated as 2012, data presented in the tables are mainly from the time period 2008-2010. Despite inherent limitations, the report provides an important opportunity to examine health indicators in each of the North Penn Region municipal divisions and to compare vital statistics from one year to another.

[5.d.2] *Department of Housing and Urban Development* http://mchcd.montcopa.org/mchcd/cwp/fileserver,Path,MCHCD/AAP_Final_8_15_12.pdf,assetguid,dabe7b04-6b77-4780-816e976026fcf05f.pdf

The Department of Housing and Urban Development report presents information on the recently completed, currently proposed, and planned long-range improvements, upgrades, rehabilitation, and new construction work in Montgomery County. Its main use for this report was to shed light on some of the housing development work that is currently underway in the County. This

allowed some understanding of whether or not changes in housing structure or function are being implemented that are consistent with the recommendations from other reports reviewed for this report.

[5.d.2] *Pennsylvania Department of Education: Bureau of Special Education; School District Data at a Glance:* http://penndata.hbg.psu.edu/BSEReports/DP_AlphaList.aspx

Special education data on the number of children served, reported for each school year (2007-2008 through the present) by the respective School Districts are contained on this web site. Data for the Wissahickon, Souderton, and North Penn School districts for the years 2007-2008 and 2011-2012 were reviewed. These data indicate: 1) no change in the proportion of students classified as Special Ed in the North Penn and Souderton SDs between 2001-2008 and 2010-2011 but a small increase in the proportion in the Wissahickon SD (16.0 in 2007-2008 to 17.4% in 2011-2012). Notable changes were made in the frequency of the disability category to which students across all three schools were assigned. Autism rates and "Other Health Impairment' rates increased while a corresponding decline was noted in rates of 'Specific Learning Disability'. Reflecting the in-migration of minority populations into the Wissahickon and North Penn School District areas, the proportion of Special Ed students reported as Asian, Black, of Hispanic increased.

4. Public health and community health issues/problems identified from published documents and data sources

4.a. Significant problems that contribute to the occurrence, severity, and persistence of most identified unmet needs in the North Penn Region:

4.a.1 Poverty: Poverty impacts all aspects of a person's life and functioning. When considered from a community perspective, persons "living in poverty' can be viewed in terms of, at least: 1) Persons or households without an income or whose yearly income meets the U.S. Government definition of 'poverty'; 2) Person/households whose income, by government standards, is above the poverty level, but, because of the high housing costs or unreimbursed medical expenses, their usable income is not sufficient to meet their basic health and safety needs; 3) Persons/households whose 'fixed income' has become inadequate due to inflation or to an increase in expenses over which the individual has no control such as residential taxes; 4) Persons/households whose income had been adequate, but, due, to the downturn in the U.S. economy, was diminished as a result of a work layoff or salary reduction. Although the different reasons why individuals may now live 'in poverty' may be important in the establishment of prevention strategies or programs to offset their poverty level, data for the North Penn Region have not been identified that allow classification of residents or households into the above four poverty subtypes.

Data on poverty level for residents of the North Penn Region are available and show striking differences in poverty levels between the 16 municipal divisions. As seen in Table 3., 2.0% of residents living in Montgomery Township are classified as 'below the poverty level'. This is in contrast to 9.6% for those living in Telford Borough. As well, the proportion of individuals 'below the poverty level' are strikingly different across age groups. In Ambler Borough, Upper Gwynedd Township, North Wales, Towamencin Township, Souderton Borough, and Franconia Township, the highest percentage of persons 'below the poverty level' is seen among those age 65 and older while in Hatfield Borough and Telford Borough, poverty rates for persons <18 are even higher than any seen among the elderly. Comparable differences in poverty levels are seen according to racial/ethnic groups. Data, not shown here, from the American Community Survey (**[2d]Table S1701: 5 year estimates reported in 2010**) indicate that, for every municipal division in the North Penn Region, Asian, Black, or Hispanic residents were more likely to be classified 'below the poverty level' than their White neighbors. For example, in Hatfield Borough living 'below the poverty line' was reported for 23.5% of those classified as Asian versus 5.7% of those listed as Non-Hispanic White. Similarly, in Lansdale Borough, Blacks and Asians disproportionately were 'below the poverty line' with 25.7% and 13.7% compared to 7.2% for Whites.

As seen in the bottom row of Column A in Table 2, the number of individuals in the North Penn Region reported as below the poverty level is about 7,500 According to The Collaborative statement on accomplishments to date, efforts have been successful in helping residents file tax returns to obtain appropriate tax refunds and Earned Income Tax Credits. **[http://npcollab.org/content/02-accomploshments.php]** This program may have successfully increased the income of some individuals so that they have risen the poverty level. However, the significance of the proportion of individuals in North Penn residing below, or near below poverty in clearer if one remembers that the ~7,500 individuals reported as 'below the poverty level' exceeds the number of people residing in the following North Penn municipalities: Ambler Borough, North Wales

Borough, Hatfield Borough, Souderton Borough, Upper Salford Township, Salford Township, and Telford Borough.

4.a.2 Housing: Like poverty, housing problems do not reflect a single cause. Housing may be problematic due to: 1) its absence, as seen with short-term and chronic homelessness; 2) the high costs associated with rent or maintenance and monthly utilities referred to as "Housing cost burden"; 3) the need for frequent and/or expensive repairs due to the quality and age of the available housing stock; and 4) the lack of fit between available housing and residents' needs and/or purchasing capabilities. The report, Situational Analysis Report 2008 **[6np]** provides a review of the presence and magnitude of these housing problems for the North Penn municipalities. It expands upon observations made in other reports concerning the advanced age of much of the North Penn Region housing stock [e.g 41.9% built over 60 years ago in 2000 [*Page 16]*) and the uneven distribution of such homes in towns within the region [@88% in North Wales homes were built prior to 1970 versus 8.2% in Kulpsville *(Page 16)*]. The issue of "House cost burden" is very real for residents of the North Penn region. Based on the Southeastern Pennsylvania Household Health Survey in 2010 **[8np]**, the Public Health Management Corporation reported 37% adults 18+ years in the North Penn Region indicated it was 'very' or 'somewhat difficult' to pay their housing costs in the past 12 months. Many of these individuals may be below the poverty level due to the outlay of fixed financial resources for repairs associated with older housing stock. Likewise, the individuals who purchased homes within the region and then were laid off or whose income diminished due to the recession may experience a foreclosure and then not be able to find affordable rental housing within the region. As noted in National Low Income Housing Coalition (NLIHC) [See **[6np]** (Page 17)], 3.4 minimum wage jobs are required to afford a 2 bedroom apartment rent of $930/month, a 'fair market' rent in the North Penn Region.

While data have not been identified that allow estimation of the number of North Penn residents who have become homeless because they lost income and other resources, this is a clear possibility.

4.a.3 Transportation: Virtually every report that addressed community level problems in the North Penn Region identified as significant problems the inadequacies in the public and other low cost transportation systems available to the Region. There appear to be 3 Septa bus routes [94, 96, and 132] that traverse the North Penn Region. The 94 Bus Route begins at the Montgomery Mall, winds through Gwynedd Valley, stops and the Pennbrook, Penllyn, and Ambler Septa Regional Rail Stations, and goes further into Chestnut Hill, Philadelphia. The 96 Bus Route runs through Ambler Borough, stops at the Penllyn and Pennbrook stations, and continues to the Montgomery Mall, and the 132 Bus Route goes from Telford to the Lansdale station and to the Montgomery Mall. The Septa Regional Rail, Lansdale/Doylestown Line stops in Ambler, Gwynedd Valley, North Wales, Pennbrook, Lansdale and Fortuna. It appears that public transportation may not be available in several of the North Penn municipalities. The Trans NET transportation system provides limited service to individuals with disability and medical needs. Review of internet sites where private taxi cabs are likely to be listed turned up 6 companies that appear to have a home-base in the North Penn Region. Needs assessment documents reviewed for this report such as **[1np],3np],[5np][3g]** indicated faith based groups often are a source of transportation for individuals who do not drive and could not afford taxi fares, etc.. If as active as the Ardmore ElderNet program, the ElderNet Lansdale office may also provide volunteer drivers for older or disabled individuals. Transportation systems, however, that heavily rely on the good will of volunteers typically are inadequate to meet the many needs of a population, especially one residing in a geographic area the size of the North Penn Region (~114 sqmi). Moreover, as noted by others, many individuals, whether or not elderly and/or from a non-majority racial/ethnic background, may feel too proud, too fearful of being a burden to others, or too afraid of stigma to ask for transportation help even if it were available **[[2np],[5np],[2g]**.

4.a.4 Communication Inadequacy: Evidenced by limited consumer/resident awareness and/or knowledge of: 1) the programs and services that are available within the North Penn Region; 2) the medical signs and symptoms that require immediate attention; and 3) the personal behaviors that promote health rather than increase risk of poor health:

The above communication problems were noted in most reports reviewed as continuing, significant barriers to achieving the goals of: 1) preventing the development or exacerbation of both individual and community level problems, and 2) making effective use of the services that are offered to the North Penn Community (**[2np],[3np],[5np][1g][2g],[6g])**. Specific causes of the problems identified in the reviewed reports included:

a) the absence of culturally sensitive and/or language appropriate written materials for brochures that describe services and/or address health matters. This problem is more complex than may initially appear because of the many languages that are spoken in the North Penn Region. As noted in the reports prepared by Dr. David Smith, et al. **[3np]** and Mr. Fiebert **[5np],** the Asian residents in North Penn are not homogeneous with respect to their primary language spoken nor their cultural beliefs. While there are a relatively large number of immigrants from Korea and India, individuals from over 15 other Asian nationalities were listed in Table QT-P8 (**[2d]**). Report writers have identified the need to increase provider staff training in cultural competence, to have provider brochures and health related information produced in the different languages, and to have every day vernacular spoken in the North Penn Region **[3np],[5np],[2d];**

b) the presence of multiple, overlapping service agencies that are not listed in a user-friendly, well-organized directory so that potential clients can identify the service providers they need and providers who do not efficiently and effectively communicate with each other so that clients who need services from different providers can be assisted in navigating the service system **[3np]** Of importance, the complex maze of providers often results

in a person receiving too many or too few services or even ‘falling through the cracks’.

c) in addition to the language barriers mentioned above, the conscious or unconscious tendency for people to avoid learning about health matters, especially if the information would require a change in their belief systems or their behaviors.

4.a.5 Absence of a System for Continuous Data Acquisition & Process & Outcome Monitoring & Evaluation:

In a number of reports, recommendations were made to establish an ongoing monitoring or data acquisition/analysis capability so that ‘need’ could be tracked in a deliberate and continuous manner (**[2np],[3np],[1g],[2g],[3g],[5]**). Certainly, this deficiency was frustratingly apparent during the preparation of this report. The paucity of longitudinal data in which the North Penn Region and/or the 16 North Penn Municipal Divisions represented the data reference group(s); the difficulty identifying sources of information with which to update tables filled with 5-10 year old data; the limited consideration of outcome indicators and matched data sources; and the absence of easily identifiable program improvements implemented to address earlier recommendations made it almost impossible to consider the development of an evidence based assessment of current ‘unmet need’ or ‘emergent problems’. From the perspective of *The Collaborative*, the absence of methods, procedures, and an implementation plan to establish an ongoing monitoring system would seem an important impediment to optimal allocation of resources, energy, and manpower.

4.a.6 Fear of stigma, discrimination, appearing a burden:

Fearing stigma, discrimination, or appearing a burden are feelings known to inhibit action, questioning, seeking clarification of options, and being sufficiently assertive that one does not ‘fall through the crack’ and receive inadequate assistance, poor care, the wrong care, or no care/service. The degree to which such feelings are present and negatively impact the residents of the North Penn Region, especially individuals with special

emotional or physical needs or are from a minority ethnic/racial background, is consistently documented in the reports reviewed (**[1np],[2np][3np][9np],[3g],[6g],[3p]**). Indeed such fear is not a problem unique to the North Penn Region, it is a constant undercurrent experienced by individuals with mental illness or those afraid they may have an emotional problem or a serious illness. Report writers have not provided proven methods for reversing or preventing individuals from developing fears or others from precipitating it. As a consequence, the problem remains resistant and significant.

4.b. Identified problems reflecting specific sub-population needs or targeted issues:

The problems identified below reflect: 1) needs or concerns that are associated with one or more sub-populations within the North Penn Region such as persons 65 + years or pre-school age children, and 2) specific types of problems such as crime, drug and alcohol abuse, hunger and homelessness that cut across many age groups. Although it is recognized that such issues as: environmental pollution, limited cultural venues and events, or racial discrimination may represent problems of significant importance to the North Penn Region, they are not addressed in this report.

4.b.1 Unmet needs for and/or increase in number of vulnerable age groups:

4.b.1.a A high prevalence of vulnerable elders:

Aging of the population in the North Penn Region is consistent with demographic trends within many parts of North America. Based on the 2010 Census population counts **[1d]**, there are 13,731, 6,524, and 22,880 in the North Penn age groups 55-59, 60-64, and 65+ respectively. Relative to

the total North Penn Region population, 7.7% are in the 55-59 year old group, 3.4% in the 60-64 age group, and 12.9% 65 years or older. As noted in other reports, *An Independent Asessment of the Health, Human Services, Cultural and Educational Needs of Montgomery County: Morth Penn Region* **[3np]**, the *Final Report BoomerANG Project* **[1g]**, the increase in the percentage of older individuals predominantly in the Baby Boomer age group with a 2% increase between 2000 and 2010 in those 50-59. Notably, as suggested by that report and the report by Fiebert regarding Asian Immigrants **[5np]**, at least 3 groups of elderly, each with different needs and expectations, can be identified including:

1. Emerging and young elderly (e.g. Baby Boomer age individuals 50 – 64) who are independent and who expect to be physically and intellectually active as they age and who say they would not use current senior services focused on addressing limitations rather that maintaining health and wellness; As seen in Table 4, the proportion of persons ≥ 62 differ substantially across the municipal divisions [Notably, about 3%-4% of the total population in each municipal are 62-64 years of age]. Lower Gwynedd Township, with 28.7% of the population ≥62 , has a disproportionately high percent of elderly with Franconia Township, Upper Gwynedd Township, Towamencin Township, and Whitpain Township also showing over 20% of the population ≥ 62. While interesting, these statistics take on a different meaning when the percent of persons ≥ 65 who live alone (See Table 4 column 3) or the percent who are below the poverty line (See Table 3) are considered as well. Examination of these data reveals Lower Gwynedd not only has the highest proportion of those ≥ 65 (24.5%) , it also has the highest proportion who live alone and who are below the poverty level with 19.5 % and 20.7 respectively. Other municipalities in which a large proportion of elderly are either living alone or are below the poverty level include: Whitpain Township (18.2 % ≥65, 12.3% households are persons ≥65 living alone, 12.7% of those ≥65 are below poverty level), Towamencin Township (18.2% ≥65, 15.3% households are persons ≥65 living alone, 14.7% of those ≥65 are below poverty level), Franconia Township (22.6% ≥65,

11.4% households are persons ≥65 living alone, 10.7% of those ≥65 are below poverty level), Upper Gwynedd Township (18.3% ≥65, 10.2% households are persons ≥65 living alone, 9.7% of those ≥65 are below poverty level). The relatively large percentage of elderly below the poverty level in these municipalities contrasts sharply with the poverty level for the municipality as a whole. Only 3.7% of the Lower Gwynedd Township residents are below the poverty line (See Table 3). In Whitpain Township the proportion below the poverty level is 2.2%, in Townamencin 4.9%; Franconia Township 2.4%; Upper Gwynedd Township 2.5%. It is possible that the elderly in the relatively affluent municipalities are particularly 'hidden'.

2. Older individuals, typically ≥70-75, who may be limited in their independence due to a physical problem or chronic medical conditions and for whom current senior services are more appealing. The current size of this group within the North Penn Region could not be identified with accuracy from the data examined in preparing this report. Some evidence, however, was available to get a low end estimate. In the report on health indicators in the North Penn service area, PHMC investigators reported 15.3% of adults ≥65 had rated their health as fair or poor; 26.7% adults ≥18 had indicated they had high blood pressure while 11.4% responded they had diabetes. It is expected that the percentages would be much greater if only individuals ≥ 65 were reporting **[2np]** . Based on data from the 2000 Census, Smith et al, **[3np]** report 31.9% of North Penn residents ≥65 indicated they had a disability.

3. Older individuals either of Asian or Hispanic background whose first language may not be English and whose values and habits are grounded in the culture of their ancestry. Notably, continuing the growth trend in Asian immigrants into the North Penn Region observed between 1990 and 2000, the number of elderly Asian immigrants has continued to increase. As noted earlier (See Table 2), the distributions of Asian [and Hispanic] populations of any age

are not equal across the 16 municipal divisions. Asians are over-represented in Hatfield Borough and Township, Montgomery Township, Lansdale Borough, Upper Gwynedd Township, Whitpain Township while persons of Hispanic Background are disproportionately represented in Souderton Borough and Ambler Boroughs.

4. Older individuals who develop Alzheimer's Disease or another dementing illness. While statements are made regarding the likely growth in the size of this population of elders due to the Baby Boomers and to the increasing number of persons living long enough to develop age related dementing illnesses, few steps seem to be taken to plan for this eventual large group of individuals. Several reports noted that senior retirement communities were moving into the North Penn Region. Some of these have provision for continuing care of residents until death even if they experience a dementing illness. Such retirement communities, however, tend to serve relatively affluent individuals. As seen in Table 3, a sizeable proportion of those currently ≥ 65 years of age live below the poverty level. It is unlikely that these individuals will be able to afford retirement communities. Moreover, because individuals with Alzheimer's Disease inevitably require 24 hour care, families may not be capable of becoming full-time caregivers. This represents a potentially large and financially challenging problem that requires civic consideration not simply individual family planning.

4.b.1.b School age children: Pre-school age – 17:

The reports reviewed, most notably those generated by the three school districts indicated a declining enrollment in the pre-school and elementary grades ([7np],[9np],[10np]). The school district and other reports provided substantial information that, while inherently a high risk group, pre-school and school age children in the North Penn Regions are doing remarkably well. Schools report high student grades for the PSSA achievement

exams, and the SAT exams. There are high rates of high school graduation and low drop-out rates. Moreover, many specific school based services, such as dental exams in selected grades, fitness programs, school lunch, and in the North Penn SD, an increase in school breakfast programs, appear operational and effective. Education programs for special needs students also appear extensive. While the anti-obesity programs of exercise and healthy diets promoted by the Montgomery County Health Alliance (MCHA) [1p] may not be entirely responsible for the Region-wide reduction in obesity and the increase in exercise, the data presented by PHMC [8np] show a reduction in obesity levels in children 6-17 of 20.3% in 2002 to 13.2% in 2010, a level below the Healthy People 2020 goals. Physical activity levels have also improved since 2006. The positive gains and the apparent high quality of the services provided by the School Districts, however, does not mean the absence of risk that requires further attention. According to Drs. Chilton and Karamanian [6g] there may be high rates of hunger and/or food insecurity in North Penn. The 15% of the children in the Wissahickon School District enrolled in the free or reduced cost meal programs, and potentially a comparable percent in the 2 other school districts, may be the 'tip of the ice-berg' in terms of nutrition deficits in the Region. As well, identification and early intervention for children with an autism spectrum disorder, as well as other developmental difficulties, requires persistent observation and assistance in connecting families to the available services.

4.b.1.c Transition Age Young Adults: 18 – 26:

"Transition age" typically refers to the age at which youth who have special needs such as an autism spectrum disorder or who are in the foster care system become too old for the service or its funding. Indeed, this represents one group of high risk individuals age 18-25, and the Montgomery County MH Program: FY 2012-2017 Update 2102-2014 [3p] addresses deficiencies in appropriate services for such individuals and discusses the problems in keeping those young adults eligible for available services engaged and willing to stay connected.

A second group of 'Transition" age, high risk individuals is comprised of those individuals who are attempting to start independent lives in a time of economic recession that is characterized by high unemployment, limited job training programs, and expensive post high school education. As seen in Table 5, as of 2010, the North Penn Region had approximately 16,000 young adults between the ages of 18 and 26. This is almost as many individuals as the total resident population of Lansdale Borough, but the 18-26 year olds are not concentrated in any one municipality. Little specific information was readily available regarding this group. According to the education data presented in Table 6, the majority are likely to have completed high school, some may be in college, but a much smaller proportion are likely to complete college. According to the Bureau of Labor Statistics (http://bls.gov/web/empsit/cpseea10.htm, accessed 11/15/12) , November 2012 seasonally adjusted unemployment rates for men and women 18-19 were over 20% and those for individuals 20-25 were over 12%. These are well in excess of the 7.9 unemployment rate for the U.S. during this time period. In addition to high risk for unemployment, many individuals in this age group are 'underemployed'. They are also more likely to use/abuse drugs and alcohol. As noted in the report of the 2011 National Drug Use Survey:

> *Illicit drug use reported by persons 18-25, however, had increased from 19.07% in 2008 to 21.4% in 2011, an increase largely attributed to increased marijuana use. Comparable rates for adults 26 years and older are 6.3% (page18) with age specific rates generally declining as age increased*[3]*.*

Irrespective of the reasons for the increased illicit drug use, those age 18-26 are at high risk of use.

While the extension of health insurance coverage on parent's policies, will serve as a financial buffer that allows for use of health services, the review of documents for this report, did not identify unmet needs or community, social, recreational or other services directed to individuals in this "transition age'. Because ages 18-26 have traditionally been thought of as a time of low health risk, career development and flexible life styles, this group may qualify

as an ‘overlooked group’. Certainly, it would seem sensible to investigate further the statuses of North Penn Region residents ages 18-26.

4.b.2 Unmet needs for and/or increase in number of individuals with special needs:

4.b.2.a Individuals with major mental illness & those with milder emotional problems

While serious major mental illness requiring in-patient care or chronic in nature affects a relatively small percentage of the population ~6% [1], it is exceedingly costly to the individual, his or her family, and the larger community. Because of the intensity and pervasive nature of the symptoms, the number of individuals with undetected very serious/chronic mental illness is likely to be small; report authors have indicated, however, that the treatment and supportive services for such persons including housing, job opportunities, and recreational programs are often inadequate and fragmented. The program plans to address the care required by such individuals are spelled out in the Montgomery County MH Program FY 2012-2017 FY 2012-1024 Update [3p]. While a wide array of services has been described, this document and the PHMC report on the needs of **special** needs individuals [2np] highlight the impediments to identification and receipt of appropriate high quality care and services that will permit those with major mental illness to experience the highest quality of life possible for them. The impediments are listed in [2np] and include: 1) inadequate funding and quality of services; 2) inappropriate or unavailable supportive and affordable housing for special needs individuals; 3) fear of stigma and/or discrimination; 4) limited transportation; 5) poor job opportunities; 6) lack of age appropriate social and recreational

opportunities; 7) limited respite care for caregivers; 8) administrative delays in processing forms and service requests.

The North Penn Community Health Foundation Special Population Needs Assessment Report **[2np] indicates** 21.0% individuals (n=47,500) have experienced symptoms of mental disorder, not necessarily a diagnosed disorder) in the past year. This prevalence rate was based on a population study conducted in the early 1980's and may not be an accurate representation of the true prevalence of mental disorder. The actual prevalence of emotional disorders that, while not seriously incapacitating or requiring inpatient treatment is more elusive. In their comparison of responses to the 2002 and 2010 Southeastern Pennsylvania Household Health Surveys for the North Penn Region, PHMC indicated 12.6% of adults >18 reported receiving the diagnosis of a mental health condition in the past 12 months. Although comparable 2010 data were not available for children 5-17, when asked in 2008, a prevalence of 4.1% for a mental health condition was reported **[8np]**. Further relevant data for adults >17 years of age on the prevalence of depression and anxiety that meets the diagnostic criteria defined in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), that can be applied to the North Penn Region has been derived from the National Epidemiologic Survey of Alcoholism and Related Disorders conducted in 2004. Prevalence estimates in the past 12 months were 9.1% and 11.1% for mood and anxiety disorders respectively[2]. If these prevalence rates were applied to the North Penn Region, the number of adults with a mental health condition would be greater than indicated in previous estimates. This finding is not unexpected as both elevated symptoms of emotional disorder and serious disease typically are under-diagnosed and under-treated. Unfortunately, however, while the preceding suggests that unmet mental health needs for detection and treatment exist in the North Penn Region, an accurate estimate of the magnitude of the unmet need associated with milder but interfering levels of emotional distress is not clear. There is substantial evidence, however, that females, individuals age 40-56, and persons from an ethnic minority are at highest risk.

4.b.2.b Substance Abusers (Drugs and Alcohol Alone or Comorbid with Mental Disorders

Although good estimates of the magnitude of the substance abuse problem in the North Penn Region are not available, evidence is available from the 2011 published results of the National Survey on Drug Use and Health that provide insight into the potential magnitude of the problem. Specifically, findings from the 2011 National Survey of Drug Use and Health[2], a random sample of households from which eligible residents are interviewed in-person, showed 8.7% of individuals age 12 years or older had used an illicit drug in the month preceding the survey (page 1). Among individuals just age 12-17 years, the rate was 10.1%. This percentage was similar to that observed in 2010. Illicit drug use reported by persons 18-25, however, had increased from 19.07% in 2008 to 21.4% in 2011, an increase largely attributed to increased marijuana use. Comparable rates for adults 26 years and older are lower at 6.3% (page 18) with age specific rates generally declining as age increased. These data highlight the potential vulnerability of two high risk groups, those age 12-17 and those age 18-25 or 26. Moreover, review of the information from the North Penn Region School Districts reveals that there have been active prevention programs for alcohol and drug abuse in the schools, but answers provided by the students in the Souderton School District who completed the "Profiles of Students Life: Attitudes and Behaviors" **[9np]** revealed 35% had smoked marijuana in the past year and more than 50% said they had had ready access to alcohol and prescription drugs.

Alcohol use and abuse is much more prevalent than illicit drug use; however, accurate data on the degree of alcohol misuse for the North Penn Region are not readily available. The degree of problem associated with alcohol consumption can be estimated from several sources. Examination of the data in Table 7 on arrests in the North Penn Region shows 41.2% of all arrests were related to alcohol use and this high proportion does not include arrests classified as 'disorderly conduct' or take into account that alcohol may have been a problem with those arrested for a drug or assault offense. The PHMC 2011 report **[8np]** shows that only 4.9%

of the North Penn adults 18+ affirmed they had an alcohol or drug problem. This very low prevalence very likely reflects response bias. A more accurate estimate of the degree to which alcohol is a problem across the United States is summarized in the statement below that was downloaded from the CDC website: http://www.cdc.gov/alcohol/data-stats.htm

> *"According to the Behavioral Risk Factor Surveillance System (BRFSS) survey, more than half of the adult U.S. population drank alcohol in the past 30 days. Approximately 5% of the total population drank heavily, while 17% of the population binge drank.*
> *According to the Alcohol Related Disease Impact application, from 2001–2005 there were approximately 80,000 deaths annually attributable to excessive alcohol use. In fact, excessive alcohol use is the 3rd leading lifestyle-related cause of death for people in the United States each year."*

4.b.2.c Individuals with developmental delay or intellectual challenges:

The several reports addressed the size and needs of those with developmental delays or intellectual challenges (**[2np],[5g][3p]**). The authors noted that there are deficits in treatment service availability, supportive housing and employment opportunities, and social and recreational activities. They also indicated that stigma and discrimination negatively impact the patients' well-being and ability to live in the community. However, it appears that much is known about the unmet needs and improvements are planned. It is not clear whether proposed changes have been made. The status of such changes requires clarification before the size of remaining unmet needs can be determined.

4.b.2.d Physically disabled individuals and/or those with sensory deficits:

The reports that addressed physical disabilities in the North Penn population cited data from the 2000 Census. At that time 6% of those 5-20, 11.8% individuals 18-24, and 31.9% residents over age 65 indicated the

presence of a disability defined as a long lasting physical, mental, or emotional condition [Table 6, North Penn Community Health Foundation Special Populations Needs Assessment, Philadelphia Health Management Corporation (2003]. This translates into over 20,000 individuals with about 6,700 over age 65. Assuming a constant rate of disability over time, 7,298 is a conservative estimate of the number of North Penn Region residents over age 65 who may be disabled. As emphasized in the documents that identified the needs of individuals with disabilities, lack of access to public places was the most serious barrier to quality of life. [North Penn Community Health Foundation Special Population Needs Assessments (2003: page 26)]. Apparently despite the Americans with Disabilities Act, many buildings remain poorly equipped to accommodate wheel chairs or other equipment that would allow access for individuals with disabilities. Other problems identified in the Special Population Needs Assessments included: Discrimination, Poor quality health care, Gaps in service, Lack of access to transportation, and Lack of affordable housing [Page 27]. Key informants interviewed as part of the data gathering for the Special Population Needs Assessment explained that society is generally ignorant about persons with disabilities. Key informants explained that even when disabled individuals find employment, discrimination continues within the work place" (Page 28).

4.b.2.e Homeless individuals and those at risk of becoming homeless:

Homelessness continues to be an important problem both for individuals whose chronic mental illness increases their risk and those who are unable to afford housing due to lack of income. Several insightful documents have been identified related to the occurrence and prevention of homelessness in the North Penn Region, the rest of Montgomery County and Philadelphia County (**[2np],[3np],[6np],[2p],[3p]**). The magnitude of the problem of homelessness and the approaches to primary and secondary prevention have been well articulated. As well, the need for additional emergency and supportive short and long term housing has been described and quantified. At present, additional information is needed regarding the extent to which

the many recommendations for reducing the homeless problem have been implemented.

4.b.3 Physical health problems :

Physical health problems and the presence of multiple chronic conditions substantially diminish the quality of life of afflicted individuals. A thorough investigation of the health problems experienced by the residents of the North Penn Region is beyond the scope of this report. Drawing on the reports reviewed, specific physical health problems identified with a high prevalence in the North Penn Region include: obesity and asthma in both children and adults and diabetes, stroke, and cancer in adults. As noted earlier, obesity in children has declined since 2002 and rates for both children and adults are below the Healthy People 2020 targets. **[8np]** In contrast, both asthma and diabetes prevalence show steady increases since 2004. The increase in adult diabetes prevalence suggests either that diabetes mortality has dropped and/or that disease incidence has increased. Data with which to address the increased risk of asthma in the North Penn Region were not identified. Smith et al., noted that environmental pollution was a serious issue in the North Penn Region. This could account for some of the increase in asthma prevalence **[3np]**.

The increased risk of certain cancers and death from cancer was noted in several reports. The relatively low rates of cancer screening, for breast cancer, colon cancer, and prostate cancer, may contribute to this **[8np].** Over time, the implementation of the Affordable Care Act may improve the low screening rates as uninsured individuals will likely join the ranks of the insured and be able to afford the necessary services.

4.b.4 Access to Health Care:

In their report of the 2010 Household Survey data, PHMC noted 10.4 adults reported they did not have a regular source of care; 5.4% of adults and 1.7% of children and 5.4% of adults did not have health insurance, and 13.7% did not have prescription drug insurance coverage. Although data on dental insurance for adults was not included in the PHMC report reviewed, 15.2 adults and 4.6 children had not seen a dentist in the past year. **[8np]** The implementation of the Affordable Care Act should reduce the uninsured rate. Successfully addressing other problems that serve as

barriers to seeking and accessing health care, such as limited transportation, fragmented and confusing service systems, agency staff who are not culturally sensitive, and restrictive eligibility requirements, should have beneficial results.

Improvements to access and affordability, however, will not likely reverse the difficulties resulting from too few, locally available and affordable dental providers or mental health counselors. Dental services that are affordable are particularly problematic. Despite the positive outcomes associated with the services *The Collaborative* has initiated, dental care remains problematic, especially for adults. As noted earlier, dental exams and referral for appropriate services are mandated through the schools for certain grade levels. Because poor oral health is implicated in other conditions such as cardiac endocarditis, the absence of affordable dental care is a more serious problem than simply maintaining cavity free teeth. The absence of high quality, positively recommended mental health services appropriate for residents who suffer with milder mental disorders that could benefit from outpatient care and confusion regarding insurance coverage for such services create barriers to care seeking. This is especially unfortunate because these more easily addressed barriers add to fears of stigma or being classified as 'crazy'.

4.b.5 Community Level Problems: Crime

The degree to which Part I crimes, violent or property crimes such as murder, rape, burglary, and larceny, and/or Part II crimes, less serious crimes including disorderly conduct, DUI already are, or are becoming, a serious problem in the North Penn Region is not clear. Comparison of arrest rates in 2010 for the North Penn Region with those for Pennsylvania show the rate for North Penn to be substantially lower than for Pennsylvania (2,373.9/100,000 versus 3565.2/100,000). Dr. Smith, et al. reported that there had been an a 4.4% increase in Part I reported crimes in Montgomery County between 2002 and 2004 (**[3np]** page 13). Further work, however, will be required to determine if reported crime and arrest rates continue to increase and/or if the violence of the crimes increases. A cursory search for current criminal activity in the North Penn Region has resulted in identification of drug related crimes (e.g. drug manufacturing, heroin possession). An influx of drug dealers and users into the North Penn Region would be particularly unfortunate. With railroad access to some municipalities and some older, less expensive housing stock, such

in-migration could occur. Steps to quantify the problem and to reverse any trends are important.

5. Summary

Through the initiatives of the North Penn Community Health Foundation and *The Collaborative*, a large number of special investigations have been conducted to assess the needs and problems of the residents within the North Penn Region. Because of the topics covered and the breadth and depths of the reports, many problems have been identified and quantified, and, in most instances, recommendations have been made to address the need or problem. This report has presented the results of reviews of documents that investigated the nature, size, and seriousness of problems that confront the North Penn Region residents and the examinations of supporting materials and data files. Efforts have been made to investigate the degree to which recommendations pertinent to specific problems have been implemented, and, if so, to ascertain if positive changes in relevant outcomes have occurred.

The many issues and needs/problems identified through the review now require classification according to several parameters including: 1) the degree to which the need/problem currently is well described in terms of its size, its unique characteristics, the nature of high risk individuals, and the level of its seriousness; 2) the completeness of the knowledge available regarding the consequences to individuals and the community if the need/problem is not addressed; 3) the extent to which a comprehensive plan or plans have been formulated to reverse, minimize, or prevent the need/problem; 4) the degree to which formulated plans have actually been implemented; 5) the identification and assessment of relevant outcomes; and 6) the extent to which the implemented plans have achieved the desired goals. The status of identified needs/problems with respect to these criteria is presented in Table A. As seen here, most problems are well characterized and health service providers and planners have substantial knowledge regarding the consequences if nothing is done to address them. As well, while extensive plans have been developed to address many of the needs/problems, there is limited information available

to determine if the plans have been implemented. For example, the absence of sufficient cultural sensitivity among providers has been identified as an important problem. Recommendations have been made to increase provider staff training regarding cultural sensitivity. At the time of preparing this report, however, it is not clear if the appropriate staff in-service education programs have been implemented. The extent and success of the implementation of cultural sensitivity training needs to be clarified before it is possible to feel comfortable that the problem has been taken care of.

While it is not the intent of this report to make firm recommendations regarding the needs/problems that should be given highest priority, the material presented in Table A does provide some information regarding the prioritization of the identified needs/problems. Problems in the bottom row of Table A emerge as high priority and under characterized problems. Included in this group are: 1) 'Transition age adults'age 18-26 who are not individuals with 'special needs', 2) the expected increased incidence of persons with Alzheimer's disease who will require considerable 24 hour care that is not easily funded for persons without extensive financial means; 3) drug related crime; 4) and the absence of a data collection/monitoring/data management system that would provide regularly updated, longitudinal information on the status of existing needs/problems and permit early identification of emerging problems.

Although suggesting that some needs/problems may have higher priority because they are not well characterized, it is important to keep in mind that all problems require continual monitoring, even those such as obesity where there is evidence that programmatic efforts have been successful.

Table A. **Summary of the status of identified needs/problems regarding: how well they are characterized, knowledge of consequences if not addressed, completeness and implementation of plans, and next steps to correct or minimize them**

Problem Status	Problem/High Risk Group	Next Steps
Problem well characterized Knowledge of consequences Comprehensive plans proposed Plans implemented Outcomes assessed Positive results observed	Obesity Children-Pre-school to age 17	Monitor implementation & outcomes
Problem well characterized Knowledge of consequences Comprehensive plans proposed Unclear if plans implemented	Housing Persons with special Needs: major mental illness, developmental delays & intellectual challenges, etc. Homelessness	Investigate if plans had been implemented If not implemented investigate why Monitor outcomes
Problem well characterized Knowledge of consequences Partial plans developed Unclear if plans implemented	Medical conditions Most groups of vulnerable elderly Communication inadequacies Fear of stigma, discrimination, etc Access to health care Transportation	Formulate plans to address problems Implement plans
Problem now well characterized Knowledge of consequences incomplete	Transition age adults age 18-26 Increased incidence of persons with Alzheimer's disease requiring care Drug related crime Absence of data collection/monitoring/ data management system	Clarify nature of problem Formulate plans Implement plans

6. Supporting Tables

Table 1. Number of individuals, square miles, and population density for North Penn Municipal Divisions 2012

Table 2. Percent of Total Populations Within North Penn Municipalities for Racial/Ethnic Groups & Individuals ≥ 62yrs of age & ≥ 65yrs of age

Table 3. Number of Residents of North Penn Municipalities Reported as Below the Poverty Level and the percent of Such Individuals in the Total population and Within Each Group: <18, 18 - 64 and 65+ as Reported in Table S1701 American Community Survey (2010)

Table 4. Distribution of Total Municipal Populations According to Municipal Division, % number of residents ≥ 62 Years of Age, % number of residents ≥ 65 Years of Age, % Households in which an Individual ≥ 65 Lives Alone.

Table 5. Percentage of North Penn Region Population Age 18 - 26 by Municipality

Table 6. Education, income and Employment Indicators Percent of North Penn Residents by Municipality With a High School and Bachelor Degrees, Percent Households (HH) With Incomes Less Than 15,000 and Percent Unemployment Among Individuals Reporting They Are in the Labor Force

Table 7. Number and Percent of Total Arrests in North Penn by Municipality and Number of Alcohol, Drug, Assault Arrests and Percent White and Black Arrests: Based on Arrests Reported to Bureau of Justice Statistics; Uniform Crime Reporting System Accessed through the Arrest Data Analysis Tool

Table 1. Number of individuals, square miles, and population density for North Penn Municipal Divisions 2012

Municipality	Total Population	Area Sq Mi	Pop Density #/sq mi
Ambler Borough	6,417	0.8	7,605.8
Whitpain Township	18,875	12.9	1,463.2
Upper Gwynedd Township	15,552	8.1	1,750.0
Lower Gwynedd Township	11,405	9.4	1,115.9
North Wales Borough	3,229	0.6	5,848.7
Towamencin Township	17,578	9.7	1,815.0
Montgomery Township	24,790	10.7	2,067.0
Lansdale Borough	16,269	3.1	5,245.8
Hatfield Borough	3,290	0.6	4,102.0
Hatfield Township	17,249	10.0	1,677.6
Souderton Borough	6,618	1.0	6,015.0
Upper Salford Township	3,299	9.1	335.8
Salford Township	2,504	9.6	247.8
Lower Salford Township	14,959	14.5	894.0
Telford Borough	2,665	1.03	4,872.0
Franconia Township	13,064	13.9	833.1

Table 2. Percent of Total Populations Within North Penn Municipalities for Racial/Ethnic Groups & Individuals ≥ 62yrs of age & ≥ 65yrs of age

Municipality	Total Population	White % of Total	Black % of Total	Asian % of Total	Hisp Orig % of Total	% of Total Pop ≥62 yrs	% of Total Pop ≥65yrs
Ambler Borough	6,417	79.5	12.8	3.8	7.9	17.6	15.1
Whitpain Township	18,875	82.9	5.2	10.9	2.6	22.5	18.5
Upper Gwynedd Township	15,552	82.3	4.8	12.3	2.2	23.1	18.3
Lower Gwynedd Township	11,405	85.2	6.9	7.1	1.9	28.7	24.5
North Wales Borough	3,229	90.8	5.1	2.5	3.8	14.2	11.4
Towamencin Township	17,578	86.4	4.1	8.4	2.5	22.3	18.2
Montgomery Township	24,790	77.9	4.6	16.6	2.2	16.2	13.1
Lansdale Borough	16,269	72.8	5.9	13.2	5.0	17.0	14.2
Hatfield Borough	3,290	68.6	4.1	23.9	6.8	12.7	9.8
Hatfield Township	17,249	77.1	4.5	16.3	3.8	17.7	14.0
Souderton Borough	6,618	87.9	2.5	4.7	11.5	15.4	12.6
Upper Salford Township	3,299	96.9	1.4	1.8	1.8	17.4	13.5
Salford Township	2,504	97.4	0.8	1.0	1.3	18.1	13.7
Lower Salford Township	14,959	91.8	2.9	1.0	2.6	14.1	11.3
Telford Borough	2,665	86.8	3.5	6.1	9.7	14.3	11.8
Franconia Township	13,064	94.3	3.6	3.1	1.8	25.9	22.6

Notes:

1. 2010 Census Population Count from www. Census.gov; Table DP-1 Profile of General Population and Housing Characteristics, 2010
2. Row percentage do not add to 100% because data refer to people with a primary ethnic racial identity plus a second racial identity

Table 3. Number of Residents of North Penn Municipalities Reported as Below the Poverty Level and the percent of Such Individuals in the Total population and Within Each Group: <18, 18 - 64 and 65+ as Reported in Table S1701 American Community Survey (2010)

Municipality	# Persons Below Poverty Level	% Below Poverty Level	% Below Poverty Level <18	% Below Poverty Level 18 - 64	% Below Poverty Level >65
Ambler Borough	511	8.1	9.2	8.1	14.2
Whitpain Township	417	2.2	1.2	2.2	12.7
Upper Gwynedd Township	384	2.5	1.0	2.5	9.7
Lower Gwynedd Township	371	3.7	3.8	3.7	20.7
North Wales Borough	140	4.3	4.6	4.3	5.7
Towamencin Township	869	4.9	5.9	4.9	14.7
Montgomery Township	486	2.0	2.4	2.0	9.3
Lansdale Borough	1,486	9.4	10.0	9.4	10.8
Hatfield Borough	287	9.1	16.9	9.1	7.9
Hatfield Township	1,071	6.2	8.4	6.2	9.1
Souderton Borough	411	6.3	8.4	6.3	10.1
Upper Salford Township	65	2.0	0.4	2.0	5.9
Salford Township	83	3.3	3.9	3.3	6.7
Lower Salford Township	358	2.5	3.0	2.5	9.9
Telford Borough	248	9.6	18.7	9.6	5.9
Franconia Township	304	2.4	1.7	2.4	10.7

Table 4. **Distribution of Total Municipal Populations According to Municipal Division, % number of residents ≥ 62 Years of Age, % number of residents ≥ 65 Years of Age, % Households in which an Individual ≥ 65 Lives Alone.**

Municipality	% of Totl Pop ≥62 yrs	%Tot Pop ≥ 65 yrs	% HH ≥65 Live Alone
Ambler Borough	17.6	15.1	15.9
Whitpain Township	22.5	18.5	12.3
Upper Gwynedd Township	23.1	18.3	10.2
Lower Gwynedd Township	28.7	24.5	19.5
North Wales Borough	14.2	11.4	6.8
Towamencin Township	22.3	18.2	15.3
Montgomery Township	16.2	13.1	9.3
Lansdale Borough	17.0	14.2	9.0
Hatfield Borough	12.7	9.8	5.9
Hatfield Township	17.7	14.0	7.6
Souderton Borough	15.4	12.6	15.9
Upper Salford Township	17.4	3.5	3.5
Salford Township	18.1	13.7	8.5
Lower Salford Township	14.1	11.3	6.2
Telford Borough	14.3	11.8	7.2
Franconia Township	25.9	22.6	11.4

Table 5. Percentage of North Penn Region Population Age 18 - 26 by Municipality

Municipality	Total Population	Count 18yrs-26yrs	% of Total Population
Ambler Borough	6,417	821	12.79
Whitpain Township	18,875	1,383	7.33
Upper Gwynedd Township	15,552	1,269	8.16
Lower Gwynedd Township	11,405	809	7.09
North Wales Borough	3,229	347	10.75
Towamencin Township	17,249	1,496	8.67
Montgomery Township	24,790	1,801	7.27
Lansdale Borough	16,269	1,968	12.10
Hatfield Borough	3,290	373	11.34
Hatfield Township	17,249	1,964	11.39
Souderton Borough	6,618	803	12.13
Upper Salford Township	3,299	288	8.73
Salford	2,504	221	8.83
Lower Salford Township	14,959	1,234	8.25
Telford Borough	2,665	316	11.86
Franconia Township	13,064.0	936	7.16
North Penn Region Population	**177,434**	**16,029**	**9.03**

Table 6. Education, income and Employment Indicators Percent of North Penn Residents by Municipality With a High School and Bachelor Degrees, Percent Households (HH) With Incomes Less Than 15,000 and Percent Unemployment Among Individuals Reporting They Are in the Labor Force

Municipality	% High School Grad	% Bachelor Degree	% HH w/ Income < 15,000	Unemployed Among Persons in Force
Ambler Borough	88.9	33.4	10.0	3.3
Whitpain Township	96.3	59.1	4.1	5.1
Upper Gwynedd Township	95.3	35.0	5.2	5.0
Lower Gwynedd Township	97.2	65.3	5.9	2.7
North Wales Borough	95.3	36.5	6.0	2.7
Towamencin Township	93.9	43.9	8.3	5.2
Montgomery Township	95.5	55.1	3.3	4.3
Lansdale Borough	86.0	28.2	8.9	7.5
Hatfield Borough	90.9	30.3	10.7	4.8
Hatfield Township	89.2	34.6	6.4	5.2
Souderton Borough	84.4	24.4	6.4	7.4
Upper Salford Township	92.7	35.0	3.2	2.9
Salford Township	92.9	30.8	4.4	6.6
Lower Salford Township	94.5	46.0	5.7	4.5
Telford Borough	83.5	24.2	4.4	3.1
Franconia Township	92.5	34.8	6.9	3.1

Table 7. Number and Percent of Total Arrests in North Penn by Municipality and Number of Alcohol, Drug, Assault Arrests and Percent White and Black Arrests: Based on Arrests Reported to Bureau of Justice Statistics; Uniform Crime Reporting System Accessed through the Arrest Data Analysis Tool

Municipality	Number of Arrests	% of North Penn Arests	Alcohol Related Arrests	Drug Related Arrests	Assault Arrests	% Arrests White	% Arrests Black
Ambler Borough	182	4.9	55	10		72.5	27.5
Whitpain Township	331	9.0	96	21	11	74.9	25.1
Upper Gwynedd Township	267	7.3	147	19	24	75.3	24.7
Lower Gwynedd Township	97	2.6	27	3	21	73.2	26.8
North Wales Borough	240	6.5	87	4	7	85.4	14.6
Towamencin Township	489	13.3	163	105	39	83.8	16.2
Montgommery Township	853	23.3	297	36	28	69.3	30.7
Lansdale Borough	616	16.8	230	54	50	75.2	24.8
Hatfield Borough	no data	–	–	–	–	–	–
Hatfield Township	480	13.1	200	27	44	81.5	18.5
Souderton Borough	114	3.1	39	11	11	83.3	16.7
Upper Salford Township	no data	–	–	–	–	–	–
Salford Township	no data	–	–	–	–	–	–
Lower Salford Township	250	6.8	99	11	32	83.6	16.4
Telford Borough	129	3.5	64	10	11	80.6	19.3
Franconia Township	172	4.7	70	38	12	92.4	8

7.References Cited and Documents that Informed This Report

7.a Scientific Journal Articles or Other Documents:

1 Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). ***Arch Gen Psychiatry***, 2005 Jun;62(6):617-27.

2 Grant B, Stinson, FS, Dawson DA. Et al.. Prevalence and Co-occurrence of Substance Use Disorders and Independent Mood and Anxiety Disorders Results From the National Epidemiologic Survey on Alcohol and Related Conditions. ***Arch Gen Psychiatry.*** 2004;61:807-816).

3 Substance Abuse and Mental Health Services Administration, Results from the 2011 National. Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS. Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administation 2012 **http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.pdf)**

7.b. [np], [g], [p], [d] Published Reports and Data Sources:

[1np] ***North Penn Community Health Needs Assessment***; Philadelphia Health Management Corporation (PHMC): November 2002.

[2np] ***North Penn Community Health Special Population Needs Assessment***; Philadelphia Health Management Corporation: May 2003.

[3np] ***An independent assessment of the health, human services, cultural and education needs of Montgomery County: North Penn Region;*** DB Smith With the assistance of Janet Davidson MBA, David

Ford MA, Christopher Hopson MA, David Laufe MBA, Fox School of Business and Management, Temple University. 2006.

[4np] ***Indian Valley Regional Comprehensive Plan July 2005 (as amended July 2007)*****;** Prepared by the Montgomery County Planning Commission; 2007.

[5np] ***Koreans and Asian Indians in the North Penn Area;*** L Fiebert; Associate Executive Director, Family Services of Montgomery County; April 2008.

[6np] ***North Penn Housing/Homeless Providers Network; Situational Analysis Report 2008;***

[7np] ***An analysis of demographics and community growth patterns and projections of public school enrollments in the Wissahickon School District 2010-11;*** Pennsylvania Economy League, Central PA Division; December 2010.

[8np] ***Health Status and access to care in the North Penn Community Health Foundation Service Area: 2002 – 2010*****;** Public Health Management Corporation: May 2011.

[9np] ***Student Support Card, Indian Valley Character Counts! Coalition. Indian Valley Student Support Card. Available: http://www.souderton.org/announcements/IVCCC-Support-Card-2012.pdf .*** 2012.

[10np] ***North Penn School District Annual Report: 2010-2011*****; http://content.yudu.com/A1uaqo/StoriesofSuccess/resources/index.htm?referrerUrl**

[1g] Final Report BoomerANG Project Montgomery County, PA: M Marcus and J Migliaccio; January 2006

[2g] ***An independent assessment of the health, human services, cultural and educational needs of Montgomery County,*** DB Smith, With

the assistance of Janet Davidson MBA, David Ford MA, Christopher Hopson MA, David Laufe MBA, Fox School of Business and Management, Temple University. 2006.

[3g] ***Elders living on the edge: The impact of public support programs in Pennsylvania when income falls short in retirement*****;** Prepared for The Pennsylvania Elder Economic Security Initiative in partnership with Wider Opportunities for Women (WOW): May 2008.

[4g] ***Chronic health conditions in Pennsylvania: Diabetes, Asthma, COPD, Heart Failure;*** Pennsylvania Health Care Cost Containment Council: June 2010

[5g] ***Pennsylvania Office of Child Development and Early Learning: Annual Report 2010-2011*****;** Pennsylvania Departments of Education and Public Welfare

[6g] ***North Penn United Way: 2010-2011 Annual Report***

[7g] ***A preliminary analysis for ending hunger in Montgomery County.*** M Chilton and V Karamanian; Center for Hunger-Free Communities. Prepared for the North Penn Community Health Foundation; April 2012

[8g] ***Montgomery County Health Department Annual Health Statistics Report: 2012.*** Prepared by Jessica Mahan, MPH, CPH, under the direction of Dr. Joseph M. DiMino, Director of Health/Medical Director **http://www2.montcopa.org/health/cwp/fileserver,Path,HEALTH/muni_rpts/2012rpts/2012AnnualReport.pdf,AssetGUID,8e5fe511-db9b-43a3-b7098f10632b8e8e.pdf**

[9g] ***Data Snap Shots: Immigration in Greater Philadelphia*****;** Delaware Valley Regional Planning Commission: May 2012

[1p] ***Montgomery County Health Alliance (MCHA) Childhood obesity community action plan*****;** September 2011

[2p] ***Montgomery County Health Department 2012 Program Plans*****;** ***March 2012*** **http://www2.montcopa.org/health/cwp/fileserver,Path,HEALTH/pdfs/ProgramPlans/2012ProgramPlans.pdf,AssetGUID,d1f302a2-e0ee-40e0-a6498491ab3b0f03,rc,1.pdf**

[3p] ***Montgomery County MH Program: FY 2012-2017 Update 2012-2014, Mental Health Plan for Adults with Serious Mental Illness*** **http://mhmrda.montcopa.org/mhmrda/cwp/fileserver,Path,MHMRDA/webformhmrda/MH/Montgomery_MH_Plan_FY_2012-17_update_13-14_B.pdf,AssetGUID,825bc192-55c8-41ed-b8a1abf0cbd2ac78,rc,1.pdf**

[4p] Annual Report Montgomery County Planning Commission 2011.
Prepared by the Montgomery County Planning Commission Staff, Kenneth B. Hughes,
Director **http://planning.montcopa.org/planning/cwp/fileserver,Path,PLANNING/2012PDFs/2011MCPCAnnualReport.pdf,assetguid,55bbf5b1-998a-45cd-8a11db65e475c293.pdf**

[1d] ***Census 2010 Population Data for the 16 North Penn Municipal Divisions and/or the Census Tracts Associated with Each Municipal Division.***

> *Tables available containing data from the 2000 and 2010 Census Counts were used. The web address for the 2010 Census Data table: Table DP-1 Profile of general population and housing characteristics is:* **http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=geo&refresh=t** *Notably, the data in this table represent population counts rather than sampling estimates.*

[2d] ***American Community Survey (ACS) Data: available from Census website: www.Census.gov;***

[3d] Bureau of Justice Statistics; Uniform Crime Reporting System Accessed through the Arrest Data Analysis Tool. ***http://www.bjs.gov/index.cfm?ty=daa***

[4d] Department of Education Data on Local School District Enrollment, Standardized Exam Scores, Drop Out Rates, Home Schooling Enrollment,

etc. http://www.portal.state.pa.us/portal/server.pt/community/data_and_statistics/7202

> *www.safeschools.state.pa.us . In school offender counts and rates are presented for School Districts.*

[5d] Montgomery County Departments:

[5.d.1] ***Health Department (MCHD) Data and Statistics*** **http://health.montcopa.org/health/site/default.asp : *The Montgomery County Health Department 2012 Annual Health Statistics Report.*** Prepared by Jessica Mahan, MPH, CPH under Director of Health/Medical Director, Dr. Joseph M DiMino.

[5.d.2] ***Department of Housing and Urban Development*** **http://mchcd.montcopa.org/mchcd/cwp/fileserver,Path,MCHCD/AAP_Final_8_15_12.pdf,assetguid,dabe7b04-6b77-4780-816e976026fcf05f.pdf**