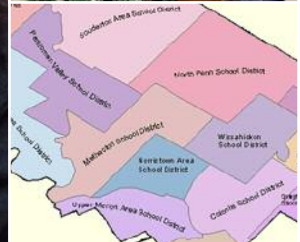
An Independent Assessment of the Health, Human Services, Cultural and Educational Needs of Montgomery County

EASTERN REGION



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PREFACE

The 10 organizations supporting this project care about the health and social services needs of Montgomery County residents and fund efforts to address them. We hope that others in the private, nonprofit, and public sectors will join us in using this report as a resource and in addressing some of the priorities it identifies.

This report on the Eastern region is an independent assessment, authored by a research team from Temple University under the direction of David Barton Smith, Ph.D., professor in the Department of Risk, Insurance and Healthcare Management in the Fox School of Business. It provides the opportunity to see ourselves as outsiders see us, both in terms of our strengths and our challenges. We hope that it will help to stimulate productive conversations among Eastern region residents and the organizations that serve them. Significant improvements will come only through the combined efforts and resources of many individuals and organizations that share a commitment and special affection for Montgomery County and its communities.

We are most appreciative of the help provided by people and organizations in the Eastern region in the completion of this project. Professionals took the time out of their busy schedules to participate in key informant sessions and provided much insightful input. We would particularly like to acknowledge the assistance of Virginia Coombs, executive director of VNA-Community Services, Inc. Thanks to all those in that community who assisted.

We look forward to continuing this effort together to improve the health and quality of life in Montgomery County, its regions, and its communities.

Independence Foundation

Merck and Company Inc.

Montgomery County Foundation Inc.

Montgomery County Health and Human Services

North Penn United Way

North Penn Community Health Foundation

The Philadelphia Foundation

Phoenixville Community Health Foundation

United Way of Southeastern Pennsylvania

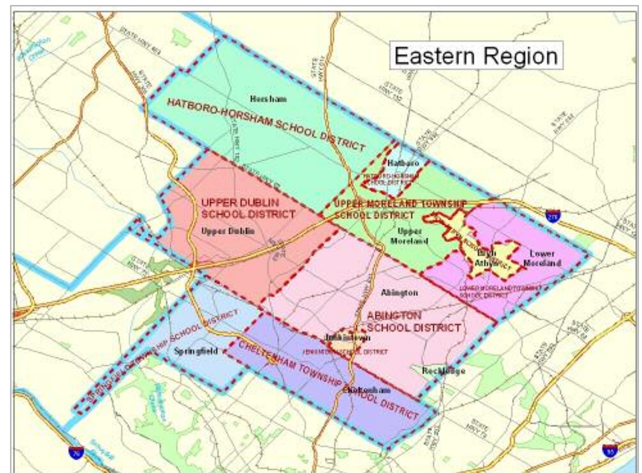
United Way of Western Montgomery County

INTRODUCTION

The coalition of philanthropic organizations funding this project wished to conduct a comprehensive health and social service needs assessment for Montgomery County. 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 Eastern region. **Figure 1** presents a map of the area included in this collaborative. It encompasses ten boroughs and townships (colored areas of map) served by 10 school districts (outlined by dotted lines).

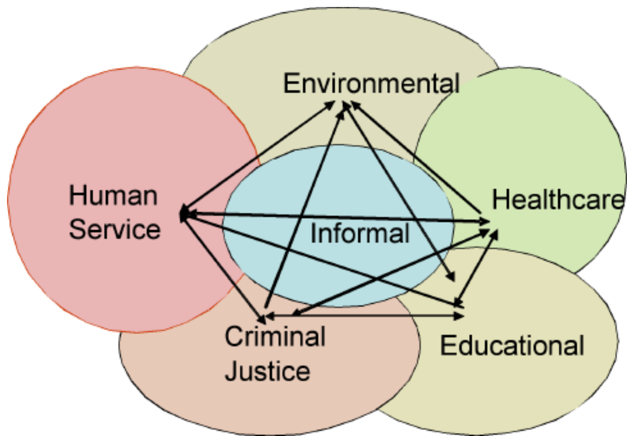
In completing the overall assignment, we took advantage of the wealth of existing data sources; made use of the many previous studies and reports that have been completed by various groups that address the health, social service, educational and arts and cultural needs in the county; incorporated the experiences and insights of health and social service providers and those seeking their services; used the Healthy People 2010 framework of goals and objectives to guide the assessment;, and took advantage of the existing research evidence on the relative effectiveness of various program initiatives and interventions in addressing the needs that were identified. The most challenging and time-consuming part of this project involved distilling this wealth of information into a condensed, readable summary and a set of concrete, persuasive, easily communicated priorities. All the information compiled in this broader county-wide effort is presented in the full report and its appendices.

Figure 1. Montgomery County's Eastern Collaborative Region



This report summarizes the information obtained in this assessment process about the environmental, health, educational, criminal justice and social service systems in the Eastern region. All of these systems overlap and are interconnected, as illustrated in Figure 2. One of the key roles of the Eastern Collaborative has been to make these systems work more effectively together, improving coordination and reducing "bad handoffs" between services providers. For example, a lack of adequate coordination between hospitals and home care agencies can cause hospital readmissions; failure to provide for post-discharge medications for a prisoner can cause a medical crisis; and a lack of early identification and referral to appropriate behavioral health programs can add to the problems faced by a student and her family.

Figure 2. Systems Addressing the Needs of Montgomery County Residents



This report first supplies a brief statistical summary of what can be measured at the regional level about the performance of each of these systems. It then provides a qualitative assessment of the performance of each of these systems through the insights of key informant discussion groups that were interviewed for the project. The final section summarizes and makes recommendations about the most important priorities that need to be addressed.

QUANTITATIVE ASSESSMENT

Environmental System

For our purposes, the "environment" includes all those characteristics of the Eastern region that shape the context in which the healthcare, educational, criminal justice and social service systems operate. That includes the physical environment, demographic, and social and cultural characteristics that shape the needs for services within the healthcare, educational, criminal justice, and social service systems.

Physical Environment

Bordered by Bucks County to the east and Philadelphia to the southeast, the Eastern region includes the older suburban areas connected to Philadelphia by commuter rail lines and intersected by the Pennsylvania Turnpike. There are a total of 17 federal Environmental Protection Agency superfund sites in Montgomery County, the largest number of any county in Pennsylvania, and two sites, one in Willow Grove and one in Hatboro, are in the Eastern region.

Demographics

The Eastern region, with a total population of 214,694 in 2000, is one of the more densely populated and least rapidly growing regions of the county. Addressing both the threats and taking advantage of the opportunities those changes pose should be a major focus of the Eastern collaborative. Those changes include the following:

- **A stable and aging population.** Overall population growth between 1990 and 2000 was 2.4 percent slower than the state as a whole. The population under age five declined 10.7 percent, while the over-75 population increased almost 24 percent.
- **Increasingly diverse.** While the white population in the region declined 4.4 percent, the black population increased 55 percent and the Asian population grew 58 percent. African Americans now account for 9.6 percent of the region's population, and Asians represent 4 percent, with Koreans accounting for about half of these.
- **Educated and affluent.** With the exception of the Southeast region, the Eastern region has the highest percent of persons over 25 with a bachelor's degree or higher (42 percent) and, the Eastern region has the second highest median household income ($61,205) among the county's five regions. However, the proportion of individuals and families in poverty, while small (2.2 percent), has increased.

More detail about the demographic changes in the region between 1990 and 2000 is provided in **Appendix I.**

The 2000 census provides some numbers about the size of the population with special needs in the region that are useful in thinking about services:

- 5.55 (2,493) of those between 5 and 25 years of age, 12.3 percent (14,599) of those between 21 and 64, and 32 percent (11,187) of those over 65 have a disability.
- 744 grandparents serve as primary caregivers for their grandchildren.
- 6,878 or 3.5 percent of persons over five years of age have limited English proficiency.
- 2.8 percent (4,678) of persons in the civilian labor force were unemployed.
- 2.2 percent (1,262) of families live below the poverty level.
- 6.3 percent (5,226) of households have no motor vehicle available.

- 34.8 percent (13,728) of renter-occupied households and about 24.3 percent (7,221) of owner-occupied households spend more than 30 percent of their income on housing costs, passing beyond the threshold of what is generally defined as affordable housing.

More detail on the demographic profile of the Eastern region in 2000 is provided in **Appendix II.**

Arts and Culture

Pottstown, in spite of its relatively high poverty rate and lack of growth in population is still perceived as the arts and cultural center of the region and key to its regional development. The Pottstown Symphony Orchestra is seen by residents as strong symbol of this potential strength. Some believe its small but growing community of artists will have the same impact on the development of Pottstown that similar community of artists had on the Northern Liberties in of Philadelphia.

Healthcare System

Resources

- The combined 780 licensed acute hospital beds of Abington Memorial Hospital and Holy Redeemer Hospital translates into a bed-to-population ratio for the region of 3.6 beds per 1,000 population, in contrast to 2.5 beds per 1,000 Montgomery County and 2.7 for Pennsylvania.
- The region appears to have an ample supply of physicians and specialty services. Primary care physician ratios and, particularly, specialty physician ratios tend to be above average for the county. (See Figure 24 and Figure 25 in the full county report)
- In contrast to the Western, North Penn and Central regions of the county, the Eastern region is a net exporter of specialty physician and acute hospital services. Abington alone accounts for about 22 percent of all hospital admissions for Montgomery County residents, three times the share of the next most frequently used hospital by county residents.

As described in the full report, lack of access to good primary care can increase rates of preventable hospital admissions, and lack of access to adequate care after hospital discharge can increase the rates of hospital readmissions. The costs of these preventable admissions and readmissions probably far exceed the cost of providing adequate primary care and post discharge services. (See the discussion of the Pennsylvania Health Care Cost Containment Council's estimates in the full county report). The Eastern region is well supplied with primary care and post–hospital discharge services.

Health, Access and Behavioral Risk Problems in the Eastern Region

Figure 3 provides estimates based on the statewide Centers for Disease Control's 2004 Behavioral Risk Factor Survey (BRFS) conducted by the Pennsylvania Department of Health. We have selected 23 key indicators of health, access and behavioral risk problems. Income and age have large effects on these indicators in a population. We have used 2000 census estimates of age and income in the region to create estimates of the value of these indicators for the region. A description of the methodology used in creating these estimates is included in Appendix VII and the more detailed tables used in creating the estimates in Appendix V of the full report.

Our estimates suggest the following:

- 16 percent (26, 9131) of the region's population over the age of 18 would rate their health fair or poor and 38 percent (61,370) had one or more days in the past 30 when their health was not good.

- 12 percent (19,277) of adults in the region have been told at some time they had diabetes, and 12 percent (20,166) have been told that they have asthma. Prevalence rates among children would be expected to be roughly comparable and higher in the lower-income population. Asthma-related childhood hospitalization and death rates in lower-income neighborhoods in the United States have risen.

- 12 percent (19,619) of adults in the region have lost more than five of their permanent teeth due to tooth decay or gum disease, while 23 percent (37,602) have not visited a dentist in the past year.

- 15 percent (13,435) of adults between the age of 18 and 65 in the region have no health insurance, 13 percent (21,476) of adults have no personal healthcare provider, and 12 percent (18,841) chose not to see a physician when they needed to in the last year because of cost.
- 23 percent (13,575) of women over the age of 40 have not had a mammogram in the past two years, 17 percent (14,965) of adult women have not had a pap test within the past three years, 21 percent (6,565) of men over the age of 50 have never had a digital rectal exam, and 41 percent (29,513) of adults over 50 have never had a sigmoidscopy or colonoscopy.
- 24 percent (39,421) of adults currently smoke, 23 percent (37,585) binge drink, 23 percent 37,457) did not participate in any leisure time physical activity in the last month, and 27 percent (43,422) are obese. According to the 2003 Pennsylvania Youth Survey, about 25 percent of high school seniors report currently smoking and 31 percent report binge drinking, and the rates in the Eastern region are probably roughly comparable.
- Estimates for all of these indicators are somewhat better for the Eastern region than for the county as a whole.

We have used small area "synthetic" estimates. This is a method of adjusting local data statewide survey results, suggested by the Pennsylvania Department of Health's Behavioral Risk Factor Survey, using local area information on the age and income distribution from the 2000 census and adjusted statewide survey estimates. More detailed tables and a description of the methodology used in creating these estimates are included in Appendix V of the full report.

Figure 3. Esimates of Health Problems, Lack of Access to Care and Behavioral Risks in the Eastern Region

	Eastern Region	
A. Health Status	**Percent**	**Number**
1. Percent adults health rated fair or poor	16%	26,913
2. percent adults 1+ days in past 30 physical health was not good	38%	61,370
3. Percent adults 1+days in past 30 mental health was not good	35%	56,591
4. Percent adults currently have asthma	12%	20,166
5. Percent of adults ever told had diabetes	12%	19,227
6. Percent adults have had 0-5 permanent teeth removed due to tooth decay or gum disease	82%	134,507
7. Percent limited in activities due to physical, mental or emotional problems	20%	32,407
B. Health Care Access		
1. Percent no health insurance (18-64)	15%	13,435
2. Percent no personal healthcare provider	13%	21,476
3. Percent needed to see a doctor but could not due to medical cost in past 12 months	12%	18,841
4. Percent visited a dentist in past year.	77%	125,451
5. Percent had teeth cleaned in past year	77%	126,162
6. Percent had flu shot in past year	37%	61,138
7. Percent who have ever had vaccination against pnenumococcal disease	28%	45,119
8. Percent women age 40+ who had a mammogram in the past two years	77%	45,403
9. Percent of women who have had pap test within past three years	83%	73,028
10. Percent of men 50+ who ever had digital rectal exam	79%	24,732
11. Percent of adults 50+ who ever had sigmoidscopy or colonoscopy	59%	42,292
C. Behavioral Risks		
1. Percent adults who currently smoke	24%	39,421
2. Percent binge drinking one or more times in past month (5+ drinks on one occasions)	23%	37,585
3. Heavy Drinker (Male > 2 per day, Female > 1+ per day)	14%	22,181
4. Percent of adults with no leisure time physical activity in past month	23%	37,457
5. Percent of obese adults	27%	43,422
Related Population Estimates		
Total Adult Population 18+	163,489	
Total Adult 18-64	125,969	
Total Adult Female	88030	
Total Adults 50+	71,985	
Total Male 50+	31,264	
Total Female 40+	59,025	

Sources: CDC Behavioral Risk Factor Surveillance System 2004 and U.S. Census 2000. See: Methodological Appendix for explanation of estimation process.

Birth and Death Outcomes

Many deaths and poor birth outcomes are preventable through reducing behavioral risks and increasing rates of prevention and early detection. **Figure** 4 summarizes all of the available death rate comparisons between the Eastern region, Montgomery County as a whole, and relevant Healthy People 2010 goals. These statistics on the Healthy People 2010 focus areas are reported for all counties by the Pennsylvania Department of Health.

Cancer, stroke, heart disease, and diabetes death rates are age adjusted rates per 100,000 population standardized to the 2000 United States population. Infant death rates are deaths per 1,000 births. The Eastern region rates below the county rate, highlighted in blue. More detail, including the confidence intervals surrounding each of these rates, is supplied in **Appendix V** of the full report. **Figure 4** identifies the following potential areas of opportunity for improvement:

- Heart disease death rates, still the most common cause of death in the county, are lower in the Eastern region than in the county as a whole. Improved diets, increased regular exercise, and reduced smoking rates could potentially reduce these rates further.
- Overall cancer death rates are about the same for the Eastern region as for the county, but above Healthy People 2010 goals. Reduced smoking rates, increased screening, and reduction of environmental risks could potentially reduce these rates further.
- The teen pregnancy rate in the Eastern region is below that of the county as a whole.
- Infant mortality rates are lightly above the county rates. Reducing the proportion of births receiving less than adequate prenatal care could improve this outcome.
- In terms of overall performance as measured by age-adjusted death rates from all causes, the Eastern region ranks among the top regions in the county.

Figure 4 Death Rates in the Eastern Region and Montgomery County 1999-2003

	Eastern	95 % CI*	Montgomery County	HP 2010 Goal
Focus Area #3: Cancer	189.9	182.75 - 197.05	192.5	159.9
Breast Cancer	30.0	26.19 - 33.87	28	22.3
Prostate Cancer	31.2	26.51 - 35.82	32	28.8
Cervical Cancer	1.7	0.78 - 2.64	1.7	2.0
Melanoma	2.7	1.83 - 3.53	2.9	2.5
Colon Cancer	18.7	16.51 - 20.92	19.9	13.9
Lung Cancer	48.8	45.12 - 52.39	48.8	44.9
Focus Area #12: Stroke	54.6	50.96 - 58.25	59.7	48.0
Heart Disease	184.7	177.93 - 191.41	204.9	NA
Focus Area #5: Diabetes (2003)	9.9	6.39 - 13.51	14.1	**45 (see note)**
Focus Area #16: Infant Death	6.8	5.29 - 8.27	5.6	4.5
Neonatal	5.5	4.17 - 6.85	4.4	2.9
Post neonatal	1.3	0.63 - 1.91	1.2	1.2
Focus Area #9: Births (15-17 yrs)	3.8	3.00 - 4.69	7.9	**43 (see note)**

Notes:

Focus Areas (relate to Healthy People 2010 indicators)

HP: Healthy People

Diabetes rates for HP 2010 Goal assumes diabetes is a primary or contributing cause of death.

Diabetes rates for Health Dept data assumes diabetes is the primary cause of death. Rate is for 2003 Only.

HP2010 rates for teen pregnancies include induced abortions

2003 Population Data Source: Montgomery County Planning Commission

[yellow] = Confidence Interval regional rate above County Rate

[blue] = Confidence interval for regional rate below County Rate

*Death rates will fluctuate in a finite population. The "95% confidence interval" indicates the range in which we are 95% sure that the "true" rate (assuming an infinitely large population) would lie.

Educational System

Figure 5 summarizes the demographic and performance characteristics of eight of the reporting school districts within the boundaries of the Eastern region.

Abington School District, which accounts for 25 percent of the enrollment among these schools, is also the most diverse (28 percent nonwhite) and has the highest percent of low-income students (10.6 percent). The region performs above the average of the county on math and reading and on SAT scores.

A growing number of school children are diagnosed with chronic conditions, such as attention deficit disorder and asthma, which require management during the school day. School nurses have assumed increasing responsibilities for supervising the administration of medications for children. **Figure 6** illustrates the size of the problem in the school districts in the Eastern region. In the Eastern region, in the 2002-03 school year, prescription medications for ADD/AHD, asthma, and other chronic conditions were administered at a rate of 1.75 doses for every student enrolled.

Figure 5. Eastern Region School District Demographics and Performance Indicators

	Abington SD	Cheltenham Township SD	Hatboro-Horsham SD	Jenkin-town SD	Lower Moreland Township SD	Springfield Township SD	Upper Dublin SD	Upper Moreland Township SD	Eastern Region	Mont-gomery County	State
Race of Pupils											
Am Ind/ Alask Nat	11	3	8		2	2	2	1	29	122	2,602
Asian/Pacific Islander	446	215	369	16	163	57	465	136	1,867	6,372	42,870
Black (Non-Hispanic)	1,440	402	218	30	9	293	335	252	2,979	12,416	292,045
Hispanic	154	62	80	11	23	40	28	73	471	3,120	110,003
White (Non-Hispanic)	5,287	3,970	4,787	525	1,656	1,675	3,585	2,642	24,127	74,764	1,380,569
Total	7,338	4,652	5,462	582	1,853	2,067	4,415	3,104	29,473	105,668	1,828,089
% of Region	25%	16%	19%	2%	6%	7%	15%	11%	100%	100%	100%
%Black	19.6%	8.6%	4.0%	5.2%	0.5%	14.2%	7.6%	8.1%	10.1%	11.8%	16.0%
%Hispanic	2.1%	1.3%	1.5%	1.9%	1.2%	1.9%	0.6%	2.4%	1.6%	3.0%	6.0%
%Asian	6.1%	4.6%	6.8%	2.7%	8.8%	2.8%	10.5%	4.4%	6.3%	6.0%	2.3%
Poverty											
Low Income	10.6	4.0	6.4	4.6	1.0	4.4	4.0	7.5	6.3	12.6	29.1
TANF 2004	90	53	29	2	1	12	23	36	246	1,712	101,400
Performance											
% PSA Math Below Basic	10%	16%	7%	7%	6%	12%	12%	12%	11%	13%	26%
% PSA Reading Below Basic	8%	10%	8%	4%	4%	11%	6%	7%	8%	10%	20%
SAT Verbal	528	524	512	555	537	513	546	513	526	487	501
SAT Math	534	550	517	535	565	512	573	502	536	491	502
Per Pupil Cost	10,206	11,754	10,010	13,516	11,060	9,852	9,305	9,927	$ 10,344	$ 10,408	$ 8,997
Sources:											
Pennsylvania Department of Education											
http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&Q=70724											
Standard and Poors School Matters											
http://www.schoolmatters.com/											

Figure 6. Medication Doses by Individual Order of Family Physician or Dentist Eastern Region

	Number of Students	Psychotropics (ADD/ADHD &	Asthmatics	Other	Total	Per Sudent
Abington SD	9,935	7,444	1,749	3,635	12,828	1.29
Cheltenham Township SD	7,175	6,038	3,216	4,717	13,971	1.95
Hatboro-Horsham SD	6,300	6,583	2,042	4,349	12,974	2.06
Jenkintown SD	788	420	147	335	902	1.14
Lower Moreland Township SD*	NA	NA	NA	NA	NA	NA
Springfield Township SD	4,436	3,012	1,178	6,744	10,934	2.46
Upper Dublin SD	5,503	4,695	1,337	1,058	7,090	1.29
Upper Moreland Township SD	3,609	3,098	992	3,300	7,390	2.05
Eastern Region	37,746	31,290	10,661	24,138	66,089	1.75

Source: Pennsylvania Department of Health. Medication Administration for School Year 2002-2003 Apri 14, l 2005.
http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&q=234265
*Data reported by school districts. The repsponsibility for the accuracy lies with the individual school districts and, in some cases, may have been incorrectly reported. Lower Moreland Township statistics were excluded due to apparent reporting errors.

Figure 7. School Violence and Weapons Possession in the Eastern Region 2003-2004					
		Inicidents	Incidents		Offenders
	Enrollment	Number	Per 1,000	Offenders	Per 1000
Abington SD	7,411	9	1.21	15	2.02
Cheltenham Township SD	4,734	7	1.48	8	1.69
Hatboro-Horsham SD	5,343	28	5.24	29	5.43
Jenkintown SD	569	5	8.79	4	7.03
Lower Moreland Township SD	1,755	1	0.57	1	0.57
Springfield Township SD	2,062	48	23.28	49	23.76
Upper Dublin SD	4,406	15	3.40	19	4.31
Upper Moreland Township SD	3,108	16	5.15	21	6.76
Eastern Region	**29,388**	**129**	**4.39**	**146**	**4.97**
Montgomery County SD	**101,966**	**590**	**5.79**	**639**	**6.27**
Pennsylvania Schools	**1,821,146**	**22,831**	**12.54**	**22,696**	**12.46**
Source: Pennsylvania Department of Education. Violence and Weapons in Schools.					
Accessed October 31, 2005. http://www.safeschools.state.pa.us/vwp.aspx?command=true					

Figure 7 summarizes the violence and weapons incidents in school districts in the Eastern region during the 2002-2003 school year. A total of 37 students were arrested, 74 suspended, 19 expelled, and 17 assigned alternative education. Many of these students become the responsibility of the criminal justice system.

Criminal Justice System

Crime has the most costly and most destructive influence on the health and quality of life of communities. It is the end result of individual, family, school, faith-based, social service, and community, regional and national failures. Between 2002 and 2004Part I, violent or property crimes such as murder, manslaughter, rape, robbery, assault, burglary, and larceny, increased 4.4 percent in Montgomery County. That is still 17 percent below the overall state rate and less than half the national rate. Part II crimes, less serious property and public order offenses, declined by 1.2 percent between 2002 and 2004 and were 9 percent below the state reported rate. The reported Part II crimes that increased the most in Montgomery County between 2002 and 2004 were embezzlement, offenses against families and children, and prostitution. As indicated in **Figure 8**, crime rates for Part I reported crimes in the Eastern region were below county and state rates. Part II reported crimes in the Eastern region were higher than the county rate in the boroughs of Jenkintown and Rockledge. While incarceration rates in Montgomery County are relatively low compared to state and national rates, they are substantially higher than in other countries. Three-year post-release re-incarceration rates in the Pennsylvania state correctional system are about 45 percent.

Figure 8. Reported Crimes In the Eastern Region 2004			
Part I. Crimes			
Police Department	**Population**	**Total**	**Rate.100,000**
ABINGTON TWP	56,249	1,196	**2,126**
BRYN ATHYN BORO	1,372	11	**802**
CHELTENHAM TWP	37,138	1,231	**3,315**
HATBORO BORO	7,405	108	**1,458**
HORSHAM TWP	25,170	332	**1,319**
JENKINTOWN BORO	4,474	45	**1,006**
LOWER MORELAND TWP	11,702	196	**1,675**
ROCKLEDGE BORO	2,576	33	**1,281**
SPRINGFIELD TWP	19,624	227	**1,157**
UPPER DUBLIN TWP	26,687	403	**1,510**
UPPER MORELAND TWP	25,140	452	**1,798**
County Total	775,492	17,043	**2,198**
State Total	12,406,292	326,985	**2,636**
Part II Crimes			
Police Dept.	**Population**	**Total**	**Rate/100,000**
ABINGTON TWP	56,249	2,374	**4,221**
BRYN ATHYN BORO	1,372	24	**1,749**
CHELTENHAM TWP	37,138	1,246	**3,355**
HATBORO BORO	7,405	210	**2,836**
HORSHAM TWP	25,170	465	**1,847**
JENKINTOWN BORO	4,474	373	**8,337**
LOWER MORELAND TWP	11,702	528	**4,512**
ROCKLEDGE BORO	2,576	370	**14,363**
SPRINGFIELD TWP	19,624	258	**1,315**
UPPER DUBLIN TWP	26,687	497	**1,862**
UPPER MORELAND TWP	25,140	918	**3,652**
County Total	775,492	35,449	**4,571**
State Total	12,406,292	625,008	**5,038**
Source: Pennsylvania State Police Uniform Crime Reports			

Social Service System

The social service system primarily provides assistance to those that need help whose basic needs are unmet by other systems. A complex patchwork of services, food programs, housing programs, and income supports are provided for the physically and mentally challenged and the indigent. This section concentrates on the major components of this system.

Figure 9 summarizes the number of persons receiving welfare benefits living in townships and boroughs in the Eastern region of Montgomery County as of September 2003.

A total of 7,844 (3.7 percent) were receiving some form of assistance (General Assistance, TANF, Foods Stamps, SSI, and Medical Assistance) and 5,843 received full Medicaid coverage. Hatboro Borough had the highest percent of its population receiving some form of assistance (7.9 percent). In Pennsylvania in Fiscal Year 2003, 12 percent of those eligible for Medicaid benefits were over the age of 65, and this group accounted for 33 percent of all vendor payment. Twenty six percent of all vendor payments in the Pennsylvania Medicaid program went to nursing facilities. (See http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/MSISTables2003.pdf). One would expect a roughly similar breakdown in the Eastern region,

A special concern of the social service system is the welfare of children. As indicated in **Figure 10**, a total 202 cases in the region of child abuse and neglect were referred to the Montgomery County Office of Children and Youth in 2004. The rate of referrals to total population was highest in the Hatboro Borough of Norristown (1.9 per 1,000).

Figure 9. Eastern Region Public Welfare Benefits, September 2003

Municipality	Total Population	Cash Non-TANF	Temporary Assistance to Needy Families (TANF)	Food Stamps (FS)	Medically Needy Only (MNO)	Medically Needy Program (MNP)	Supplemental Security Income (SSI)	All Assistance	Medicaid Full Coverage*
Abington Township	56,103	34	65	407	301	1177	759	2743	2,035
Bryn Athyn Borough	1,351	1	0	2	2	16	5	26	22
Cheltenham Township	36,875	21	45	183	209	774	268	1500	1,108
Hatboro Borough	7,393	13	10	88	79	319	78	587	420
Horsham Township	24,232	12	9	63	107	378	61	630	460
Jenkintown Borough	4,478	2	3	25	14	85	40	169	130
Lower Moreland Township	11,281	4	7	51	58	172	79	371	262
Rockledge Borough	2,577	0	1	5	5	21	7	39	29
Springfield Township	19,533	10	5	48	183	559	218	1023	792
Upper Dublin Township	25,878	7	8	45	41	215	86	402	316
Upper Moreland Township	24,993	7	14	65	20	174	74	354	269
Total	**214,694**	**111**	**167**	**982**	**1,019**	**3890**	**1,675**	**7,844**	**5,843**

*Cash non-TANF, TANF, MNP and SSI are basically Medicaid full coverage benefits

MNO represents medically needy only which only covers hospital visits and non ongoing Rx or Dr's visits

FS are not medical assistance

Source: Special Run Montgomery County Assistance Office, 1931 New Hope St., Norristown, PA 19401.

Figure 10. Child Abuse and Neglect Referrals in the Eastern Region 2004

Municipality	Total population	Child Abuse Referrals	Child Neglect Refferalls	Total	Total Per 1,000 Population
Abington Township	56,103	46	34	80	1.4
Bryn Athyn Borough	1,351	0	0	0	0.0
Cheltenham Township	36,875	23	20	43	1.2
Hatboro Borough	7,393	7	7	14	1.9
Horsham Township	24,232	17	5	22	0.9
Jenkintown Borough	4,478	2	0	2	0.4
Lower Moreland Township	11,281	4	2	6	0.5
Rockledge Borough	2,577	0	1	1	0.4
Springfield Township	19,533	4	3	7	0.4
Upper Dublin Township	25,878	4	5	9	0.3
Upper Moreland Township	24,993	9	9	18	0.7
	214,694	**116**	**86**	**202**	**0.9**

Source: Montgomery County Office of Children and Youth, 2004 Annual Report
http://www.montcopa.org/mcocy/AnnualReport2004website.pdf

The census distinguishes persons living in households and those living in "group quarters" (institutional settings such as prisons and nursing homes and group homes for those with disabilities, drug and alcohol or mental health rehabilitation needs). As indicated in **Figure 11**, a total 5,266 (2.5 percent) were housed in group quarters. Nursing homes accounted for 2,775 of this total.

Poverty is related not just to social welfare needs but is strongly related to health, educational, and criminal justice problems. As indicated in **Figure 12**, the highest percent of persons living below poverty were in Cheltenham Township (5.1 percent) and in Jenkintown (5.1 percent). Forty-three percent all persons in poverty are either under the age of 18 or over the age of 65.

The implications of all of these statistics on the lives of people in the Eastern region and on those providing health and social services to them are discussed in the next section, the qualitative assessment.

Figure 11. Group Quarter Population by Selected Types in the Eastern Region

	TOTPOP	Percent in Group Quarters	Total Group Quarters	Institu-tional-ized popula-tion	Nursing homes	Juvenile institutions	Long-term care:	Homes for abused, dependent, and neglected children	Group homes
Abington township	56,103	1.8%	984	608	608	0	0	0	133
Bryn Athyn borough	1,351	10.5%	142	0	0	0	0	0	56
Cheltenham township	36,875	3.8%	1,397	536	536	0	0	0	12
Hatboro borough	7,393	0.2%	13	9	9	0	0	0	0
Horsham township	24,232	1.0%	237	2	2	0	0	0	64
Jenkintown borough	4,478	0.3%	12	0	0	0	0	0	0
Lower Moreland township	11,281	1.1%	126	109	109	0	0	0	7
Rockledge borough	2,577	0.0%	0	0	0	0	0	0	0
Springfield township	19,533	6.8%	1,334	961	851	99	95	95	0
Upper Dublin township	25,878	1.4%	366	256	170	86	82	0	10
Upper Moreland township	24,993	2.6%	655	430	430	0	0	0	70
Total	**214,694**	**2.5%**	**5,266**	**2,911**	**2,715**	**185**	**177**	**95**	**352**

Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see http://factfinder.census.gov/home/en/datanotes/expsf1u.htm.

Figure 12. Persons Living Below Poverty in the Eastern Region by Poverty Status by Age and Minor Civil Division in 1999

	Total Popual-tion	Income in 1999 below poverty level:	Total Percent Below Poverty	Under 5 years	5 years	6 to 11 years	12 to 17 years	18 to 64 years	65 to 74 years	75 years and over
Abington township	55,235	1,992	3.6%	94	28	126	102	1,220	175	247
Bryn Athyn borough	1,211	44	3.6%	5	2	2	0	24	4	7
Cheltenham township	35,547	1,803	5.1%	104	0	231	215	1,050	67	136
Hatboro borough	7,375	242	3.3%	20	0	19	19	96	53	35
Horsham township	23,997	577	2.4%	15	7	65	37	373	39	41
Jenkintown borough	4,471	227	5.1%	9	0	12	16	125	18	47
Lower Moreland township	11,175	233	2.1%	6	0	21	23	116	50	17
Rockledge borough	2,577	77	3.0%	0	4	0	0	38	14	21
Springfield township	18,578	652	3.5%	35	4	44	11	271	89	198
Upper Dublin township	25,625	779	3.0%	46	10	64	113	425	63	58
Upper Moreland township	24,673	1,214	4.9%	93	27	80	30	753	76	155
Total	**210,464**	**7,840**	**3.7%**	**427**	**82**	**664**	**566**	**4,491**	**648**	**962**

Source: US Census 2000

Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

http://factfinder.census.gov

QUALITAT
ASSESSM

QUALITATIVE ASSESSMENT

The qualitative assessment involved listening to people representing different perspectives touched on by the statistics in the previous section. Two separate hour-and- a-half group discussions were held with service providers in the region. The Eastern Regional Collaborative assisted in selecting the participants and hosting these sessions. A total of more than 20 professionals participated in these two sessions.

Session 1. Abington Memorial Hospital (AMH)

The participants included two nurses, one social worker, two community health outreach workers (one working with seniors), one hospital administrator, one housing coordinator, one child psychologist, and one case manager.

When asked about the positive and unique aspects of the region, the participants said that AMH was the only trauma center and the staff does a great job with tertiary care. After trauma, people need many services and AMH provides information, conducts outreach, and provides free and reduced cost care. AMH is good at linking patients to services once they show up. "AMH does a great deal with the hospital's money and creativity. The clinical staff in social work found an apartment for a woman who wasn't even a patient."

Another noteworthy occurrence was while staff was working in the African American community, many needy Koreans were identified. AMH staff has connected with the ministers serving the Korean community (75 percent of the people are religiously affiliated) and have developed breast and cervical cancer outreach program to women in their own language. AMH has also worked to link Korean families to the North Hills Health Center, where there is a Korean nurse and doctor. Abington has hired Korean nurses to work in its community health department, in ob-gyn and in pediatrics.

Abington and Upper Moreland police do a good job handling involuntary commitments ("302") gently although participants noted that they have a hard time placing demented elderly who are agitated.

Issues

Consistent with what was heard in previous sessions in other regions of the county, the major issues are a lack of transportation, fragmentation of services, difficult and incomplete discharge planning, and a lack of sustained operating funds. Concerns were expressed that if people have the full range of information about existing services, it will lead to excessively high service utilization.

Healthcare service gaps. Case managers said they do not know how to reach the frail elderly. The Asian community doesn't usually access services until someone is really sick. Access to services is especially difficult for undocumented people and those not covered by insurance. Insurance companies give them a hard time about services and eligibility. For example, some people are unable to get ambulance transport.

> ***"We have a health system that is broken and not fixable. We need to engage families with some hope and get people the help they need. The system, in its current format, can only take nibbles at the issues."***

There is a need for a wide range of social services. To apply for benefits, an applicant must get to Norristown and that is difficult for some people. There was supposed to be a DPW office in Abington but it was never opened but everyone agreed it would be a welcome addition. "The only resource is the phone book, and you get the run-around from some agencies when you call."

Transportation. AMH has five vans to get people to the hospital for services, but there are few volunteers to drive to doctors' offices or to the market. Most people are unwilling to make a regular commitment to drive. Caseworkers become overwhelmed and sometimes transport clients on their own. It is hard to get volunteers to drive from Abington to Norristown. Shared Rides goes to Philadelphia or to eastern Montgomery County but not to Norristown.

Emergency housing. Emergency housing is critical for people between the ages of 50 and 55 who receive Medicare and Social Security. There are few services for people under 60. There are no resources for people who cannot afford to pay about $400/month, and affordable housing is scary. In subsidized housing salary is considered but not personal assets so there are many people with resources who live there. The waiting list for senior housing is five years long. The participants said there are no shelters for battered women, and recently the police sent one woman to Allentown because there was not a closer facility.

Abington Township has a homeless population; there are women living in their cars in the parking lot of Willow Grove Mall. There was a woman that needed to be in a shelter and even police chief couldn't get her a closer placement than Allentown. Many undocumented people come from a center in Bensalem and from North Philadelphia. If a house is condemned, neighbors call the police who bring the resident to AMH.

AMH becomes the very costly shelter of last resort because as one participant pointed out, "We cannot send you home to a car." The patient who stayed the longest was there for three years and there are two or three other "social admits" who stay for months in the hospital at any given time.

The affluent vs. the poor:

"There is some backlash from the 'perfect' people. There is alcoholism that they do not acknowledge domestic violence and elder abuse. Three cases of elder abuse jumped to 350 in one year. There was one house a worker visited that was crawling with cockroaches. There are real gaps between the haves and have-nots. People do not advertise that they are poor and so many do not take advantage of the programs that do exist. One participant noted that the affluent say, "Why have the programs since we do not have the problems?"

> ***"People think the Eastern region of the county is very affluent but the same problems exist here as in the rest of the county. The situation is desperate for some of these people."***

Providing information. People think if a region provides services, it will attract people, like IV drug users, from bad areas in Philadelphia. Service providers feel they will be overwhelmed if the information about available services is 'out there.'"

Mental illness: There is a stigma associated with mental illness. People say, "There is none of that here; 'they' go to Brittany Point."

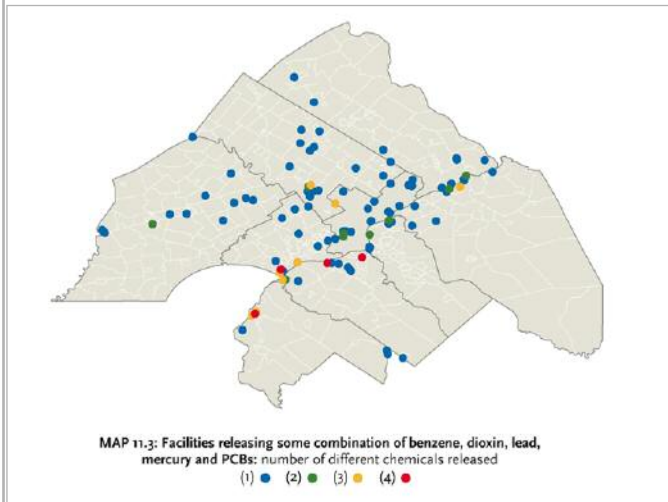
On participant said, "It is the way the children are being raised. Parents are children themselves." She told about an autistic and agitated boy who beats up his mother periodically—she can afford caregivers but they aren't allowed to touch him. However, the mom cannot find appropriate services. "If people do not fit into specific category, it is hard to place them. Whom are people supposed to call if the information isn't in the phone book? There are a lot of services in Norristown, but nothing here. The nearest mental health services are in Lansdale; you cannot go to rehab, you have to 302 him."

The participant suggested that providing support for education to reduce the stigma associated with mental illness would be helpful. They also said that people who do not speak English have a great deal of trouble accessing services and that providing support to make services available in other languages would be helpful. They noted that providing small grants to pay for medications or the electric bill on a one-time basis for people who do not fit into a specific program sometimes keeps them from spiraling downward. One participant suggested that the foundations should, "stop the feast or famine. Provide ongoing operating support for agencies that struggle to do their work. Small programs fill a niche that consolidation cannot address." Finally, they suggested implementing a PACE program (the On-Lok model) for the frail elderly on Medicaid.

Session 2. Social Workers and Community Outreach workers

The participants included several social workers working with children through seniors and people doing community outreach. Many were members of the Eastern Regional Collaborative.

When asked about the positive and unique aspects of the region, the participants said that there are 23 school districts in the county and those in the Eastern region provide good support services. At various schools, the participants said that there were strong social services, good school health programs, and good guidance programs. The Abington Community Taskforce (ACT), which was started because of the gang-related Eddie Pollack murder, is a community coalition that works to "increase awareness and respect for diversity within our community" and provides support for parents and teens.



MAP 11.3: Facilities releasing some combination of benzene, dioxin, lead, mercury and PCBs: number of different chemicals released

Issues

Schools. The participants discussed, at length, the strengths and weaknesses of the various school districts in the Eastern region of the county. The following are representative highlights about a few of the school districts.

Several schools were noted for having strong health and guidance programs. One school was recognized for doing a good job with special needs students who are the children of new immigrants and people with service-sector jobs. Many families move to this district as a result. The participants focused on two school districts where there is a great deal of diversity. They have a mix of children from affluent families and students from a facility that serves children with emotional disturbances and other special needs.

There are several very small districts, described as insular, with few students and high per-capita spending. There are also several very large districts with some excellent programs, but significant problems including racial disparity and large performance gaps between the "haves and have-nots."

Diversity. Eastern Montgomery County is an older suburban area, with aging housing stock and the greatest population density in the county. The area is extremely racially diverse. There are many Asians: Koreans, Indians (from the Kudarah area, who live around Hatboro), and Chinese, who are largely assimilated. There are many African Americans who have moved north from the city, as well as from an established population of African Americans who have lived in La Mott (a stop on the Underground Railroad) since the Civil War. There is a growing number of Hispanic families. As the population has shifted to include more new immigrants and minorities, things have been stressful in several areas. The changes in the composition of school districts have been dramatic and some residents have had difficulty adjusting. For the last few years, one district has been working to address diversity issues. However, many of the newer arrivals are resource challenged. Several participants expressed that there is an undercurrent of resentment about providing services to disadvantaged people when many working poor are facing difficult issues as well but do not qualify for the same programs.

School nurses. Each district has its own medical director, processes, and procedures. The nurses feel isolated, overworked, understaffed, and they lack necessary resources. They believe they are buried in school district bureaucracy and restricted by the wishes of the principals. Only recently have they begun to call the county health department for help.

Transportation. Public transportation stops at Horsham. There is the Riders Club Cooperative, which is 501(c)3 private transport service for seniors who no longer drive and special needs children who need to be transported. It also provides private transport to private schools up to three counties away. Drivers are retired and semi-retired people in the community, working part time, and

receiving 75 percent of the fare driving their own cars. Because of co-op status, they are exempted from own auto insurance exclusion. It receives no outside funding.

Insurance companies generally require taxicab coverage for the drivers but there is a waiver from coverage if the company is a nonprofit (exempt under Pennsylvania statute from having drivers insured at a taxicab rate).

"There is zero future for some of the children. We see an 18-year-old with drug and alcohol problems; what's going to become of him? They have to slay so many dragons before there is a glimmer of hope."

They provide door-through-door transportation. Liability is covered by their insurance. However, it is very costly for people to join: $59 to join, $9/ride (two miles minimum) in each direction with an advance reservation. Some school districts pay to transport their students. There is an underground economy; drivers get 1099s as a distribution from the co-op, not salary.

Drugs. There is a dead-end population of young people who aren't going anywhere. Drug experimentation begins in middle school and there is a never-ending supply. The participants agreed that alcohol should be included as a drug. Students self-medicate to address life stressors. "We live in a drug culture."

Education. Many of the school districts are very diverse and have a mix of high and low achievers. In some districts, there have been racial tensions among different minority groups for years. There is one district where African Americans believe the gap is so big that if you aren't a high achiever, or a special needs student, you do not want to go there. There is a significant range of affluence among schools in the county and even in this one region.

Intermediate units have to be invited into a school and there is a stigma for students with working at the IU. While many students do well in school, there is teen depression among those who aren't as successful. The county has a good vocational education system and perceptions about going to "vo-tech" are changing, but most people want their children to be in the academic track. Schools do not have programs to support students who are graduating without skills and are only eligible for entry-level jobs at $6.00/hour. "Kids have to be guided to a trade." Surveys were conducted of special needs students in two districts regarding transition after high school. It was learned that the needs of students using one-to-one services were not being met. For example, students who stayed in school and never had the chance to complete an outside placement or internship "drop off the cliff at the end."

Parents cannot help them and do not know what to do. "We haven't yet really adjusted to teenagers—they postpone adulthood but have nothing to do in between. Our approach to sexual reality and expression is shoved under the rug. What comes naturally is now not allowed."

"The most significant issue in the region is chronic poverty."

The participants suggested that providing translation of materials and interpreters with cultural competence to address the language needs of the many immigrants in the county would be helpful in helping them access the services they need. They also thought that developing a clearinghouse on best practices, guidelines, and cultural competence would be something that could be shared in other regions of the county. As in other areas, this group of participants believes that in order to address child abuse, we must provide parenting education. They also agreed that the main issues to be addressed centered on the general problems of chronic poverty and meeting the needs of the working poor.

CONCLUSIONS

Summary

The quantitative assessment of the Eastern region presented in this report describes a stable suburban area connected to the city of Philadelphia, which it borders. Its population grew by only 2.4 percent between the last two censuses, lower than the rate of growth of Pennsylvania as a whole. Among the five regions in the county, it has the second highest median household income ($61,205) and the second lowest percent of individuals in poverty (3.7 percent). Just as in the rest of the county, however, the percent of persons living below poverty has risen. The health of the region reflects this relative affluence. Age-adjusted death rates from stroke, heart disease, and diabetes are lower than the county rates. The rate of teen births is also lower than the county rate. Its schools perform better on standard achievement tests than the county as a whole, and its crime rates are also generally lower.

The concerns of the key informants summarized in the qualitative assessment in this report focused on addressing the multiple needs of a largely hidden low-income population in the midst of relative affluence. They expressed the need for more effective community leadership, improved access to services, and an improved basic infrastructure. Their "wish list," summarized in **Figure 13**, focused on three needs. One need is for better leadership training for parents, peers, and community members so that they can better perform their roles and serve as more effective advocates for the support of critical services and needed institutional changes. Another need is to expand access to services across systems: healthcare, schools, criminal justice, and social services. The third need is to assure that the basic infrastructure is in place so that services such as housing, fluoridation, information, transportation, and workforce development can be provided cost effectively.

In the full report, we assess Montgomery County's efforts to address the health and social needs of its population. The major challenges it faces are the following:

- The fragmentation of services.
- The concentration of the largest health and social service needs in Norristown and a few boroughs that by themselves lack adequate resources to address them.
- The financial pressures and demands for narrowly focused accountability on providers that undermine their capacity to address the complex needs of the population and further fragment care.

Most participants in the collaborative support the two basic long range goals of the national Healthy People 2010 initiative: (1) longer, higher quality lives and (2) the elimination of the disparities in opportunities for achieving such lives. They are less clear on how best to achieve these two goals. In the full report we spell out more specific, measurable, longer-range objectives related to these two goals and some possible "middle range" strategies for achieving them. Those strategies include (1) a coordinated countywide initiative to reduce smoking, obesity and sedentary lifestyles; (2) implementation of life transition plans for the first five years of life and service provider discharges; (3) expanded school health programs; (4) creation of a consolidated funding and coordination plan; and (5) a coordinated advocacy program. In our recommendations in this report, however, we focus on the more immediate opportunities.

Figure 13. Summary of the Eastern Region Key Informant Wish List for Expansion and Improvement of Health and Wellness		
Community Leadership		
		Provide on-going operating support for agencies that struggle to do their work.
		Without support, providing the full range of information about existing services will lead to excessively high service utilization.
		A DPW office is needed in Abington
		Address domestic violence
		Provide community programs about the stigma of mental illness.
		Provide small grants for rent or medication so people don't spiral out of control.
		Parenting education
Access to Services		
	Those with limited English language proficiency	
		Enhance supply of materials written in languages spoken in Montgomery County
		Provide trained interpretation for medical and social services
		Develop a clearinghouse to gather best practices for work with immigrants.
	Frail Elderly, Chronically Ill & Disabled	
		Case managers have a hard time reaching frail elderly
		Address cases of elder abuse
		Develop a comprehensive service program using the On-Lok model
	Healthcare	
		Incomplete discharge planning
		Asians frequently do not access healthcare services
		Those without documentation lack insurance and have limited access
		Hospitals provides space for 'social admissions'
		Mental health community services
	Childhood Services	
		Provide support for school nurses
		Provide support to address teen depression
		Programs to train students in marketable skills
		Support for families in poverty to break the cycle
Infrastructure		
	Affordable Housing	
		Emergency housing for those between 50-55
		Lack of affordable housing
		Lack of local shelters for victims of domestic violence
	Fluoridation	
		Preventive dental services
	Information	
		Information (multiple mentions)
	Transportation	
		Transportation for the frail elderly to services
		Lack of transportation; it is difficult to get to the other side of the County
	Workforce Investment	
		School to work transition particularly for at risk students

RECOMMENDATIONS

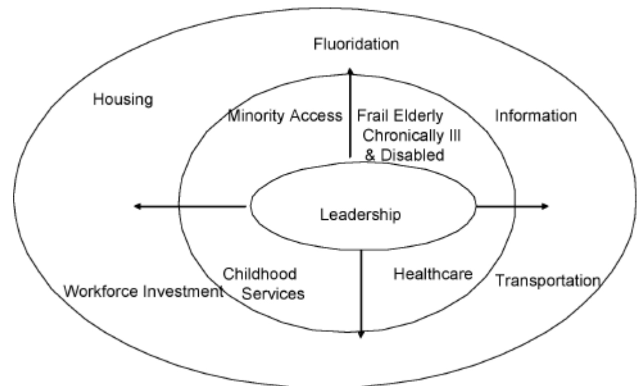
The statistical analysis and our discussions with key informants presented in this regional report identified many needs. We will focus on what we believe are the best immediate opportunities for moving the region towards longer, higher quality lives and the elimination of the disparities in achieving such lives While there are variations in emphasis by region, the opportunities in each region are essentially the same. Thus, the more the regions can work together, the more successful they will be in taking advantage of those opportunities.

Figure 14 summarize those opportunities. They are represented by three concentric circles- widening ripples that we believe will reshape the systems of services, address the critical needs and assure the longest and best possible quality of lives for all. The three concentric circles represent the necessary conditions:

1. **Leadership:** advocacy and management to drive systems improvement.
2. **Access:** accessible services that meet the complex, multiple needs of the region's most vulnerable populations.
3. **Infrastructure:** support for leadership and access.

The circles include the "top ten" priorities for an action agenda for the funders, the regional collaborative and their supporting partners. These priorities and evidence supporting these priorities for the Eastern region will be summarized below. We have also organized the major recommendations of our key informants in **Figure 14** to show how they fit into these recommended priorities.

Figure 14. Priority Needs



Leadership

Community leadership is perhaps the most essential need. Many of the key informants we spoke with were troubled by the erosion of resources and disengagement of service providers from addressing the real problems of communities and individual residents. Without effective leadership that erosion and disengagement will accelerate.

Advocacy

The resources in many areas are inadequate to meet existing needs and, without forceful, credible advocacy, the gaps are likely to grow. Grassroots efforts need to be energized and focused. The real "movers and shakers" of health and social service reform have always been the patients or clients, their families, and those in local communities that care for them. It is best illustrated by civil rights movement efforts to assure equal access to care for minorities. It has proved particularly effective for those with developmental disabilities, mental health and drug and alcohol problems and chronic conditions. The arts and cultural efforts have always helped to communicate

their needs in their most human and persuasive fashion and to create the pride and sense of community that is necessary to address them. An immediate priority should be to advocate for local leadership training and development.

Management

Advocacy will not be effective if resources are not managed efficiently and squandered by duplication. Management is by far most underdeveloped component of the health and social service systems. Consumers, service providers and funders face a bewildering fragmented maze; it requires heroic effort to that assure people get what they need, that providers respond effectively to those needs, and that funders preserve scarce resources. In general, nothing is a more needed and more challenging task than the effective harnessing of public, private and voluntary sector efforts. In Montgomery County, partly as a result of the commonwealth structure of governance, historically independent development of various components of the county and the Eastern region, aversion to centralized control, and uncritical faith in the market, problems are hard to address.

It is not just the consumers of services that have problems in figuring how things work. Many of the key informants we talked with were often equally bewildered. The Eastern Regional Collaborative represents as much a symptom of the problem as a promise of its resolution. Many of the key informants we talked with had difficulty clearly explaining the mission and goals of the collaboratives: Are they simply an informal way of meeting to share information and identify resources for addressing the needs of their individual clients or are they a policy making body with the authority to allocate resources and impose order on the service system? Are they a county initiative or the outgrowth of local service provider efforts? Even in the Eastern region answers differed. Just as with the other collaboratives, the answer lies somewhere between the promise a coherent system and the embodiment of a fragmented system that defends insular prerogatives and studiously avoid addressing the underlying structural problems. The partners in this project can play a critical role in shaping the evolution of these organizations. We see four immediate management priorities:

1. *Clarify the role of the collaboratives in the planning and management of services and provide them with the budgets and authority that is appropriate.*

2. *Concentrate the resources on where the need is greatest.* Within the county, Norristown has by far the greatest needs and several other smaller pockets of need require attention. The partners in the Bucks County Health Improvement Program chose to pool their resources and concentrate them where they were needed the most. An even more convincing case for such concentration could be made in Montgomery County and in the Eastern region.

3. *Expand the partnership to include the leadership of all of key resources that have a stake in the effective addressing of needs in the county.* The partners in this project should be commended for their leadership in initiating this effort, pooling their resources and moving away from a piecemeal fragmented approach. However, it has become clear that the goals and the resulting actions necessary to achieve them far exceed their limited resources. Many other stakeholders will need to come to the table. This includes leadership from private business, the larger health systems, schools, universities, and other research institutions equally concerned about the future health and quality of life of Montgomery County residents.

4. *Invest in the ongoing maintenance of a management reporting process.* Reports such as this by themselves are lifeless, soon dated, and, at best, relegated to end tables in reception areas. An ongoing reporting process, a “leadership dashboard” that lets leaders know whether they are moving in the right directions and aids in midcourse corrections would breathe life into it. It could also helps to facilitate greater consensus about what is important enough to measure and how to collect and report it. Such a reporting process can provide transparency, align goals and objectives with activities, and assist in leadership development and program refinement.

Access

The key immediate access priorities are those that make the greatest contribution to reducing disparities in opportunities for a healthy, high quality life. They focus on the regions vulnerable populations for whom access to appropriate services is the largest challenge.

Enfranchising Montgomery County's Minority Communities

The civil rights era produced a new definition of what it meant to be an American and Montgomery County has benefited from this change. The Immigration Reform Act of 1965 eliminated a quota system that favored Northern Europeans and largely excluded immigration from other continents. The Eastern region is the second most racially and ethnically diverse region in the county. While 65 percent of the Eastern region residents report German, Irish, Italian, or English ancestry and 85 percent are white, the region is changing. Between the last two censuses, the white population in the region declined 5.5 percent while the Hispanic population increased 65 percent, the Asian population increased 58 percent, and the African American population increased 55 percent. More than 20,000 (10.1 percent) speak a language other than English in their homes, and 6,878 report limited English proficiency. The future development of the region, just as elsewhere hinges on its ability to accommodate this demographic shift that will, in the nation as a whole, result in non-Hispanic whites becoming a minority population by 2060. Many of these new immigrants, as do many African Americans, feel disenfranchised in the county's health and social service system. While rarely expressing their dissatisfaction directly to providers of services, many feel excluded and unwelcome. The research literature suggests that these feelings contribute to disparities in accessing appropriate services. *Our review indicates that the immediate priorities should be to (1) support full compliance for all health and social services providers with Title VI Civil Rights guidelines, including those for limited English proficiency language services, (2) increase minority representation on staffs and governing bodies, and (3) expand activities that create a more inclusive and welcoming atmosphere.*

Enhancing Early Childhood Services.

The population of children under the age of five in the region declined by 10.7 percent in the last decade to 12,243. About a third of this population is enrolled in nursery school or preschool programs. According to some of our key informants, there is a shortage of such services, and many families have difficulty finding quality nursery and preschool places for their children. The number of families with children under the age five living below the poverty level increased to 390. In 2003, 167 families in the region received Temporary Assistance to Needy Families (TANF). In 2004, the County Office of Children and Youth received 116 child abuse and neglect referrals for the Eastern region. In 744 households the grandparents serve as the primary caregivers for their grandchildren. Almost two doses of psychotropic medications for attention deficit disorder and other conditions are dispensed in schools in the region for every child enrolled. The services provided to children and their parents in the first five years of life are a key to breaking the cycle of disadvantaged. Such programs as Head Start have demonstrated their effectiveness in long term school success and success in adult life. After the first 28 days, external causes, such as infections, accidents and physical abuse are the predominant causes of death for infants in Montgomery County. Early diagnosis and treatment of learning and developmental disorders improve outcomes but, according to the key informants we talked with, such efforts are more likely to be delayed among low income children. Low- and moderate-income parents cannot afford to stay at home, nor can they afford high-quality day care and preschool care without assistance. Yet, enriched high quality day care and preschool programs are ideal locations for facilitating parental education, preventive, and early intervention services. An immediate priority should be advocacy for investment in enriching, subsidizing, and expanding high- quality day care and preschool programs for low- and moderate-income families.

Expanding Services for the Chronically Ill and Disabled

The number of persons over the age of 85 in the region grew 28 percent in the last decade to 5,258. In the region 9,327 householders are over the age of 65. Of the 34,981 persons over 65 living in the region,

11,187, or about one third, report a disability. The census reports 2,715 persons living in nursing homes in the region. Demographic shifts, accelerated by the growth of senior housing and private assisted living in Montgomery County are on a collision course with anticipated Medicare and Medicaid cutbacks. Low and moderate income families will be most affected by that collision. An immediate priority should be to advocate for support for these informal care providers that have to adapt to the growing financial constraints on the system and assist them in by expanding the alternative supportive housing options for the frail elderly.

Increasing Access to Health Care

In the Eastern region, approximately 15 percent (or 13,435) adults between the ages of 18 and 64 have no health insurance. Thirteen percent of adults (or 21,476) have no personal healthcare provider, and 12 percent (18,841) needed to see a doctor in the last 12 months but could not because of the cost. *An immediate priority should be to invest in facilitating insurance coverage, expanding medical homes and assuring access to specialty and diagnostic services for the low income population.*

Infrastructure

The best health care, educational and social services in the world are worthless if people lack shelter, live in an environment that undermines whatever help they can receive, do not know about the services, and cannot get to them. A small but growing number of people in the Eastern region lack these basic needs.

Affordable Housing

Twenty-seven percent (or 20, 949) households in the Eastern region allocate more than 30 percent of their income for housing, above the federally defined threshold for affordability. Service providers seeking sheltered or transitional housing for their homeless, disabled or recovering mental health and drug and alcohol clients have also been caught in this same squeeze. As of January 2005, the homeless count in Montgomery County was 607. Some of these homeless are “housed” temporarily overnight in some the churches in the Eastern region that volunteer their assistance. The lack of sufficient transitional housing that can assist them in overcoming their problems—mental illness, drug and alcohol, domestic abuse, and, increasingly, simply economic circumstances—that led to homelessness traps them at this level. They represent the tip of the iceberg: a growing population is on the edge of homelessness.

In 2005, the fair market rent for a two bedroom apartment in Montgomery County was $947/month, which, to be affordable, would require an hourly wage of about $18 for a 40-hour week. The Housing Choice Voucher Program (formerly the Section 8 Voucher and Certificate Programs) was designed to provide affordable housing to low wage workers in the private market and avoid the concentration of low-income families in public housing projects. The county has closed the waiting list for such vouchers and anticipates that budget cuts will curtail the overall number of vouchers that are available in the future. Even for those with vouchers, the housing that meets the requirements of the program is often unavailable. In a county where transportation is a major problem, low- and moderate-income workers must travel long distances in the search of affordable housing. This in turn creates a critical problem for employers in recruiting and retaining workers, particularly in health and human services, where the wages for the bulk of the workforce are relatively low. In short, there is an affordable housing crisis in the Eastern region and in Montgomery County. *The immediate priorities are (1) expanding the capacity of supportive transitional housing programs and (2) increasing the stock of affordable housing through additional voucher subsidies, development requirements, or voluntary initiatives.*

Fluoridation

Dental decay is the most common chronic condition. About 29,428 (or 18 percent) of all adults in the region have had more than five teeth removed because of tooth decay or gum disease. Dental care can be costly, health insurance coverage is more limited, and many low- and moderate-income persons cannot afford the out-of-pocket costs. About 37,602 (or 23 percent) of adults in the region, mostly those with low or moderate income, failed to visit a dentist in the last year. For children, dental decay affects school performance, and for adults, it may limit their employment opportunities. For the poor, payment is

so restrictive under the Medicaid program that few dentists participate. In many cases, the only hope for receiving care is to travel to the clinics operated by the dental schools in Philadelphia. The distance and limitations in pubic transportation make this a hardship for low- and moderate-income residents in the Eastern region of Montgomery County. Fluoridation is an ignored but critical infrastructure investment. As a vivid and concrete example of the costs incurred from the failure to invest in the health of the community as a whole, it has critical symbolic value in the struggle to revitalize a sense of community in Montgomery County. No investment in health appears to provide a better return. Every dollar investment in fluoridation produces the equivalent benefit in oral health roughly $38 in direct dental services. Montgomery County lags far behind the nation and state in making such investments. Of the population served by public water systems, 66 percent of the United States and 54 percent of the Pennsylvania receive optimally fluoridated water. In contrast, of the 41 water systems in Montgomery County, only the Borough of Pottstown's municipal water system fluoridates its water. Ten years ago, California lagged similarly and the California Endowment was able through advocacy and selective investment to bring the state up to the national average. *The immediate priority is a fluoridation campaign in Montgomery County that will increase the proportion of the population covered by optimally fluoridated water supplies at least to the national average.*

Information

No one that we interviewed in the Eastern region and no prior studies on Montgomery County have failed to mention the lack of adequate information on where to go and how to get services. A Web-based approach to providing an easily searchable, maintained and updated directory of services in the county is currently a joint project of the North Penn Community Health Foundation and Montgomery County Foundation. However, what is most critical in making sure people get what they really need, or a least have an equal chance of getting it, is information about supply, demand and rationing procedures. For example, there is no shortage of assisted living units in Montgomery County that charge as much as $6,000 a month to private-pay clients, and there is no shortage of information about these units (facility directories, advertising, mail solicitations, Web sites, and the like). There is a severe shortage of affordable housing and transitional housing programs and service providers have a lot of difficulty getting information they need to help their clients. The immediate priority is for an ongoing regional population planning process that identifies shortages and either develops plans for eliminating them or creates a transparent rationing system for the fair allocation of resources.

Transportation

In the last decade, no needs assessment study in this county, whether it was looked at arts and culture, health services, or social services, has failed to mention transportation as a top concern. This was a concern of the key informants we spoke with in the Eastern region. In the long term, success in addressing this need can be facilitated by the county's success in implementing its development plan for increasing residential density in the county's urban centers and expanding the use of public transportation. Expansion of inventive programs in the county, such as one for low-income, working single mothers who need automobiles and one for hiring of recent retirees as subcontractors to transport the frail elderly on a private pay basis, can help alleviate parts of this problem. More than 86 percent of residents in the Eastern region who work commute by automobile. About 6.3 percent (or 5,226) housing units in the region lack an automobile. The lack of an automobile is not just a consequence of poverty: it is a barrier to escaping it. Some have proposed tax deductions for automobile ownership for low-income workers to assist them in taking advantage of employment opportunities. Successful privately funded programs such as Vehicles for Change in Washington, DC and Working Wheels in Seattle help to provide loans and decent cars to poor workers. Family Services of Montgomery County Ways to Work program provides a model innovative program targeting working single

mothers, but the funds provide for only a limited number of loans (less than 20 a year), and the eligibility requirements are restrictive. *The immediate priority to advocate for further expansion of automobile grant and loan programs is for Montgomery County's working poor.*

Conclusion

In 2000, 5.2 percent (or 4,678) adults in the region seeking employment were unemployed. The county as a whole faces a growing population that attracts affluent young families and retirement age seniors, affordable housing shortages, transportation problems, tightening health and social services financing, and an aging health and social service workforce. This translates into a looming "perfect storm" of workforce shortages that will adversely affect these services and the quality of life of all of Montgomery County's residents. The Pennsylvania Center for Health Careers forecasts a shortage of 7 percent (or 120) of licensed practical nurses and a shortage of 11 percent (or 1,090) of registered nurses in Montgomery County for 2010. The first baby boomers turn 65 in 2011. Currently, 37 percent of Montgomery County's registered nurses workforce and 47 percent of its licensed practical nurses are over age 50. The combined growth of Montgomery County's elderly population with its greater care needs and the aging of its nursing workforce will greatly exacerbate these shortages. The largest current shortages of high-quality staff as reported by the key informants we spoke with, however, are in day care, behavioral health, and personal care attendants. Relatively low wages and the high cost of living increase recruitment difficulties and turnover. These recruitment and retention problems are likely to increase. Underemployed residents of the Eastern region are ideally positioned to take advantage of these looming shortages. *The immediate priority is to advocate for the further supplementation of loans and scholarships to ease entry for low- and moderate-income students and in ways to support more livable wages in critical health and social service workforce shortage areas.*

These immediate priority needs in leadership, access to services, and infrastructure in the Eastern region's communities are also critical strategic investments. In the long run, they will produce the increased quality of life, health, and equality of opportunity for which all residents will take great pride in helping to achieve and those living elsewhere will strive to emulate.

EASTERN APPENDICES

EASTERN REGION APPENDICES

1 We have used small area "synthetic" estimates. This is a method of adjusting local data statewide survey results, suggested by the Pennsylvania Department of Health's Behavioral Risk Factor Survey, using local area information on the age and income distribution from the 2000 census and adjusted statewide survey estimates. More detailed tables and a description of the methodology used in creating these estimates are included in Appendix V of the full report.

Appendix I, Eastern Region Demographic Changes 1990-2000

1. Age, Race Ethnicity

	2000	1990	% Change
POPULATION			
Under 5 years	12,243	13,704	-10.7%
5 to 24 years	52,980	49,654	6.7%
25 to 44 years	60,282	64,965	-7.2%
45 to 54 years	31,370	22,756	37.9%
55 to 59 years	11,218	10,851	3.4%
60 to 64 years	8,996	11,714	-23.2%
65 to 74 years	18,031	20,302	-11.2%
75 to 84 years	14,316	11,714	22.2%
85 years and over	5,258	4,104	28.1%
White	181,925	190,236	-4.4%
Black or African American	20,563	13,245	55.3%
American Indian and Alaska Native	231	220	5.0%
Asian	8,694	5,504	58.0%
Some other race	1,071	373	187.1%
HISPANIC OR LATINO AND RACE			
Hispanic or Latino (of any race)	3,162	1,917	64.9%
HOUSEHOLDS BY TYPE			
Householder living alone	21,167	19,059	11.1%
Householder 65 years and over	9,327	8,767	6.4%
2. Educational Attainment			
Population 25 years and over	198,561	5,417	3565.5%
Less than 9th grade	197,133	2,050	9516.2%
9th to 12th grade, no diploma	161,192	641	25047.0%
High school graduate (includes equivaler	35,941	3,846	834.5%
Some college, no degree	1,428	2,088	-31.6%
Associate degree	16,133	0	#DIV/0!
Bachelor's degree	4,887	0	#DIV/0!
Graduate or professional degree	9,654	276,550	-96.5%
Percent high school graduate or higher	0	2,484	
Percent bachelor's degree or higher	0	173	

Appendix I. Eastern Region Demographic Changes 1990-2000, continued

	Eastern		
	2000	1990	% Change
INCOME IN 1999			
Households	82,556	79,396	4.0%
Less than $10,000	3,230	4,587	-29.6%
$10,000 to $14,999	2,823	3,643	-22.5%
$15,000 to $24,999	6,625	9,471	-30.0%
$25,000 to $34,999	7,882	10,744	-26.6%
$35,000 to $49,999	12,205	15,290	-20.2%
$50,000 to $74,999	17,655	17,404	1.4%
$75,000 to $99,999	12,358	7,990	54.7%
$100,000 to $149,999	11,300	6,021	87.7%
$150,000 or more	8,478	4,246	99.7%
Median household income (dollars)	61,205	45,696	33.9%
POVERTY STATUS IN 1999 (below poverty level)			
Families	1,262	1,074	17.5%
Percent below poverty level	2.2	1.9	
With related children under 18 years	866	633	36.8%
Percent below poverty level	1.5	2.6	
With related children under 5 years	390	263	48.3%
Percent below poverty level	0.7	2.5	
Families with female householder, no husband present	532	445	19.6%
Percent below poverty level	0.9	7.2	
With related children under 18 years	431	364	18.4%
Percent below poverty level	0.7	12.4	
With related children under 5 years	188	156	20.5%
Percent below poverty level	0.3	25.4	
Individuals	7,840	6,493	20.7%
Percent below poverty level	3.7	3.2	
18 years and over	6,101	5,095	19.7%
Percent below poverty level	3.8	3.2	
65 years and over	1,610	1,918	-16.1%
Percent below poverty level	4.6	5.7	
Related children under 18 years	1,687	1,313	28.5%
Percent below poverty level	3.0	2.9	
Related children 5 to 17 years	1,260	978	28.8%
Percent below poverty level	3.0	3.1	

Appendix II. Detailed Demographics for the Eastern Region

	Eastern	Percent
Total population	214,694	100
SEX AND AGE		
Male	102,033	47.5
Female	112,661	52.5
Under 5 years	12,243	5.7
5 to 9 years	14,164	6.6
10 to 14 years	15,778	7.3
15 to 19 years	13,551	6.3
20 to 24 years	9,487	4.4
25 to 34 years	25,268	11.8
35 to 44 years	35,014	16.3
45 to 54 years	31,370	14.6
55 to 59 years	11,218	5.2
60 to 64 years	8,996	4.2
65 to 74 years	18,031	8.4
75 to 84 years	14,316	6.7
85 years and over	5,258	2.4
Median age (years)	39.6	
18 years and over	163,385	76.1
Male	75,596	35.2
Female	87,789	40.9
21 years and over	157,088	73.2
62 years and over	42,965	20.0
65 years and over	37,605	17.5
Male	15,111	7.0
Female	22,494	10.5
RACE		
One race	212,547	99.0
White	181,925	84.7
Black or African American	20,563	9.6
American Indian and Alaska Native	231	0.1
Asian	8,694	4.0
Asian Indian	1,313	0.6
Chinese	1,615	0.8
Filipino	475	0.2
Japanese	160	0.1
Korean	4,222	2.0
Vietnamese	464	0.2
Other Asian [1]	445	0.2
Native Hawaiian and Other Pacific Islander	63	0.0
Native Hawaiian	9	0.0
Guamanian or Chamorro	8	0.0
Samoan	20	0.0
Other Pacific Islander [2]	26	0.0
Some other race	1,071	0.5
Two or more races	2,147	1.0
Race alone or in combination with one or more other races [3]		
White	183,590	85.5
Black or African American	21,650	10.1
American Indian and Alaska Native	739	0.3
Asian	9,346	4.4
Native Hawaiian and Other Pacific Islander	131	0.1
Some other race	1,639	0.8

HISPANIC OR LATINO AND RACE		
Total population	214,694	100.0
Hispanic or Latino (of any race)	3,162	1.5
Mexican	428	0.2
Puerto Rican	1,330	0.6
Cuban	202	0.1
Other Hispanic or Latino	1,202	0.6
Not Hispanic or Latino	211,532	98.5
White alone	180,127	83.9
RELATIONSHIP		
Total population	214,694	100.0
In households	209,428	97.5
Householder	82,508	38.4
Spouse	47,796	22.3
Child	64,499	30.0
Own child under 18 years	48,145	22.4
Other relatives	7,972	3.7
Under 18 years	2,491	1.2
Nonrelatives	6,653	3.1
Unmarried partner	3,022	1.4
In group quarters	5,266	2.5
Institutionalized population	2,911	1.4
Noninstitutionalized population	2,355	1.1
HOUSEHOLDS BY TYPE		
Total households	82,508	100.0
Family households (families)	57,577	69.8
With own children under 18 years	25,977	31.5
Married-couple family	47,796	57.9
With own children under 18 years	21,556	26.1
Female householder, no husband present	7,435	9.0
With own children under 18 years	3,470	4.2
Nonfamily households	24,931	30.2
Householder living alone	21,167	25.7
Householder 65 years and over	9,327	11.3
Households with individuals under 18 years	27,567	33.4
Households with individuals 65 years and over	24,742	30.0
Average household size	2.6	
Average family size	3.2	
HOUSING OCCUPANCY		
Total housing units	84,798	100.0
Occupied housing units	82,508	97.3
Vacant housing units	2,290	2.7
For seasonal, recreational, or occasional use	273	0.3
Homeowner vacancy rate (percent)	0.6	
Rental vacancy rate (percent)	3.5	
HOUSING TENURE		
Occupied housing units	82,508	100.0
Owner-occupied housing units	61,716	74.8
Renter-occupied housing units	20,792	25.2
Average household size of owner-occupied unit	2.8	
Average household size of renter-occupied unit	1.9	

Appendix II. Detailed Demographic for the Eastern Region, continued

SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	56,317	100.0
Nursery school, preschool	4,702	8.3
Kindergarten	2,663	4.7
Elementary school (grades 1-8)	24,467	43.4
High school (grades 9-12)	12,045	21.4
College or graduate school	12,440	22.1
EDUCATIONAL ATTAINMENT		
Population 25 years and over	149,323	100.0
Less than 9th grade	3,577	2.4
9th to 12th grade, no diploma	10,418	7.0
High school graduate (includes equivalency)	38,202	25.6
Some college, no degree	26,091	17.5
Associate degree	8,625	5.8
Bachelor's degree	36,150	24.2
Graduate or professional degree	26,260	17.6
Percent high school graduate or higher	90.6	
Percent bachelor's degree or higher	41.8	
MARITAL STATUS		
Population 15 years and over	172,397	100.0
Never married	41,282	23.9
Now married, except separated	103,756	60.2
Separated	2,919	1.7
Widowed	12,373	7.2
Female	10,238	5.9
Divorced	12,067	7.0
Female	7,523	4.4
GRANDPARENTS AS CAREGIVERS		
Grandparent living in household with one or more own grandchildren under 18 years	2,755	100.0
Grandparent responsible for grandchildren	744	27.0
VETERAN STATUS		
Civilian population 18 years and over	162,892	100.0
Civilian veterans	20,754	12.7
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION		
Population 5 to 20 years	45,010	100.0
With a disability	2,493	5.5
Population 21 to 64 years	119,027	100.0
With a disability	14,599	12.3
Percent employed	64.6	
No disability	104,428	87.7
Percent employed	82.7	
Population 65 years and over	34,981	100.0
With a disability	11,187	32.0
RESIDENCE IN 1995		
Population 5 years and over	202,423	100.0
Same house in 1995	130,123	64.3
Different house in the U.S. in 1995	69,137	34.2
Same county	30,390	15.0
Different county	38,747	19.1
Same state	28,094	13.9
Different state	10,653	5.3
Elsewhere in 1995	3,163	1.6

Appendix II. Detailed Demographic for the Eastern Region, continued

NATIVITY AND PLACE OF BIRTH		
Total population	129,805	100.0
Native	120,634	92.9
Born in United States	119,539	92.1
State of residence	97,718	75.3
Different state	21,821	16.8
Born outside United States	1,095	0.8
Foreign born	9,171	7.1
Entered 1990 to March 2000	4,069	3.1
Naturalized citizen	4,162	3.2
Not a citizen	5,009	3.9
REGION OF BIRTH OF FOREIGN BORN		
Total (excluding born at sea)	9,171	100.0
Europe	2,262	24.7
Asia	3,901	42.5
Africa	417	4.5
Oceania	35	0.4
Latin America	2,395	26.1
Northern America	161	1.8
LANGUAGE SPOKEN AT HOME		
Population 5 years and over	121,859	100.0
English only	109,190	89.6
Language other than English	12,669	10.4
Speak English less than 'very well	5,386	4.4
Spanish	4,213	3.5
Speak English less than "very well"	2,219	1.8
Other Indo-European languages	4,819	4.0
Speak English less than "very well"	1,481	1.2
Asian and Pacific Island languages	3,072	2.5
Speak English less than "very well"	1,562	1.3
ANCESTRY (single or multiple)		
Total population	129,805	100.0
Total ancestries reported	152,270	117.3
Arab	575	0.4
Czech [1]	390	0.3
Danish	178	0.1
Dutch	1,944	1.5
English	11,519	8.9
French (except Basque) [1]	2,009	1.5
French Canadian [1]	394	0.3
German	22,409	17.3
Greek	491	0.4
Hungarian	1,170	0.9
Irish [1]	28,090	21.6
Italian	27,646	21.3
Lithuanian	505	0.4
Norwegian	578	0.4
Polish	10,077	7.8
Portuguese	163	0.1
Russian	2,995	2.3
Scotch-Irish	1,510	1.2
Scottish	1,734	1.3
Slovak	1,006	0.8
Subsaharan African	1,045	0.8
Swedish	770	0.6
Swiss	340	0.3
Ukrainian	939	0.7
United States or American	3,710	2.9
Welsh	1,502	1.2
West Indian (excluding Hispanic groups)	620	0.5
Other ancestries	27,961	21.5

Appendix II. Detailed Demographic for the Eastern Region, continued

EMPLOYMENT STATUS		
Population 16 years and over	169,523	100.0
In labor force	113,927	67.2
Civilian labor force	113,330	66.9
Employed	108,652	64.1
Unemployed	4,678	2.8
Percent of civilian labor force	5.2	
Armed Forces	597	0.4
Not in labor force	55,596	32.8
Females 16 years and over	90,836	100.0
In labor force	54,506	60.0
Civilian labor force	54,444	59.9
Employed	52,100	57.4
Own children under 6 years	14,452	100.0
All parents in family in labor force	9,320	64.5
COMMUTING TO WORK		
Workers 16 years and over	107,657	100.0
Car, truck, or van -- drove alone	84,515	78.5
Car, truck, or van -- carpooled	8,506	7.9
Public transportation (including taxicab)	7,264	6.7
Walked	2,774	2.6
Other means	525	0.5
Worked at home	4,073	3.8
Mean travel time to work (minutes)	284	
Employed civilian population 16 years and over	108,652	100.0
OCCUPATION		
Management, professional, and related occupations	51,627	47.5
Service occupations	9,961	9.2
Sales and office occupations	31,312	28.8
Farming, fishing, and forestry occupations	125	0.1
Construction, extraction, and maintenance occupations	6,919	6.4
Production, transportation, and material moving occupations	8,708	8.0
INDUSTRY		
Agriculture, forestry, fishing and hunting, and mining	217	0.2
Construction	5,956	5.5
Manufacturing	11,602	10.7
Wholesale trade	3,862	3.6
Retail trade	12,169	11.2
Transportation and warehousing, and utilities	3,491	3.2
Information	3,792	3.5
Finance, insurance, real estate, and rental and leasing	11,315	10.4
Professional, scientific, management, administrative, and waste management services	14,225	13.1
Educational, health and social services	28,256	26.0
Arts, entertainment, recreation, accommodation and food services	5,507	5.1
Other services (except public administration)	5,117	4.7
Public administration	3,143	2.9
CLASS OF WORKER		
Private wage and salary workers	90,738	83.5
Government workers	9,654	8.9
Self-employed workers in own not incorporated business	7,925	7.3
Unpaid family workers	335	0.3
INCOME IN 1999		
Households	82,556	100.0
Less than $10,000	3,230	3.9
$10,000 to $14,999	2,823	3.4
$15,000 to $24,999	6,625	8.0
$25,000 to $34,999	7,882	9.5
$35,000 to $49,999	12,205	14.8
$50,000 to $74,999	17,655	21.4
$75,000 to $99,999	12,358	15.0
$100,000 to $149,999	11,300	13.7
$150,000 to $199,999	4,017	4.9
$200,000 or more	4,461	5.4
Median household income (dollars)	61,205	
With earnings	67,140	81.3
Mean earnings (dollars)	75,821	
With Social Security income	24,881	30.1
Mean Social Security income (dollars)	13,408	
With Supplemental Security Income	1,731	2.1
Mean Supplemental Security Income (dollars)	7,553	
With public assistance income	699	0.8
Mean public assistance income (dollars)	3,768	
With retirement income	15,830	19.2
Mean retirement income (dollars)	18,246	

Families	57,968	100.0
Less than $10,000	850	1.5
$10,000 to $14,999	701	1.2
$15,000 to $24,999	2,666	4.6
$25,000 to $34,999	4,105	7.1
$35,000 to $49,999	7,705	13.3
$50,000 to $74,999	13,604	23.5
$75,000 to $99,999	10,608	18.3
$100,000 to $149,999	9,986	17.2
$150,000 to $199,999	3,639	6.3
$200,000 or more	4,104	7.1
Median family income (dollars)	73,996	
Per capita income (dollars)	30,195	
Median earnings (dollars):		
Male full-time, year-round workers	49,768	
Female full-time, year-round workers	35,597	
POVERTY STATUS IN 1999 (below poverty level)		
Families	1,262	
Percent below poverty level		2.2
With related children under 18 years	866	
Percent below poverty level		1.5
With related children under 5 years	390	
Percent below poverty level		0.7
Families with female householder, no husband present	532	
Percent below poverty level		0.9
With related children under 18 years	431	
Percent below poverty level		0.7
With related children under 5 years	188	
Percent below poverty level		0.3
Individuals	7,840	
Percent below poverty level		3.7
18 years and over	6,101	
Percent below poverty level		3.8
65 years and over	1,610	
Percent below poverty level		4.6
Related children under 18 years	1,687	
Percent below poverty level		3.0
Related children 5 to 17 years	1,260	
Percent below poverty level		3.0
Unrelated individuals 15 years and over	3,927	
Percent below poverty level		9.4

Appendix II. Detailed Demographic for the Eastern Region, continued

Total housing units	84,798	100.0
UNITS IN STRUCTURE		
1-unit, detached	54,224	63.9
1-unit, attached	9,592	11.3
2 units	3,123	3.7
3 or 4 units	3,648	4.3
5 to 9 units	2,194	2.6
10 to 19 units	3,526	4.2
20 or more units	8,361	9.9
Mobile home	130	0.2
Boat, RV, van, etc.	0	0.0
YEAR STRUCTURE BUILT		
1999 to March 2000	631	0.7
1995 to 1998	1,671	2.0
1990 to 1994	2,552	3.0
1980 to 1989	7,821	9.2
1970 to 1979	10,481	12.4
1960 to 1969	14,528	17.1
1940 to 1959	31,017	36.6
1939 or earlier	16,097	19.0
ROOMS		
1 room	773	0.9
2 rooms	2,553	3.0
3 rooms	6,325	7.5
4 rooms	8,763	10.3
5 rooms	8,979	10.6
6 rooms	14,668	17.3
7 rooms	15,178	17.9
8 rooms	13,113	15.5
9 or more rooms	14,446	17.0
Median (rooms)	6.5	
Occupied Housing Units	82,508	100.0
YEAR HOUSEHOLDER MOVED INTO UNIT		
1999 to March 2000	11,057	13.4
1995 to 1998	19,406	23.5
1990 to 1994	13,014	15.8
1980 to 1989	16,076	19.5
1970 to 1979	9,726	11.8
1969 or earlier	13,229	16.0
VEHICLES AVAILABLE		
None	5,226	6.3
1	27,828	33.7
2	37,164	45.0
3 or more	12,290	14.9
HOUSE HEATING FUEL		
Utility gas	50,196	60.8
Bottled, tank, or LP gas	655	0.8
Electricity	13,995	17.0
Fuel oil, kerosene, etc.	17,212	20.9
Coal or coke	54	0.1
Wood	129	0.2
Solar energy	0	0.0
Other fuel	166	0.2
No fuel used	101	0.1