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

NORTH PENN REGION

October 2006

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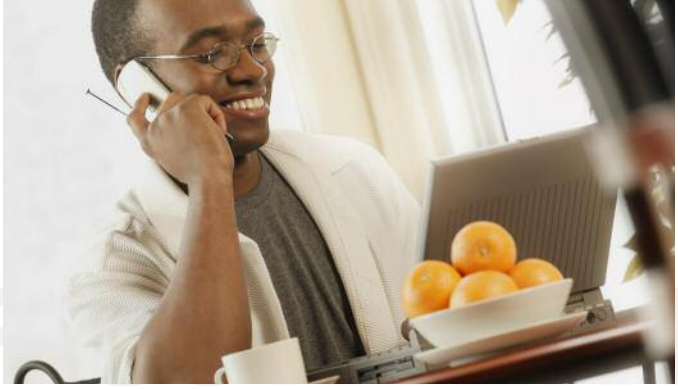

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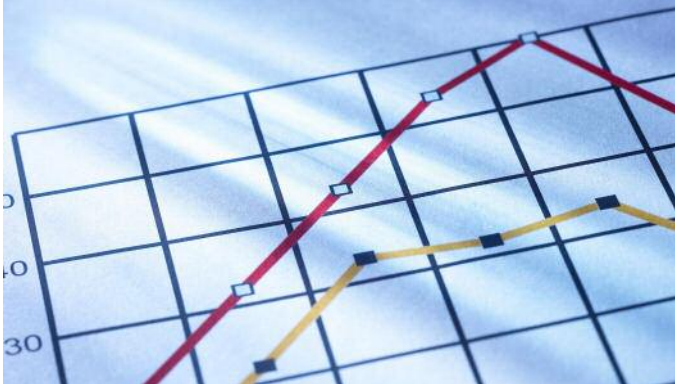


The 10 organizations supporting this project care deeply about the health and social services needs of Montgomery County residents and fund efforts to address them. We hope that others in the private, nonprofit, and public sectors will join us in using this report as a resource and in addressing some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

This report on the North Penn 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 North Penn 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 many people and organizations in the North Penn region in the completion of this project. Many 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 Ella Roush, Roush Associates and Russell Johnson, North Penn Community Health Foundation. The production of this report has been, in its broadest sense, a community affair. 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

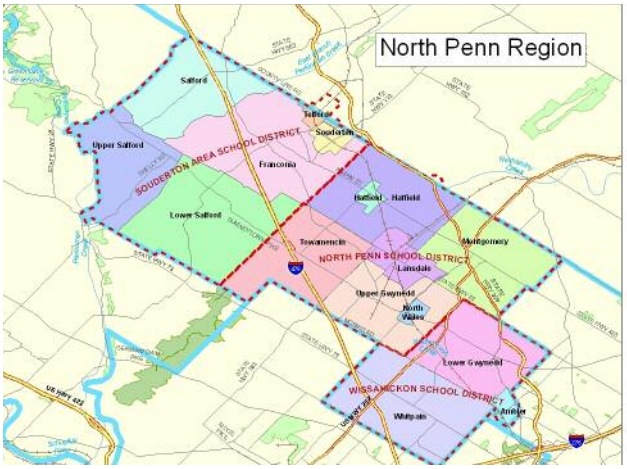
United Way of Western Montgomery County

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 North Penn region. **Figure 1** presents a map of the area included in this collaborative. It encompasses sixteen boroughs and townships (colored areas of map) served by three school districts (outlined by dotted lines).

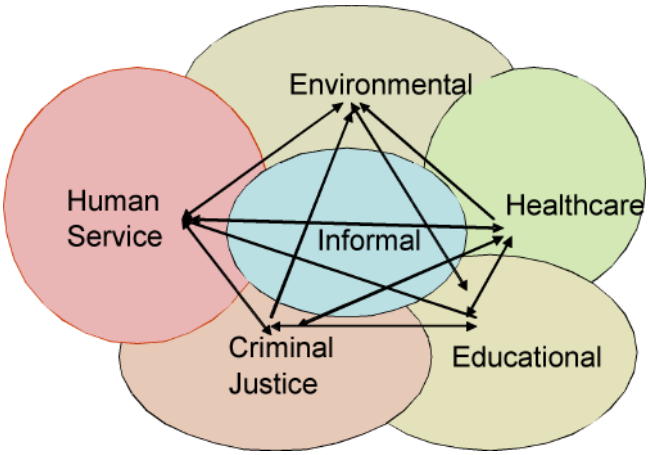
In completing the overall assignment, we took advantage of the wealth of existing data sources; made use of the many previous studies and reports that have been completed by various groups that address the health, social service, educational and arts and cultural needs in the county; incorporated the 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 North Penn 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 North Penn region. All of these systems overlap and are interconnected, as illustrated in **Figure 2.** One of the key roles of the North Penn 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.

Environmental System

For our purposes, the "environment" includes all those characteristics of the North Penn 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

The region, long the site of diverse manufacturing facilities, has six super fund sites, the largest number of any of the five regions in the county. Montgomery County has the largest number of such sites in the commonwealth. Recent growth and development has added to the environmental concerns of residents.

Demographics

The North Penn region, with a total population of 167,007 in 2000, is a rapidly changing area of the county. Both addressing the threats and taking advantage of the opportunities those changes pose should be a major focus of the North Penn collaborative. Those changes include the following:

- Growth. North Penn represents the other major growth area, with an increase in population between 1990 and 2000 of 19 percent, almost double the rate of growth of the county as a whole. The over-85 population grew by 44.1 percent, more rapidly than in any other region, while growth in the under-five population lagged at 7.5 percent.
- Diversity. The Asian population more than doubled in this region between 1990 and 2000 and now encompasses 6.8 percent of the region's population. Its Asians are the region's largest minority group, composed mainly of Indians, Koreans, and Chinese.
- Relative affluence and declining childhood poverty. The median household income grew 39 percent to $62,206 and is now higher than that of any of the county's regions. (Income is more evenly distributed within the North Penn region than in the county as a whole, with a lower percentage of households at the very bottom and the very top of the income distribution). Only .7 percent (or 317) of families with children under the age of five had incomes below poverty, the lowest percent among the county's five regions.

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:

- 1 percent (1,700) of the population resides in an institution (such as a nursing home).
- 3.8 percent (2,444) of households have a female head with no husband present and children under the age of 18.
- 6 percent (2,150) of those 5 to 20 years of age, 11.8 percent (11,407) of those age 21 to64, and 31.9 percent (6,749) of those over age 65 have a disability.
- 11.3 percent (17,524) of the population over five speak a language other than English at home, and 4.4 (6,825) speak English less than "very well."
- 512 grandparents serve as primary care givers for their grandchildren.

- 2.0 percent (2,612) of persons in the civilian labor force were unemployed.
- 2 percent (927) of families live below the poverty level.

- 5 percent (3,155) of households have no motor vehicle available, while 84.2 percent (73,167) of those employed commuted by car alone to work.
- 30.1 percent (4,828) of renter-occupied households and about 22 percent (9,130) 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 North Penn region in 2000 is provided in **Appendix II.**

Arts and Culture

Arts and cultural activities appear to be in the midst of a renaissance in the region. Lansdale will open its summer outdoor concert series with a new, state-of-the-art stage and band shell. It will host, among other groups, the North Penn Symphony Orchestra. The town also hosts lunch time music on Main Street and Christmas tuba concert. Souderton, with its own band shell summer concerts, also hosts the Montgomery Theater in it old firehouse. Ambler has its own symphony orchestra. Arts, craft, music, and theater events distributed through the region are growing.

Healthcare System

Resources

The North Penn region is not a self-contained service area. Residents often rely on hospitals and specialty physicians outside of the region for some of their care. Its nursing homes, assisted living facilities, and senior housing developments also draw from larger Philadelphia metropolitan area. Consequently, transportation, a major concern in the county as a whole, is particularly problematic in the North Penn region.

- Central Montgomery Hospital, with 119 licensed beds, is the only hospital in the region, resulting in .7 beds per 1,000. This is well below the county rate of 2.5 beds per 1,000, which is below state rate of 2.7. Montgomery County and the North Penn region in particular rely for much of their hospital care from hospitals outside of its borders, but whose primary service areas overlap the North Penn region. The larger teaching hospitals in Philadelphia and Allentown also draw patients from this region for more specialized services. Central Montgomery Hospital accounts for only about 23 percent of all hospital admissions of North Penn region residents.
- The ratio of nursing home beds per 100 population over 65 is about 7.2, above the overall county rate (6.3) and substantially above the rate for Pennsylvania as a whole (4.9). In contrast to hospital admissions, a larger proportion of nursing home residents would appear to come from outside the North Penn region
- Primary care physician ratios and specialty physician ratios (See Figures 24 and 25 in the full county report) tend to be in the midrange for zip codes in the Montgomery County for the North Penn Region.
- There are no federally defined medically underserved areas in the North Penn region.

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 Pennsylvania Health Care Cost Containment Council estimates discussed in the full county report.)

Health, Access, and Behavioral Risk Problems in the North Penn 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 as a whole and for Pottstown[1]. 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 (19,356) of the region's population over the age of 18 would rate their health fair or poor, and 37 percent (46,494) had one or more days in the past 30 when their health was not good.
- 11 percent (13,986) of adults in the region have ever been told that they have diabetes, and 13 percent (15,662) have been told at some time by a physician 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.
- 16 percent (19,942) of adults in the region have lost more than five of their permanent teeth due to tooth decay or gum disease, while 23 percent (28,667) have not visited a dentist in the past year.
- 15 percent (9,709) of adults between the age of 18 and 65 in the region have no health insurance, 14 percent (16,976) of adults have no personal healthcare provider, and 12 percent (14,558) chose not to see a physician when they needed to in the last year because of cost.
- 23 percent (9,529) of women over the age of 40 have not had a mammogram in the past two years, 16 percent (10,542) of adult women have not had a pap test within the past three years, 22percent (4.784) of men over the age of 50 have never had a digital rectal exam, and 42 percent (20,613) of adults over 50 have never had a sigmoidoscopy or colonoscopy.
- 24 percent (30,459) of adults currently smoke, 24 percent (29,744) binge drink, 22 percent (27,764) did not participate in any leisure time physical activity in the last month and 27 percent (33,226) are obese. According to the 2003 Pennsylvania Youth Survey, about 25 percent of high school seniors report currently smokes, and 31 percent report binge drinking and the rates in the North Penn region are probably roughly comparable.

[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.

Figure 3. Esimates of Health Problems, Lack of Access to Care and Behavioral Risks in the North Penn Region		
	North Penn Region	
A. Health Status	Percent	Number
1. Percent adults health rated fair or poor	16%	19,356
2. percent adults 1+ days in past 30 physical health was not good	37%	46,494
3. Percent adults 1+days in past 30 mental health was not good	36%	44,368
4. Percent adults currently have asthma	13%	15,662
5. Percent of adults ever told had diabetes	11%	13,986
6. Percent adults have had 0-5 permanent teeth removed due to tooth decay or gum disease	84%	105,191
7. Percent limited in activities due to physical, mental or emotional problems	19%	23,702
B. Health Care Access		
1. Percent no health insurance (18-64)	15%	9,709
2. Percent no personal healthcare provider	14%	16,976
3. Percent needed to see a doctor but could not due to medical cost in past 12 months	12%	14,558
4. Percent visited a dentist in past year.	77%	96,029
5. Percent had teeth cleaned in past year	77%	96,158
6. Percent had flu shot in past year	35%	44,093
7. Percent who have ever had vaccination against pnenumococcal disease	25%	31,739
8. Percent women age 40+ who had a mammogram in the past two years	77%	31,842
9. Percent of women who have had pap test within past three years	84%	55,399
10. Percent of men 50+ who ever had digital rectal exam	78%	17,022
11. Percent of adults 50+ who ever had sigmoidscopy or colonoscopy	58%	12,577
C. Behavioral Risks		
1. Percent adults who currently smoke	24%	30,459
2. Percent binge drinking one or more times in past month (5+ drinks on one occasions)	24%	29,744
3. Heavy Drinker (Male > 2 per day, Female > 1+ per day)	14%	17,156
4. Percent of adults with no leisure time physical activity in past month	22%	27,764
5. Percent of obese adults	27%	33,226
Related Population Estimates		
Total Adult Population 18+	124,640	
Total Adult 18-64	101,797	
Total Adult Female	65,886	
Total Adults 50+	49,079	
Total Male 50+	21,745	
Total Female 40+	41,429	
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 North Penn region and Montgomery County as a whole. 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 North Penn region rates higher than the county rate are highlighted in yellow (stroke), and those below the county rate are highlighted in blue (cancer, lung cancer, heart disease, and teen births). 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:

Figure 4. Death Rates in Norht Penn Region and Montgomery County 199-2003

	North Penn	95 % CI*	Montgomery County
Focus Area #3: Cancer	182.7	174.01 - 191.47	192.5
Breast Cancer	27.0	22.57 - 31.42	28
Prostate Cancer	34.7	28.38 - 40.94	32
Cervical Cancer	2.1	0.78 - 3.34	1.7
Melanoma	3.3	2.16 - 4.50	2.9
Colon Cancer	17.6	14.86 - 20.25	19.9
Lung Cancer	44.2	39.85 - 48.48	48.8
Focus Area #12: Stroke	67.2	62.08 - 72.30	59.7
Heart Disease	194.9	186.15 - 203.67	204.9
Focus Area #5: Diabetes (2003)	12.8	7.70 - 17.97	14.1
Focus Area #16: Infant Death	5.4	4.04 - 6.78	5.6
Neonatal	4.4	3.18 - 5.65	4.4
Post neonatal	1.0	0.41 - 1.58	1.2
Focus Area #9: Births (15-17 yrs)	5.0	3.93 - 6.12	7.9
Notes:			
Source: Pennsylvania Department of Health 2005			
Focus Areas: Health People 2010 Indicators			
HP: Healthy People			
Notes:			
Diabetes rates for HP 2010 Goal and PA rate assume diabetes is a primary or contributing			
cause of death. Rate is for 2003 only.			
HP2010 rates for teen pregnancies include induced abortions			
2003 Population Data Source: Montgomery County Planning Commission			
*Death rates will fluctuate in a finite population. The "95% confidence interval" indicates the			
the range in which we are 95% sure that the "true" rate (assuming			
an infinitely large population) would lie.			

- The rates for heart disease, still the most common cause of death in the county, are lower in the North Penn region than in the county as a whole. Improved diets, increased regular exercise and reduced smoking rates may account for some of this difference and could potentially reduce these rates even further.While overall cancer death rates are lower for the county than the state lung cancer death rates are slightly lower in the North Penn region than in the county as a whole. Reduced smoking rates, increased screening, and reduction of environmental risks could potentially reduce these rates even further.

- Stroke, the third most common cause of death, has a slightly higher age adjusted death rate in Montgomery County than in the state as a whole and the North Penn region rate is slightly higher than the county rate. Diet, exercise, and screening for high blood pressure could play a role in reducing these rates.

- The teen pregnancy rate in the North Penn region is lower than that of the county as a whole, and the county's rate is lower than the overall state rate.

- In terms of overall performance as measured by age-adjusted death rates from all causes, the North Penn region ranks the best among the five regions in the county.

Educational System

Figure 5 summarizes the demographic and performance characteristics of the three school districts within the boundaries of the North Penn region.

Asian students are the largest minority in the region, with the largest concentration in the North Penn School District (14 percent). North Penn School District also has the largest number of low- income students, with 100 out of the 182 students identified in the region from families receiving Temporary Assistance for Needy Families (TANF). Cost per pupil is highest in the Wissahickon School District, which also had the best results on the PSA and SAT tests. PSA test performance roughly matched that of the county as a whole and well above state averages. (See **Appendix VI** of the full report.)

Figure 5. North Penn Region School District Demographics and Performance Indicators

	North Penn SD	Souderton Area SD	Wissahickon SD	Total
Race of Pupils				
Am Ind/ Alask Nat	6	13	8	27
Asian/Pacific Islander	1,866	261	564	2,691
Black (Non-Hispanic)	711	247	625	1,583
Hispanic	321	170	134	625
White (Non-Hispanic)	10,387	6,002	3,263	19,652
Total	13,291	6,693	4,594	24,578
% of Region	54%	27%	19%	100%
%Black	5.3%	3.7%	13.6%	6.4%
%Hispanic	2.4%	2.5%	2.9%	2.5%
%Asian	14.0%	3.9%	12.3%	10.9%
Poverty				
Low Income	12.2%	6.9%	8.0%	10.0%
TANF 2004	100	54	28	182
Performance				
% PSA Math Below Basic	13.8%	12.1%	11.4%	12.9%
% PSA Reading Below Basic	9.1%	8.5%	7.8%	8.7%
SAT Verbal	451	516	529	483
SAT Math	431	517	539	475
Per Pupil Cost	$ 9,275	$ 8,843	$ 13,470	$ 9,941
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/				

A growing number of school children are diagnosed with chronic condition, 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 North Penn region. 2.0 doses of prescription medications for ADD/AHD, asthma, and other chronic conditions were administered in the 2002-03 school year in the North Penn region for every student enrolled.

Figure 7 summarizes the violence and weapons incidents in school districts in the North Penn region during the 2002-2003 school year. The North Penn School District reported the highest rates of incidents and offenders higher than the region, but substantially lower than the county and the state rate. A total of 10 students were arrested, 75 suspended, 3 expelled, and 22 assigned alternative education. Many of these students become the responsibility of the criminal justice system.

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

	Number of Students	Psychotropics (ADD/ADHD & Others)	Asthmatics	Other	Total	Totall Per Pupil
North Penn SD	16,462	13,508	3,742	8,334	25,584	1.6
Souderton Area SD	7,232	10,140	3,016	9,639	22,795	3.2
Wissahickon SD	6,101	5,033	1,538	3,179	9,750	1.6
North Penn Region Total	29,795	28,681	8,296	21,152	58,129	2.0

Source: Pennsylvania Department of Health. Medication Administration for School Year 2002-2003 April 14, 2004 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.

Figure 7. School Violence and Weapons Possession in North Penn Region 2003-2004

	Enrollment	Inicidents Number	Incidents Per 1,000	Offenders	Offenders Per 1000
North Penn SD	13,521	97	7.17	96	7.10
Souderton Area SD	6,650	16	2.41	18	2.71
Wissahickon SD	4,535	25	5.51	24	5.29
Region 2 (North Penn) Total	**24,706**	**138**	**5.59**	**138**	**5.59**

Source : Pennsylvania Department of Education. Violence and Weopons in Schools. Accessed October 31, 2005 http://www.safeschools.state.pa.us/vwp.aspx?command=true

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. Part I, or violent or property crimes (such as murder, manslaughter, rape, robbery, assault, burglary, and larceny) increased 4.4 percent in Montgomery County between 2002 and 2004. That is still 17 percent below the overall state rate and less than half the national rate. The Part I crime rate in the North Penn region is lower than the county rate, and no police jurisdiction within the region exceeds the state 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**, the highest rates for Part I and Part II reported crimes in the North Penn region were in North Wales. 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 North Penn Region 2004

Part I. Crimes			
Police Department	**Population**	**Total**	**Rate.100,000**
AMBLER BORO	6,447	112	**1,737**
FRANCONIA TWP	12,084	112	**927**
HATFIELD TWP	20,097	350	**1,742**
LANSDALE BORO	16,168	387	**2,394**
LOWER GWYNEDD TWP	11,013	188	**1,707**
LOWER SALFORD TWP	13,924	113	**812**
MONTGOMERY TWP	23,583	528	**2,239**
NORTH WALES BORO	3,352	86	**2,566**
TELFORD BORO	4,680	63	**1,346**
TOWAMENCIN TWP	17,875	259	**1,449**
UPPER GWYNEDD TWP	14,512	165	**1,137**
WHITPAIN TWP	18,911	225	**1,190**
Region Total	162,646	2,588	**1,591**
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**
AMBLER BORO	6,447	171	**2,652**
FRANCONIA TWP	12,084	410	**3,393**
HATFIELD TWP	20,097	836	**4,160**
LANSDALE BORO	16,168	1,146	**7,088**
LOWER GWYNEDD TWP	11,013	144	**1,308**
LOWER SALFORD TWP	13,924	439	**3,153**
MONTGOMERY TWP	23,583	1,451	**6,153**
NORTH WALES BORO	3,352	285	**8,502**
TELFORD BORO	4,680	278	**5,940**
TOWAMENCIN TWP	17,875	610	**3,413**
UPPER GWYNEDD TWP	14,512	609	**4,197**
WHITPAIN TWP	18,911	399	**2,110**
Region Total	162,646	6,778	**2,110**
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 is 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 North Penn region of Montgomery County as of September 2003. A total of 6,113 persons were receiving some form of assistance (General Assistance, TANF, Foods Stamps, SSI, and Medical Assistance) and 4,546 received full Medicaid coverage.

Of the residents in the region, 3.7 percent received some form of assistance. The percent of residents on assistance was highest in Lansdale (11.6 percent) and North Wales (13.9 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 payments. 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 North Penn region.

Figure 9. Norht Penn Region Public Welfare Benefits, September 2003

	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*	Percent Population with Assistance
Ambler Borough	6,426	21	20	112	55	366	99	673	506	10.5%
Franconia Township	11,523	1	3	10	4	44	18	80	66	0.7%
Hatfield Borough	2,605	7	4	38	15	145	48	257	204	9.9%
Hatfield Township	16,712	15	6	58	15	174	71	339	266	2.0%
Lansdale Borough	16,071	51	48	299	240	911	311	1860	1,321	11.6%
Lower Gwynedd Township	10,422	2	2	15	28	115	26	188	145	1.8%
Lower Salford Township	12,893	4	11	102	27	263	66	473	344	3.7%
Montgomery Township	22,025	7	17	106	84	296	85	595	405	2.7%
North Wales Borough	3,342	10	11	59	36	247	103	466	371	13.9%
Salford Township	2,363	0	1	7	2	45	2	57	48	2.4%
Souderton Borough	6,730	6	20	70	46	283	79	504	388	7.5%
Telford Borough	2,469	1	8	35	20	135	37	236	181	9.6%
Towamencin Township	17,597	0	2	20	13	68	22	125	92	0.7%
Upper Gwynedd Township	14,243	2	1	9	5	35	24	76	62	0.5%
Upper Salford Township	3,024	0	0	4	1	18	5	28	23	0.9%
Whitpain Township	18,562	3	6	19	13	84	31	156	124	0.8%
	167,007	**130**	**160**	**963**	**604**	**3229**	**1,027**	**6,113**	**4,546**	**3.7%**

*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.

A special concern of the social service system is the welfare of children. As indicated in **Figure 10**, a total 176 cases in the region of child abuse and neglect were referred to the Montgomery County Office of Children and Youth in 2004. The largest number of cases was reported from Lansdale.

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 2,612 persons in the region were housed in group quarters. The largest component of this population is nursing home residents (1,662).

Poverty is related not just to social welfare needs but is strongly related to health, educational, and criminal justice problems. The percent of the population living below poverty in Montgomery County is 4.42 percent, in contrast to 10.98 percent in Pennsylvania and 12.38 percent in the United States as a whole. As indicated in **Figure 12**, four minor civil divisions in the North Penn region have poverty rates above the county rate: Ambler (5.5 percent), Lansdale (5.6 percent), North Wales (4.7 percent) and Telford (5.5 percent).

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

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

Municipality	Total population	Child Abuse Referrals	Child Neglect Referrals	Total	Total Per 1,000 Population
Ambler Borough	6,426	9	7	16	2.5
Franconia Township	11,523	3	3	6	0.5
Hatfield Borough	2,605	2	2	4	1.5
Hatfield Township	16,712	4	9	13	0.8
Lansdale Borough	16,071	17	24	41	2.6
Lower Gwynedd Township	10,422	4	3	7	0.7
Lower Salford Township	12,893	11	6	17	1.3
Montgomery Township	22,025	4	4	8	0.4
North Wales Borough	3,342	0	4	4	1.2
Salford Township	2,363	0	1	1	0.4
Souderton Borough	6,730	8	5	13	1.9
Telford Borough	2,469	0	9	9	3.6
Towamencin Township	17,597	9	4	13	0.7
Upper Gwynedd Township	14,243	9	1	10	0.7
Upper Salford Township	3,024	0	1	1	0.3
Whitpain Township	18,562	8	5	13	0.7
	167,007	**88**	**88**	**176**	**1.1**

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

Figure 11. Group Quarter Population by Selected Types in the North Penn Region								
	TOTPOP	Percent in Group Quarters	Total Group Quarters	Institu-tional-ized popula-tion	Correc-tional institut-ions	Nursing homes	Group homes	Other NonInst. Group Homes
Ambler borough	6,426	4.3%	277	245	0	245	16	0
Franconia township	11,523	2.7%	310	123	0	123	12	0
Hatfield borough	2,605	2.1%	54	39	0	39	11	0
Hatfield township	16,712	1.0%	160	138	0	138	4	10
Lansdale borough	16,071	2.8%	445	347	0	347	63	25
Lower Gwynedd township	10,422	4.3%	453	235	0	235	0	18
Lower Salford township	12,893	0.6%	81	38	0	0	37	0
Montgomery township	22,025	1.3%	281	200	0	200	10	69
North Wales borough	3,342	0.3%	11	0	0	0	8	0
Salford township	2,363	0.2%	4	0	0	0	0	0
Souderton borough	6,730	0.5%	37	0	0	0	27	10
Telford borough	2,469	1.6%	40	0	0	0	40	0
Towamencin township	17,597	0.4%	72	68	0	68	2	0
Upper Gwynedd township	14,243	1.4%	196	168	0	168	11	0
Upper Salford township	3,024	0.4%	11	0	0	0	11	0
Whitpain township	18,562	1.0%	180	99	0	99	0	74
Total	**167,007**	**1.6%**	**2,612**	**1,700**	**0**	**1,662**	**252**	**206**
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 North Penn Region by Poverty Status in Montgomery County 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
Ambler borough	6,176	340	5.5%	26	13	20	44	194	21	22
Franconia township	11,376	357	3.1%	12	0	32	68	97	0	148
Hatfield borough	2,567	141	5.5%	23	3	9	4	80	11	11
Hatfield township	16,470	646	3.9%	58	12	54	78	412	25	7
Lansdale borough	15,695	883	5.6%	65	0	106	105	465	47	95
Lower Gwynedd township	9,970	271	2.7%	19	0	55	14	118	21	44
Lower Salford township	12,819	441	3.4%	41	0	62	46	236	33	23
Montgomery township	21,752	434	2.0%	35	0	19	63	235	25	57
North Wales borough	3,327	157	4.7%	11	0	28	31	73	5	9
Salford township	2,349	61	2.6%	0	0	7	11	33	10	0
Souderton borough	6,634	295	4.4%	18	6	13	19	178	18	43
Telford borough	2,539	139	5.5%	3	8	19	43	66	0	0
Towamencin township	17,505	503	2.9%	40	0	35	35	217	48	128
Upper Gwynedd township	14,056	274	1.9%	18	4	4	61	141	21	25
Upper Salford township	3,022	39	1.3%	0	0	0	0	21	0	18
Whitpain township	18,572	585	3.1%	43	0	109	40	304	23	66
Total	**164,829**	**5,566**	3.4%	**412**	**46**	**572**	**662**	**2,870**	**308**	**696**
Source: US Census 2000										
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data										
http://factfinder.census.gov										

QUALITATIVE ASSESSMENT

The qualitative assessment involved listening to people representing all the different perspectives touched on by the statistics in the previous section. Fifteen separate hour-and-a-half group discussions were held with key service providers in healthcare, schools, criminal justice, social services, and the arts. The North Penn Regional Collaborative assisted in selecting the participants and hosting the sessions. A total of 70 professionals participated in these sessions.

Session 1: Health Care

The participants included a pediatric well-care nurse working with underinsured and HMO patients, a psychotherapist working with uninsured adults, and a hospital administrator.

When asked about the positive and unique aspects of the region, participants said several providers do not turn people away. One hospital provides over $100,000 in free care each year. One agency has a grant to support a social worker to help families enroll in CHIP.

"Care for the uninsured and underinsured is fragmented and non-contiguous. There is no time for prevention activities. People need medications, mammograms, specialty care and transportation to services. There is a tremendous amount of paperwork and hoops to jump through in order to get any services for your patient."

Issues

Insurance. The demographics of the area have changed and there are many immigrants who are uninsured and underinsured. Access to healthcare is a significant issue for them. There are providers who serve this population, but they report that it is difficult and time consuming to become credentialed by a Medicaid Heath Maintenance Organization (HMOs). Participants said that uninsured and underinsured people who needed healthcare services used the Visiting Nurses Association (VNA).

The population the participants serve was identified as "hard-core welfare families" where the fathers have significant behavioral health issues. People lose their jobs and their health insurance and become depressed, leading to somatic complaints. One provider discussed a man with hypertension, heart disease, and emphysema, who applied for disability. When his independent medical evaluation took place, the doctor had him use his inhaler three times before his lung capacity was tested. Even though the physician had all of the medical records, he said the man's breathing was within normal range, and he denied his disability. The doctor's opinion decided the case.

The participants questioned why the uninsured are billed charges. They suggested that uninsured patients could pay the lowest negotiated rate for hospital care. They see many people whose credit rating has been ruined because they cannot pay their hospital bills.

Many immigrants are undocumented but have children who are citizens and entitled to Medical Assistance or CHIP. Adults tend to be self-employed, and many are without medical records. "Adults delay their own healthcare but not that of their children." A small sample survey (n=300) showed that 44 percent had some form of insurance (often underinsured); 56 percent had no insurance; half of those had applied; 75 percent got insurance (63); 18 percent were ineligible; and 20 percent will not even apply. "My kids are healthy; I do not need it right now." People whose children have chronic diseases apply.

Fragmentation of funding. Providers said that funding is fragmented, generally tenuous, and provided through a series of small grants. They cannot count on a steady funding stream.

The participants believe that addressing the following issues could improve healthcare services for the uninsured and underinsured in the region. They suggested putting fluoride in the water to improve the dental health. They discussed political issues regarding changing the provider who may sign an order changing a baby's formula on WIC. Some people are eligible for free and reduced cost pharmaceuticals but need enough medication to stabilize them so they can get through the application process. The participants suggested that expanding enrollment in Adult Basic Coverage (ABC) and developing easier interface with the Department of Public Welfare would help as well. Finally, they discussed providing incentives for local medical specialists and dentists to participate in Medicaid.

"Remember that the poor will always be with us."

Session 2: Housing, Dental, Prevention

The participants included the director of a senior center, a nurse, a consultant on homelessness, three nursing students, a professor of nursing, a dental hygienist, a police detective, a social worker working with pregnant and parenting teens, and a Montgomery County Health Department nurse.

When asked about the positive and unique aspects of the region, participants said there are good Title X services through Planned Parenthood in Norristown and at the Family Center. The school nurses do a wonderful job (and receive little recognition) providing care and following up on issues for schoolchildren. The Nurse Family Partnership was described as a "great organization." Montgomery County Community College (MCCC) nursing students are involved in community service, which has a positive impact on their practices when they graduate.

There were many other strong programs that this group recognized. They included the following:

The Committee to Eradicate Homelessness Conference that "built awareness in a gut- wrenching way." Homeless do not usually sleep on the streets, so they are 'invisible' in the area. According to Sister Mary Scullion, "Poverty is institutionalized violence." Churches play a key role in providing support and services (food, housing for victims of domestic violence, Habitat projects). The Mennonite Disaster Program "runs rings around FEMA."

There are a variety of human services programs, including

- the Y and the new Boy's and Girl's Club;
- senior centers, which meet social and nutritional needs of the elderly;
- You Can, a federal nutrition and walking program for the aging;
- Strong Women, a program put in place by the MCHD and Penn State Extension Services;
- New Choices at MCCC, an eight-week federally funded program for women in transition who may want to go back to school;
- the Health Department's Healthy Beginnings Plus program;
- New Beginnings at Laurel House, a safe haven for abused women and their children: women achieve self-sufficiency through counseling, advocacy, supportive services, and connections to other community services;
- a resource guide published by the Germantown Universalist Unitarians, available in large print;
- a division of health promotion at the Health Department.

Issues

The people interviewed for this report noted that although residents of Montgomery County may recognize that there are many people in need; few neighborhoods are willing to host homeless shelters or other social service agencies. The acronym "NIMBY" (not in my backyard) was noted repeatedly in all regions of Montgomery County.

Poverty. People can slide into poverty quickly because of healthcare expenses, domestic violence, the cost of housing and utilities, substance abuse, and having difficulty navigating the system. The homeless are often invisible, and people do not know what to do to

help them. The professionals working on housing noted that it is difficult work to do. They may speak to as may as 30 people in a day but not have anything to offer them. There are no openings because several shelters have closed and Section 8 Housing has no openings for two years.

"One woman I'm working with is on dialysis and sleeping in her car with her child.

People are embarrassed to be on the edge; some need to learn to budget their money. But many seniors are so resource stressed that they cannot afford both food and medications. Participants reported that people are outliving their money. The cost of belonging to a senior center is $12/year, and some people cannot afford it.

- **Parent education.** Parents need to learn so many things. "I think parent education should be mandated," said one participant. A good program is called Parent as Teacher. The participants report coming together to discuss childhood obesity and to work on creating unduplicated programs with the school nurses.
- **Information.** The participants report there is a silo effect and a labyrinth of agencies that do not talk to each other. Clients need information and referrals some of which might be provided through media support. Newspapers could take on more of a role publicizing information about transportation: for example, the participants suggested, providing people with information about bus routes.
- **Teen moms.** There are more than 700 teen moms in the county and it takes many resources to get them through school, get childcare, and get them to MCCC. Transportation is a huge problem.

Cultural competency. There is a significant provider gap around cultural competency issues for non-English-speaking patients and clients. Since 1990, the number of Latinos has increased 124 percent; Asians have increased 139 percent.

The participants report that they do not have health prevention materials written in Korean or Vietnamese and health interpreters need specific training as well as translated materials. Interpreters should be bilingual and bicultural. Hospitals used to be able to support culturally and linguistically appropriate materials, but there is no extra money for anything but what is required.

"One woman wrote to the American Diabetes Association and to the American Osteoporosis Association for information in other languages. The organizations wrote back to say, 'Please send us copies of whatever you translate.'"

One provider reported that she worked with a young man with hypertension who refused to go to the clinic even though it wouldn't cost him anything. He refused to enroll in an insurance plan. She thought it might be a lack of knowledge or that he was embarrassed because he didn't speak English. But she said he might be really sick unless he can figure out how to get through the system.

These participants were extremely engaged and suggested many strategies that might address the issues their clients and patients faced. They suggested, as did participants in other areas of the county, that it would be a good idea to develop a resource guide listing opportunities for people to help. They suggested that they could work with the chamber of commerce to convene schools, businesses, law enforcement, and churches in order to engage the public to build awareness. Someone suggested enlisting volunteer accountants to help people learn to manage their money.

The participants said that there was insufficient funding for case management and that helping people deal with their issues comprehensively was better than providing fragmented services. However, they also suggested that people providing social services experience "burn-out" and one way to help them would be to provide peer support for frontline workers.

In terms of communication, they suggested that teaching American Sign Language as an alternative

way to communicate. They also would like to see the materials and information they use translated into languages that are spoken in Montgomery County. They said it is easier for people to obtain information when they can talk to a real person on a support line.

The participants recognized that sometimes there was a duplication of services. They planned to meet again and did not seem to be participating in the regional collaboratives. They said that meeting on a regular basis would allow them to share information, collaborate and build coalitions.

They suggested that some transportation issues might be addressed by a developing ride share program, and by developing commuter parking lot riders (you take the next available ride).

Finally, they suggested that we need more nurses to deal with prevention activities at the Health Department and that train-the-trainer programs were really helpful.

Session 3: Hospitals

The participants included a nurse from a community provider and two hospital administrators.

Issues

There is a significant revenue squeeze: the level of Medicaid and managed care rates have limited the ability of hospitals and other providers to respond to preventive, social service, and mental health needs of patients. With regard to mental health, there are serious placement problems. The providers have lost the capacity to handle cases.

Fragmentation. More often, we see nonprofit hospitals are behaving like for-profit hospitals in terms of encroachment on the private pay market in regions outside their main service area. There is increased competition, and a significant struggle for financial survival that exacerbates linkage and fragmentation problems.

Session 4: Preschool Age Children

The participants included six people representing social service agencies, disabled children, several school districts, and a pediatrician.

When asked about the positive and unique aspects of the region, participants said there is great deal of diversity. There are many different languages spoken in the homes of the children (e.g., Korean, Asian Indian, Chinese, Khmer, and Bangladeshi) and a diversity of religions (e.g., Hinduism, Christianity, Buddhism, and Islam). It can be a challenge for schools, pediatricians and care providers to relate to and welcome parents. The Indian Valley Opportunity Center, which provides language and cultural bridging and basic education services to low income adults, tries to address some of these issues through its International Festival.

Issues

Access and affordability. There is a significant difference in the kind of preschool experience available to families with resources and those that are income eligible for Head Start. Private preschool and childcare can cost more than $10,000 per year. Sometimes there is lack of information about what is available.

Information: Easter Seals sponsors an inclusive preschool that invites children without handicaps in their Pew Charitable Trusts-supported preschool programs. The cost is $25 per month, but only 10 families with normally developing children have taken advantage of it. The parents say that they do not want their children to be put at disadvantage in terms of preschool preparation. North Penn High School has a free program that is used as a lab school for students studying early childhood education and care. Volunteers who help parents identify services and programs for their children cannot rely on a single channel. They use libraries, the United Way Web site, and places of worship.

Transportation. Head Start has moved to a central location. This is a challenge in terms of transportation. People used to carpool but now they use public transit. TransNet is too restrictive in terms of schedule and the like to be useful for working parents

Workforce. Childcare is under-appreciated. Workers earn low wages, often in poor working environments. They often do not receive benefits, there are few "career ladders," many teachers have minimal early childhood education, and even credentialed teachers earn less than teachers in public schools do. Most schools experience a significant cycle of turnover that has to be broken.

Access to a seamless continuum of care. Medical and dental screening and immunizations do not generate the follow-ups that are needed. They noted that there was a problem of silos especially for mental health/mental retardation services.

The participants suggested providing parenting support in the home, for example, providing perinatal behavioral health assistance, especially for depression. They suggested that providing translated materials for new immigrants and for the diverse population of parents would be helpful.

The participants noted that the quality of preschool education is enhanced when the teachers are professionally prepared and paid at fair and decent wages. They suggested supporting preschool to kindergarten transition through a preschool day at elementary school, and developing more linkages to smooth the children's way through the "pipeline."

Session 5: Business and Employment

The participants included two members of chambers of commerce and staff providing vocational services.

Issues

Fragmentation: There are 15 chambers of commerce in Montgomery County. The North Penn Chamber is the oldest existing one, founded in 1913, and supported by Merck, Rohm and Haas, and Grandview Hospital. The turf of the chambers overlap, and many businesses belong to more than one.

Competitiveness reform. There has been advocacy for legislation to reduce the costs of doing business and to improve infrastructure, for example, ways to increase competitiveness. They are looking at Worker's Compensation reforms because "the current system is ancient, cumbersome and costly." An example of infrastructure is the construction of the US Route 202 bypass. Five of the chambers have formed a political action committee to lobby the representatives.

Healthcare coverage is an issue for many businesses. Most businesses have 10 or fewer employees. Many businesses have been hit by IBC's demographic rating. As a result, fewer businesses will be able to provide coverage.

Transportation. There is limited availability and most employees cannot use public transportation. This is true for low-wage workers who live in Philadelphia and seek employment in areas of the county. Much of the transportation requires train/bus transfers or van pick-up provided by an employer.

Older, blue color jobs are still here, such as meat packing, Ford Electronics is now competing globally, and these companies are still part of the tax base for the area. Many of their workers now commute from Allentown or Bethlehem because of housing costs in Montgomery County. Efficient train service would help. The world is shrinking—or at least the commuting distances are increasing.

Developmentally disabled population. These people face difficulties because of the changing economy in regions of the county. There are about 20 group homes and sheltered workshops. They are able to do the jobs, but many people are losing entry-level manufacturing work in the area.

The participants suggested that addressing fragmentation of services issues is key to making needed changes in the county and developing and retaining a strong, well-trained workforce. They recognize how critical it is to look for answers to the transportation issues in the county.

Session 6: Elementary School Age Children

The participants included eight representatives of local school districts, the Boy Scouts, and a social service agency.

When asked about the positive and unique aspects of the region, participants said that dental sealants have been provided for free and have been a big success.

Issues

The cost of unfunded mandates. (No Child Left Behind) An excessive amount of time is devoted to teaching to the tests, leaving little opportunity for teachers to do creative and interesting projects. The process channels the most vulnerable students into special education. Some families are taking advantage of the process because they know that children in the

special education classes get extra support and help. The gifted are shortchanged as well.

Need for one-on-one adult relationships. Big Brothers and Big Sisters provide mentors but particularly need male volunteers for boys.

Parental outreach. Parents need support and parenting information and education. Families need individualized help.

Communication of information. There is a sense that there are services and activities that people could access if they had more and better information. "We do not know what everyone does."

Arts and music. These activities are available if you can afford them. Community arts centers need to take a long-term community view and work to provide classes and services to everyone in the community.

The participants suggested that many single parents need assistance, information, and support. Schools struggle with issues related to drugs and alcohol and how they can help parents and students. Although there has been a national push to pay closer attention to children's nutrition and exercise, the Health Promotion Council is concerned with the decrease in physical education time. Teachers should be trained to work with students for physical exercise, rest, stretching, relaxation, and the like.

There seems to be an increase in chronic illness in this group: increases in Type II Diabetes, asthma, allergies, and new problems surrounding depression, eating disorders and self-mutilation. The key transition ages are 6–9, 18–24, and 65+.

"We need community standards of behavior and a single, consistent community message that comes from family, school and after-school programs."

Session 7: Secondary School Age Children

The participants included representatives from schools, a social service agency and the Y.

When asked about the positive and unique aspects of the region, participants said there was a "Code of Conduct for Athletics and After-School Activities." The code requires that if anyone is arrested, it must be reported. The participants said there are useful standards that schools can impose along with incentives like school trips and disincentives, like being sent home. Another positive note: some teens have been active politically with tobacco sting initiatives.

Issues

Health education in middle schools and high schools. Teen pregnancy prevention is an important issue. "We are seeing children of 9 or 10 years old becoming sexually active. It is worse in the summer because kids are more active and 'get frisky with each other.'"

Participants highlighted prevention of drug, alcohol and tobacco use. There is alcohol and drug use at parties in people's homes. Even at the "best schools," all substances are available. All of the issues are affected by peer pressure and the desire to be and act older. In middle school, many students have too much time on their hands. "Parenting is a full-time, demanding job."

"It is important to keep track of their activities. It is not good to have them just hanging out."

Guidance. Stronger guidance is needed. The participants said that the opportunity to develop a student's individuality is missing. Children need dreams about the future. The Achievers Program is based on adult mentoring. "Too often they're all like little sheep." Students need a stronger guidance program, SAP teams, adult mentors, and safe schools.

The participants suggested that providing more options for after school activities, supervised by teachers, especially for middle school students, would be helpful. Their very specific suggestions for programming included the following:

- offering extra-curricular programs with an outcome, for example, a certified babysitting course, travel, community service or for older teens, a safe driving course;
- teaching life skills, such as cooking and auto repair;

- providing opportunities for real work for 13–15 year olds who are not eligible to work;
- starting a gospel group;
- bringing in the Science After School program, which gives students the time and space to get messy; and
- providing a leadership development program.

Session 8: North Penn Collaborative Board

The participants included three members of the collaborative.

History. It began as the North Penn Long Term Care Consortium around 1982 and included nursing homes and home care programs in the area. The county began the collaboratives in 2000-2001 but also began to acknowledge the regional differences. The county didn't look alike, and, as a result, people were forced together that had never talked to each other. The collaborative served as a topical round table, but now it has incorporated much more of the county and is more of a bottom-up organization. "The county just thinks we're their creation, but we predate their efforts."

"Today we're still in the boonies. But we are also a strong faith community with traditional values and a we-take-care-of-our own attitude."

There are pockets of frail elderly in Lansdale, Hatfield, North Wales and Souderton. There are significant workforce issues related to the turnover of direct care workers. The homeless are down on the tracks. Transportation remains a huge problem for many people.

The participants indicated that they hoped this report would identify the problems in the community, set priorities, and define the kind of leadership and coordination that is needed to implement change.

Session 9: Elder Care

The participants included four social workers working with seniors, one nurse with the VNA, one staff person at Retired Senior Volunteer Program (RSVP), one minister, and a director of a soup kitchen and food cupboard.

When asked about the positive and unique aspects of the region, the participants, who were very knowledgeable with many years of collective experience, said there are many seniors and the region has seen a growth in 55+ communities. These communities are welcomed by the townships because they bring extra tax dollars to a community but do not use any school services. There are volunteer opportunities for the elderly in schools, at a food bank, and as foster grandparents for special needs children through multiple organizations. RSVP provides transportation for volunteers, which is subsidized by a grant through TransNet.

Agencies provide a range of supports including Meals-on-Wheels, housing, in-home behavioral health services, handyman services and transportation. There is a multi purpose agency focusing on health and wellness and helping seniors access entitlement benefits. The Senior Environmental Corps does water testing and educational programs. The Y provides scholarships so seniors can go swimming. Boy and girl scouts clean for the elderly and another agency adopts seniors for Christmas. There is a focus on minority elders, especially Vietnamese and Latinos.

Issues

Transportation. There is little public transportation. Eventually the people who are aging will need services- to get to and from doctors and other programs/services and there is no planning for that. There is some free, curb-to-curb transportation available through the Shared Ride program funded through the lottery, but seniors have to call 24 hours in advance and sometimes families just give up.

Volunteers will drive where TransNet cannot or will not go because TransNet is PUC regulated and they are not allowed to cross the county borders. However, volunteers are having a hard time affording the increased fuel and liability insurance costs. Some volunteers will not drive people on oxygen, and people miss their appointments because they are not picked up on time.

There are only a few cabs, the turnover of drivers is high (it is a hard job with low pay), and drivers cannot enter a house or apartment. Not all train stations are handicap accessible, and sometimes the lifts are broken.

Senior services. The Area Agency on Aging (AAA) provides case management for the OPTIONS Assessment program (in-home care on a cost-share basis) but little else. There is some support for those providing geriatric psychiatric services and a foundation providing educational programs for those who work with the elderly. Many people age in place.

There are waiting lists for most senior services and the participants believe that everything is under-funded. HIPAA (Health Insurance Portability and Accountability Act) is a problem if people need records and others are helping them obtain them. People who just miss the cut-off to be included in the Medicare/Medicaid waiver program really struggle. There was a bridge program, but it has been cancelled. The OPTIONS program is good but limited in size. There is no formal safety audit available for seniors in their homes.

Poverty. This continues to be an issue. PACE is expected to run out. The state has raised the income eligibility level and lowered the amount people receive. OPTIONS provide $625/month in services. But if a caregiver goes to work and the family needs adult day care for their relative, the senior ends up at the senior center even if he or she cannot manage there. Many seniors who are still working receive a minimum wage. "If you are working for $10/hour you still need food stamps, which are hard to get: the means test should go by net not gross income."

"My workers need to make a decent living. Direct care work is poorly paid. People leave for $.50/hour more and a signing bonus. People are putting aside their limited resources for taxes and heating oil this winter."

One woman was getting $10 a month in food stamps (she had been a stay-at-home mom). A drug addict was receiving $78/month. It is believed that the elderly know how to spread their dollars. It is federal policy to give seniors less in food stamps because seniors supposedly need less food. The U.S. government has cut back, and other funding is shrinking.

Participants report that it takes a salary of $13/hr. to afford a decent, safe apartment and nobody is paying that. A one-bedroom is $875/month, you have to provide documentation of income, and there is a three-year waiting period. Seniors shouldn't have to pay school or property taxes which results in people losing their homes.

Funding issues. The funding environment has been very difficult and programs have been cut. Participants report that funding for agencies is stopgap only, making for an insecure environment.

Participants suggest that if foundations were to take a larger role in advocacy, they might have a more powerful voice. They suggested that elderly people would benefit from learning to use a computer but many cannot afford to pay for classes.

Participants suggested alleviating some of the transportation issues by using school buses during the day to transport seniors and others who need transportation. They also suggested underwriting car insurance for volunteer drivers.

Finally, the participants hoped that this process would generate ideas to address the issue of the lack of affordable housing.

Session 11: Behavioral Health

The participants included one behavioral health foundation administrator, three providers (wraparound services, a base service unit, and a therapist) and a HealthChoices behavioral health administrator.

When asked about the positive and unique aspects of the region, participants said that there are good-quality, school-based programs for children's behavioral health.

"There are less expensive places to live in Norristown and more services; or they are located in a smaller geographical area. Medicaid and the Housing Authority are all in Norristown. We have a nice community here. People are caring. We have started an advisory board for a program and people are willing to serve on it and learn about it."

"In Harleysville and Souderton we have faith-based activities that are really good. Lansdale has the Boys and Girls Club that is moving to Souderton. Millions of

dollars have been raised. If you look at the area around Grandview Hospital, there are fewer Behavioral Health admissions. It shows the potential of a community reaching out to people who need help. Few people live on the streets. It has to do with how the community functions and that is something to be proud of. There are many generations of people living in the same community and there is lots of support. And County Behavioral Health has been supportive of providers. The public insurance program is very good and no prior authorization is required for Medicaid beneficiaries."

Issues

Drugs and alcohol. Children and youth who receive behavioral health services through the county-funded SAP program have few options for drug and alcohol direct services. Participants said that, at one time, the police came to the schools to talk to the students, but there are no prevention dollars so they do not come anymore. Some parents would rather have their children needing mental health services than involved with drugs and alcohol.

"We need more training for teachers in identifying at-risk kids before they get into big-time trouble. Parents deny that their kids are using and we need programs to educate the parents."

Funding for behavioral health. People in the transitional age group (18–30) sometimes lose funding they had as a child. Participants report that county funds are used to provide services to people who miss the Medicaid income guidelines. There is a lack of physical and dental health care services for autistic students as children age out. "Treat them as kids or you will treat them as adults when it costs more or they end up in prison."

Cultural competency. Participants report that some ethnic groups do not take advantage of behavioral health services. They said that they need to learn cultural customs of families they are supporting. In addition, materials written in the languages that people speak in Montgomery County are needed. One problematic area is families that need to come to terms with a sibling or child with mental illness.

Other needs of the mentally ill. There is little family therapy because insurance doesn't pay for it except for a few private insurers and Medicaid. The amount covered is minimal. There are SCOH and wraparound services but it is not the same as family therapy. "The free programs fill up very quickly. A new program starts and in three weeks, it is filled."

The mentally ill need housing, vocational support, and programming (such as pairing mentally ill children and youth with adult mentors). "Sometimes our clients aren't welcome by other employees. When something goes wrong, the mentally ill get blamed. There is a stigma attached to mental illness."

Geriatric mental illness. It is both long-term and situational, e.g. widows and it goes largely untreated. "You do not see high penetration of older adults. Older people do not seek services. Some programs aren't reimbursable because you need a licensed clinical social worker.

There is an organization in Souderton that tracks how many elderly get no visitors. There is the potential for drug and alcohol abuse among the elderly when they become depressed. Healthy elderly and mentally ill often live in the same boarding homes. Regarding housing issues and workforce issues for the elderly, we had people at Rockville: the people may have been washing dishes. There were people with mental illness who got into a housing development for elderly. Two fires were set and now nobody can live there except the elderly.

"Most of the people are living in the community—not in hospitals and they need a life without the helping professions. They need jobs, places to live, and a social life. They are really sheltered if they live in one of our houses, work at our jobs and stay within the program-some people could really do ok out in the community. We do not do a good job helping them find their way back. There is a stigma and the idea is that people with mental illness cannot do what other people can do."

There is a need for well-paid providers. "People earn more working in a restaurant." This is hard work and there is a lot of turnover. Turnover is an abandonment issue to clients; it is like going through a death every time.

The participants made the following suggestions to address the transition issues young people face. They suggested that a drop-in center for young people as they reach age 18 would help ease the transition. As young people age out of the system, they often drop out of care because they lack resources. Providing them with money for co-pays may keep them in care. Young people need mentors. Participants suggested collaborating with industry to provide adult mentors. The mentally ill need support for direct services and the providers need training and networking opportunities. The general community needs education in order to decrease the stigma of mental illness and "NIMBY."

Finally, participants said that providing materials in the languages spoken by the residents of Montgomery County would go a long way to helping them understand their illness.

Session 12: Public Safety

The participant was the police chief of a local department.

When asked about the positive and unique aspects of the region, he said that there is more "community" here that is a carryover from the strong Mennonite tradition: "You helped your brother."

Police have good relations with the schools and they can have lunch with teachers and students. "Here we put aside hard feelings and we have a common goal so we work together. Nearly everybody contributed to the new Boys and Girl's Club. There is a new skate park that hasn't been started yet that will be attached to the Club. There is a strong DARE program that starts in fourth grade; students are receptive to it. The officers teaching in Souderton have done a remarkable job."

"Some people say DARE doesn't work. It does but it is only one piece. There is a need for the community and the parents to be part of the teaching. We are bound to a three-phase program and the curriculum from DARE America. In 2009, it will go into the high school. The studies show you need to get the students by ninth or tenth grade. Overall, I do not know if it has stopped kids from experimenting, but it does establish a relationship with the police."

"We go out on family violence calls. One of the corporals put together a resource book of services to refer people to in that situation. Every officer has a copy. We use mediation services. There was a grandmother being terrorized by her grandchildren, the mom was a drunk, and the grandchildren were put in foster care. Aging Services got the grandmother into a local retirement home. We do have good resources, we have specific training, and we are good at this."

Issues

Drug and alcohol use. "This is a changing issue. We're getting more people so we're getting more problems. The alcohol parties are still going on, but heroin is surfacing. There have been several heroin deaths in the last few years. There is less marijuana but more crystal meth. Do not go near it. It is driven by economics. Heroin was an inner-city drug, but it is cheap and it is available more broadly."

Crime: "People say we get a lot of crime, but actually it is family violence and parent-child issues. We see a lot of anxiety and depression in younger kids. We go to Building 50 (Montgomery County Emergency Services, Inc.) because people may be a harm to themselves and others. There are parents who shouldn't be parents although sometimes the parents are okay and the kid just doesn't make it. We take the position that if the police have to return to a house, somebody is getting arrested. We work to treat a situation the first time we are called to prevent the repeat call."

Fragmentation. This is a recurring theme. "EMS is half paid and half volunteer in individual communities although it is dispatched by the county in Eagleville. A computer assesses the call and makes a decision about which ambulance company goes. It is certified by Pennsylvania Department of Health, and the coordination is through the county EMS board, which establishes the protocol. But there has been no effort to consolidate the various EMS companies. This is Montgomery County! There has been a quiet push to regionalize the police, but it hasn't happened for

fire and EMS. I will not see it during my career. I am pro-regionalization because we duplicate services. Pennsylvania has 1,200 police departments—most places have one county government."

The participant said that he has seen good results through mediation services. He also feels that drug and alcohol prevention services would be helpful to his community. He suggested funding proven programs for the homeless, especially those that help people find temporary shelter and some meals. Finally, he would like to see support for battered women's services.

Session 13: Arts and Culture

The participants included library staff, the director of a theatre company, and a social worker.

When asked about the positive and unique aspects of the region, the participant said that the North Penn Arts Alliance meets regularly, and has put paintings and art into the library. The photography group is meeting as well. There is a large library of more than 35,000 books. There are strong children's programs at the library. Other library programs, except the babysitting course, are free. There is a link to Glaxo for science activities in the summer.

The library consistently looks to provide more activities, for speakers, and for musical performances. "I have been struck by the rich historical stuff in Montgomery County. Most kids probably do not know about it." There are class trips to the Peter Wentz and Pearl Buck houses. Lansdale conducts tours of historical homes.

There are programs to help seniors and low-income people attend the theatre. Some people may not come because they cannot afford it and do not want to ask for help, but generally plays are very well attended, especially interactive ones. They sponsor trips to the city to hear the orchestra, and to New York to enrich the lives of older adults.

There are computer literacy classes and other social and financial supports for immigrants. There are concerts on Sundays, in town at lunch.

There are art classes for children and youth on the weekends, to give them time to work more independently, and the music and arts festivals in the summer.

Issues

Funding. All of the issues that follow are related in some way to limited funding. In addition, the participants identified fragmentation among organizations and the need to link agencies and funding streams. For example, the suggested that artists should be linked with organizations that teach people to draw. They suggested that supporting closer partnerships among the library, other local cultural institutions and teachers and coaches would be a direct help to young people.

Children's programs. These are in great demand. It is hard for people without resources to pay for them. The theatre has considered after-school programs, but the programs cost money, and there are very limited scholarship programs.

Dance. This has been lost in schools. "When program dollars are used up, it is over." There is a need to target home-schooled children as well.

Locating art in the community. There is a need to encourage low-income housing in communities; arts and culture impact the "health" of a community. Artists relocating from New York to Philadelphia are renovating sections of the city that were a wasteland. This produces a renaissance. The participants suggested that some of the boroughs might flourish if some of the migration were captured.

Intergenerational programs. Venues need to be accessible to adults and young people. "We should look at how to get the kids into programs. We should support programming for older adults as well."

How to develop programs with wide acceptance. Some programs are "cool" and will be attractive to young people. "Computers are cool. Children have to respond to their schoolwork; they need homework help." The library has the staff and book resources. "I do not really know what's cool," said one teacher.

"Testing culture". Culture and the arts cannot be measured by current tests. Someone might say, "You are good in art; here is a free pass to art or dance class." It becomes an award not an embarrassment. Sometimes teacher really bond with the kids: they know what they like, what music they listen to. Kids also really respect what the coaches say."

The participants suggested that disseminating information and providing a varied annual schedule to a targeted audience (like grandparents) might increase participation by a broad range of people. They noted that it was important to support families without resources, who may not be able to travel so that they can access local visual arts, plays, and good music. They suggested developing a resource guide to the arts that would be available at the library. They suggested that scholarships, provided in collaboration with schools, would be a way to include children who cannot afford to participate in the arts.

Finally, they would like to see the faith and ethnic communities support culture and the arts.

Session 14: Minorities and New Immigrants

The participants included an ESL teacher, social worker, minister, new immigrants, and staff from a community-based organization providing basic resources to new immigrants.

When asked about the positive and unique aspects of the region, the participants said that there is strong support from the communities of faith. There are organizations that provide ESL classes, a food pantry and clothing exchange, GED classes, and social workers to deal with every human service issue.

Issues

Cultural competence. The participants stated that this is lacking in the community. On participant said, "I think we do a lousy job at serving minorities. If we do not do what needs to be done, it is a cop out. Whatever needs people have, minorities have more." Many migrants are not connected to each other. We need to help new immigrants socialize in their new community. Undocumented immigrants remain marginalized because they are afraid to touch the system. Learning English is key to assimilation. Within some immigrant communities there maybe practices that run counter to our culture, rules, and laws. How do we address this?

One recent immigrant told the following story:

> The refugees lived in camps. It was very painful for them to leave everything and come here like a newborn. Our diplomas are not considered. People do not know us; do not know who we are, or what we can do. Our people need computer literacy. I see people here who have been here for five years but still do not have a house. We have oriented our help to people who need help.
>
> I came here in 2000. I was asked to talk about how to support the new migrants. There are 32 of us in the North Penn area. Lutheran Service has helped us form an association. The challenges we have right now are personal challenges: I do not have a job and no experience; therefore it is really hard to get something. People need help and orientation. We focus on how to get to know people in the community including the police so we know what to do if we are stopped. People may have had bad relationships with police in their own country, and they must be taught that the police will help them here.

How can we integrate into the society? How can we benefit from the immigrant and look at what he brings to the community? I finished my degree in 1995 and then taught at University for nine years. I taught in Zambia and Kenya, and worked with the United Nations High Commission for Refugees. I come to America and they tell me I can work as a guard or as a laborer. I was traumatized to leave my family and all the people who died, and now I come here and I am given a place to eat and sleep, but it feels bad that I work for someone who doesn't even have a GED. I need a skill that will allow me to compete in this market. I have applied for many jobs and I cannot get work. They ask for a birth certificate; no one has them. Who will recommend you if you've been in a refugee camp? No one considers me and what I can do. Problems are similar for people who come from Latin America, Asia, and Russia. I have some trouble to express this. I do not know why we cannot be totally integrated into the milieu.

The community isn't being educated about the potential of the people who come with credentials but aren't accepted. Our organization has a citizenship program. Our success rate is 99 percent. But we warn people that it is a big deal to give up your citizenship.

Other immigrants have other needs and we haven't discussed race and class which is a significant issue. How welcoming is our society to people who are different or of a lower class? Some people have more trouble with economic differences.

Other issues. There is little representation for gay and lesbian communities and those with HIV/ AIDS. There are many educational needs. People need help getting a job, and getting through the interview process. The participants said as they got to know students, they uncovered health needs and learning disabilities. They said that there needs to be more effective outreach and education around family issues.

Participants suggested that being able to hire people appropriate to work with immigrant populations (e.g., those who have lived the immigrant experience) would be helpful. They would like to work more collaboratively with faith-based initiatives and with the groups that already have experience with immigrant populations. They suggested that an advisory committee that includes the immigrant community would be helpful to have and would allow them to explore the ombudsman process.

From an employment perspective, they suggested developing programs to teach useable skills currently funded out education in Pennsylvania. They also thought it would be useful to place people in jobs where they can obtain ongoing training and education. Finally, they would like to see the programs that demonstrate how to integrate people at all different levels of society.

Session 15 Special Needs / Disabilities

The participants included four people from associations that support the disabled population, and one parent of a disabled young adult.

When asked about the positive and unique aspects of the region, the participants said that there is a network of family, friends and neighbors who reach out to special needs people. There are support personnel who will provide transportation and the churches provide transportation so that the disabled can attend services. Some facilities own their own vehicles.

Issues

Invisibility. Disabilities aren't on the radar screen. It is necessary to support inclusion. People have difficulty accessing typical community resources, developing relationships, going to church, and engaging in activities.

Transportation. This is the critical issue. A person may be able to find employment but cannot get safely to work. The staff at agencies provides much of the transportation for the disabled, exposing them to personal liability issues. Paratransit is an expensive service but transportation is key to helping people. The home-based waiver is designed so that staff will drive clients. Fewer people are willing to drive as a volunteer. Everyone would like to see more systems in place or better use of what is available. For example, the blind need supports in the existing systems.

- Living accommodations. People are living longer and the system isn't set up to address living accommodations, teaching, and training issues as the disabled age. Some senior centers accept developmentally disabled adults but training may be necessary for staff at a center and it isn't necessarily available. It is not possible or a good idea to lump everyone with a disability into single disability model.

- The participants suggested that the disabled need training, transportation, and technological supports. In order to address the issues related to living arrangements, the participants suggested that privately funded homes and group homes would be a way to address the current model, which is home care provided by family members. They reminded us that in those circumstances it is important to provide respite care for parents caring for technologically dependent children and adults.

- The participants noted that the state initiative for disabled people to have and visit friends is very worthwhile. They also noted that training and support to integrate the disabled elderly who are aging in place into the larger aging population is important. Finally, they suggested that the vision impaired (who will double in number in the near future) need a place in senior centers.

CONCLUSIONS

Summary

The quantitative assessment of the North Penn region presented in this report describes a region in the midst of change. Long the home of a diverse manufacturing sector, changes in that sector continue to drive changes in the region. Its population increased by 19 percent in the last decade, growing in affluence and diversity. The Asian population has more than doubled and childhood poverty declined. In terms of health care resources, the North Penn region is not a self-contained services area, relying on providers outside its boundaries for some of its hospital and specialty care and drawing long-term care residents from outside the region. Approximately 9,709 adults under the age of 65 lack health insurance coverage. About 24 percent of adults currently smoke and a similar percentage engage in binge drinking. There are substantial gaps in screening and prevention rates and Healthy People 2010 goals within the region. In terms overall age adjusted mortality rates, it performs better than any of the other four regions of the county. The teen birth rate is lower than the county rate, while stroke death rates are higher. While the overall poverty rate is low, the modest variations in poverty rates between its minor civil divisions and school districts are reflected in school performance, crime rates, and rates of social service interventions.

The concerns of key informants summarized in the qualitative assessment in this report focused on issues related to 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, echoed with minor variations in the other four regions as well. 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 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 collaboratives 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 North Penn Key Informant Wish List for Expansion and Improvement of Health and Wellness

COMMUNITY LEADERSHIP

- Parenting education including family therapy
- Prevent funding cuts to programs that work
- Reduce fragmentation of services and coordinate services available among agencies. Increase regionalization.
- Update, familiarize and provide residents and social service workers with correct information about available services and cultural activities.

ACCESS TO SERVICES

Those with limited English language proficiency

- Develop cultural competency among service providers
- Enhance supply of materials written in languages spoken in Montgomery County
- Provide trained interpretation for medical and social services
- Convert credentials earned in other countries to certifications acceptable in the US
- Provide support for ESL classes & teach refugees useable skills

Children

- High quality preschool experiences are needed; Improved preschool teacher training
- Access to mental health services
- School guidance and adult mentoring programs
- Provide services to young people who "age-out" of the system

Health Care

- Mental Health services including vocational support
- Increase prevention dollars to provide information about drugs and alcohol to students
- Increase the number of dental providers who accept MA
- Coordinate insurance and improve availability of adult Basic coverage

Elderly

- Transportation
- Senior programming at senior centers; for the blind
- Address the waiting list for services
- Geriatric psychiatric services

INFRASTRUCTURE

Housing

- Affordable and transitional housing
- Group homes for the severely disabled and technologically dependent

Fluoridation

Transportation

- Workers need to reach employment & children school
- Address the isolation of the frail elderly & disabled; Volunteer drivers are hard to find

RECOMMENDATIONS

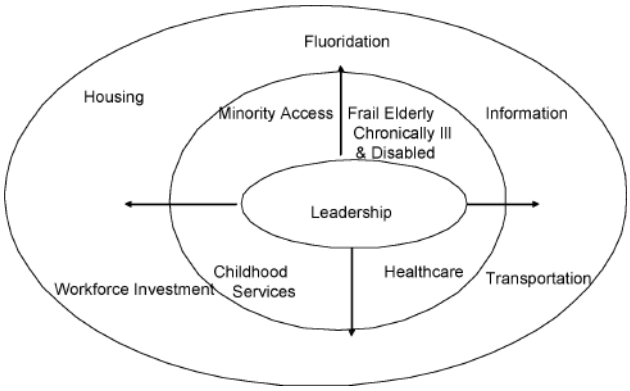
The statistical analysis and our discussions with key informants presented in this regional report identified many needs. We will focus on what we believe are the best immediate opportunities for moving the region towards longer, higher quality lives and the elimination of the disparities in achieving 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, below, 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:

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

The circles include the top 10 priorities for an action agenda for the funders, the regional collaboratives, and their supporting partners. These priorities and evidence supporting these priorities for the North Penn region are summarized below. We have also organized the major recommendations of our key informants in Figure 13 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. Grass roots 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. This is particularly true 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 expanding 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 the 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 assure people get what they need, providers respond effectively to those needs, and 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 North Penn region, aversion to centralized control, uncritical faith in the market, and, perhaps, its overabundance of resources, it is an even more challenging task.

In the North Penn region, with its rapid and inadequately planned growth, it is an even greater challenge. It is not just the consumers of services who have problems in figuring how things work. Many of the key informants we talked with were often equally bewildered. The North Penn Regional Collaborative, one of the older and more effective in the county still 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 North Penn Region answers differed. Just as with the other collaboratives, the answers lie somewhere between the promise of a coherent system and the embodiment of a fragmented system that defends insular prerogatives and studiously avoids addressing the underlying structural problems.

The partners in this project can play a critical role in shaping the evolution of these organizations. The immediate management priorities are the following:

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

2. *Concentrate the resources on where the need is greatest.* Within the North Penn region, the municipalities with the highest poverty rates—Ambler, Hatfield, Lansdale, North Wales, and Telford—have pockets of need that require attention. The disparities are even greater in other regions of the county. The partners in the Bucks County Health Improvement Program chose to pool their resources and concentrate them where they were needed the most. An equally convincing case for such concentration could be made in Montgomery County and in the North Penn region.

3. Expand the partnership to include the leadership of all of key resources that have a stake in effectively 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 help 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 region's 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 means 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. While 73 percent of North Penn region residents report German, Irish, Italian, or English ancestry and 88 percent are white, the black population is growing four times as fast, the Hispanic population six times as fast, and Asian population 10 times as fast as the white population. In the region, 17, 524 people report speaking a language other the English in the home, and 6,825 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 guidelines 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 grew 7.5 percent in the last decade to 11,271. About 3,721, or about 33 percent, are enrolled in nursery school or preschool. According to some of our key informants, there is a shortage of such services: 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 grew 8.2 percent to 145. In 2003, 160 families received Temporary Assistance to Needy Families (TANF). In 2004, 176 child abuse and neglect referrals were made to the County Office of Children and Youth in the North Penn region. In 512 households, the grandparents serve as the 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 44 percent in the last decade to 3,275. In the region, 5,957 persons over the age of 65 are living alone. Of the 22,880 persons over 65 living in the region, 6,749 or more than a quarter report a disability. The census reports 1,662 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 who 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.

Increase Access to Health Care

Approximately 15 percent (or 9,709) adults between the ages of 18 and 64 in the North Penn region have no health insurance. Fourteen percent of adults (or 16,976) have no personal healthcare provider, and 12 percent (14,558) needed to see a doctor in the last 12 months but could not do so because of the cost. The proportion of persons without insurance appears to be growing. The uninsured and those with Medicaid coverage report much difficulty obtaining specialty and diagnostic services in Montgomery County, often relying on Philadelphia medical school services that often involve long delays and difficulties in arranging transportation. 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 North Penn region lack these basic needs.

Affordable Housing

Twenty four percent (or 14,037) households in the North Penn region allocate more than 30 percent of their income for housing, above the federally defined threshold for affordability. Much of the recent growth and strain on the region's resources has been driven by the search for affordable housing as home seekers have tried to balance commuting and rapidly rising housing costs. North Penn, which provides much blue collar factory employment in a region with rising housing prices, has been particularly affected by these growing commuting problems. 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. Some of these homeless are "housed" temporarily overnight in some the churches in the North Penn region that volunteer their assistance. The lack of sufficient transitional housing that can assist them in overcoming the 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 North Penn 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 15,077 or 14 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, dental insurance coverage is more limited, and many low- and moderate-income persons cannot afford the out-of-pocket costs. About 18,696 or 16 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 lack of pubic transportation make this particular hardship for residents in the North Penn 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, fluoridation 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. No public fluoridated water supply exists in the North Penn region. 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 group that we interviewed in the North Penn 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 the North Penn region 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, however, 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 on-going 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, including North Penn's most recent one, failed to identify transportation as major problem. Assessments that have looked at arts and culture, health services, or social services, have all mentioned transportation as a top concern. This was also a particular concern of many key informants we spoke with in the North Penn 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 92 percent of residents in the North Penn region who work commute by automobile. About 5 percent or 3,155 households 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, 2 percent or 2,612 of adults in the region seeking employment were unemployed. The shift from a manufacturing to a service economy has affected the North Penn region just as other areas of the county and many of those employed are underemployed in low-wage jobs. The North Penn region 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) licensed practical nurses and a shortage of 11 percent (or 1,090) registered nurse in Montgomery County for 2010. The first baby boomers turn 65 in 2011. Currently, 37 of Montgomery County's registered nurses 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. 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 North Penn 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.

NORTH PENN REGION APPENDICES

Appendix I Demographic Changes in the North Penn Region 1990-2000			
	2000	1990	% Change
1. Age Race and Ethnicity			
Under 5 years	11,271	10,489	7.5%
5 to 24 years	41,630	35,785	16.3%
25 to 44 years	51,763	48,049	7.7%
45 to 54 years	24,298	15,503	56.7%
55 to 59 years	8,641	6,058	42.6%
60 to 64 years	6,524	6,003	8.7%
65 to 74 years	11,247	10,056	11.8%
75 to 84 years	8,358	6,003	39.2%
85 years and over	3,275	2,272	44.1%
White	146,725	130,458	12.5%
Black or African American	6,537	4,210	55.3%
American Indian and Alaska Native	166	138	20.3%
Asian	10,610	5,045	110.3%
Some other race	912	519	75.7%
HISPANIC OR LATINO AND RACE			
Hispanic or Latino (of any race)	2,996	1,719	74.3%
HOUSEHOLDS BY TYPE			
Householder living alone	15,087	11,736	28.6%
Householder 65 years and over	5,957	4,469	33.3%
2. Educational Attainment			
Population 25 years and over	113,958	94,319	20.8%
Less than 9th grade	3,790	5,295	-28.4%
9th to 12th grade, no diploma	8,482	9,882	-14.2%
High school graduate (includes equivalency)	30,055	28,676	4.8%
Some college, no degree	19,597	15,580	25.8%
Associate degree	7,580	6,387	18.7%
Bachelor's degree	28,407	18,527	53.3%
Graduate or professional degree	16,047	9,972	60.9%
Percent high school graduate or higher	89	84	
Percent bachelor's degree or higher	39	30	

3. Income and Poverty			
Households	63,216	51,568	22.6%
Less than $10,000	2,197	2,788	-21.2%
$10,000 to $14,999	2,085	2,293	-9.1%
$15,000 to $24,999	4,551	6,137	-25.8%
$25,000 to $34,999	5,889	7,286	-19.2%
$35,000 to $49,999	8,763	10,918	-19.7%
$50,000 to $74,999	13,817	12,263	12.7%
$75,000 to $99,999	10,151	5,252	93.3%
$100,000 to $149,999	9,795	3,023	224.0%
$150,000 or more	5,968	1,608	271.1%
Median household income (dollars)	62,206	44,707	39.1%
POVERTY STATUS (below poverty level)			
Families	927	755	22.8%
Percent below poverty level	2.0	2.0	
With related children under 18 years	731	527	38.7%
Percent below poverty level	1.6	2.8	
With related children under 5 years	317	310	2.3%
Percent below poverty level	0.7	3.8	
Families with female householder, no husband present	367	329	11.6%
Percent below poverty level	0.8	9.2	
With related children under 18 years	346	259	33.6%
Percent below poverty level	0.8	14.1	
With related children under 5 years	145	134	8.2%
Percent below poverty level	0.3	30.2	
Individuals	5,566	3,944	41.1%
Percent below poverty level	3.4	2.9	
18 years and over	3,874	2,903	33.4%
Percent below poverty level	3.1	2.8	
65 years and over	1,004	829	21.1%
Percent below poverty level	4.8	5.2	
Related children under 18 years	1,488	986	50.9%
Percent below poverty level	2.3	2.9	
Related children 5 to 17 years	1,076	601	79.0%
Percent below poverty level	2.3	2.5	
Source:: U.S. Census 1990, 2000			

Appendix II. Detailed Demographic Profile of North Penn Region		
	North Penn	Percent
Total population	167,007	100
SEX AND AGE		
Male	80,551	48.2
Female	86,456	51.8
Under 5 years	11,271	6.7
5 to 9 years	12,163	7.3
10 to 14 years	12,307	7.4
15 to 19 years	10,002	6.0
20 to 24 years	7,158	4.3
25 to 34 years	21,795	13.1
35 to 44 years	29,968	17.9
45 to 54 years	24,298	14.5
55 to 59 years	8,641	5.2
60 to 64 years	6,524	3.9
65 to 74 years	11,247	6.7
75 to 84 years	8,358	5.0
85 years and over	3,275	2.0
Median age (years)	37.9	
18 years and over	124,472	74.5
Male	58,815	35.2
Female	65,657	39.3
21 years and over	119,882	71.8
62 years and over	26,646	16.0
65 years and over	22,880	13.7
Male	9,100	5.4
Female	13,780	8.3
RACE		
One race	165,011	98.8
White	146,725	87.9
Black or African American	6,537	3.9
American Indian and Alaska Native	166	0.1
Asian	10,610	6.4
Asian Indian	3,218	1.9
Chinese	1,583	0.9
Filipino	421	0.3
Japanese	169	0.1
Korean	2,908	1.7
Vietnamese	1,408	0.8
Other Asian [1]	903	0.5
Native Hawaiian and Other Pacific Islander	61	0.0
Native Hawaiian	8	0.0
Guamanian or Chamorro	4	0.0
Samoan	36	0.0
Other Pacific Islander [2]	13	0.0
Some other race	912	0.5
Two or more races	1,996	1.2
White	148,263	88.8
Black or African American	7,289	4.4
DP-1 Regional Profile (con)		
American Indian and Alaska Native	631	0.4
Asian	11,368	6.8
Native Hawaiian and Other Pacific Islander	118	0.1
Some other race	1,500	0.9

Appendix II (Con.)	North Penn	Percent
HISPANIC OR LATINO AND RACE		
Total population	167,007	100.0
Hispanic or Latino (of any race)	2,996	1.8
Mexican	487	0.3
Puerto Rican	1,172	0.7
Cuban	162	0.1
Other Hispanic or Latino	1,175	0.7
Not Hispanic or Latino	164,011	98.2
White alone	144,883	86.8
RELATIONSHIP		
Total population	167,007	100.0
In households	164,395	98.4
Householder	63,133	37.8
Spouse	38,829	23.2
Child	51,767	31.0
Own child under 18 years	40,494	24.2
Other relatives	5,543	3.3
Under 18 years	1,474	0.9
Nonrelatives	5,123	3.1
Unmarried partner	2,367	1.4
In group quarters	2,612	1.6
Institutionalized population	1,700	1.0
Noninstitutionalized population	912	0.5
HOUSEHOLDS BY TYPE		
Total households	63,133	100.0
Family households (families)	45,244	71.7
With own children under 18 years	21,706	34.4
Married-couple family	38,829	61.5
With own children under 18 years	18,524	29.3
Female householder, no husband present	4,749	7.5
With own children under 18 years	2,414	3.8
Nonfamily households	17,889	28.3
Householder living alone	15,087	23.9
Householder 65 years and over	5,957	9.4
Households with individuals under 18 years	22,725	36.0
Households with individuals 65 years and over	15,313	24.3
Average household size	2.6	
Average family size	3.1	
HOUSING OCCUPANCY		
Total housing units	65,152	100.0
Occupied housing units	63,133	96.9
Vacant housing units	2,019	3.1
For seasonal, recreational, or occasional use	218	0.3
Homeowner vacancy rate (percent)	0.6	
Rental vacancy rate (percent)	4.4	
HOUSING TENURE		
Occupied housing units	63,133	100.0
Owner-occupied housing units	46,964	74.4
Renter-occupied housing units	16,169	25.6
Average household size of owner-occupied unit	2.8	
Average household size of renter-occupied unit	2.1	

Appendix II (Con)	North Penn	Percent
SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	44,149	100.0
Nursery school, preschool	3,779	8.6
Kindergarten	2,426	5.5
Elementary school (grades 1-8)	19,900	45.1
High school (grades 9-12)	9,205	20.8
College or graduate school	8,839	20.0
EDUCATIONAL ATTAINMENT		
Population 25 years and over	113,958	100.0
Less than 9th grade	3,790	3.3
9th to 12th grade, no diploma	8,482	7.4
High school graduate (includes equivalency)	30,055	26.4
Some college, no degree	19,597	17.2
Associate degree	7,580	6.7
Bachelor's degree	28,407	24.9
Graduate or professional degree	16,047	14.1
Percent high school graduate or higher	89.2	
Percent bachelor's degree or higher	39.0	
MARITAL STATUS		
Population 15 years and over	131,473	100.0
Never married	29,386	22.4
Now married, except separated	83,602	63.6
Separated	2,076	1.6
Widowed	7,775	5.9
Female	6,528	5.0
Divorced	8,634	6.6
Female	5,289	4.0
GRANDPARENTS AS CAREGIVERS		
Grandparent living in household with one or more own grandchildren under 18 years	2,052	100.0
Grandparent responsible for grandchildren	512	25.0
VETERAN STATUS		
Civilian population 18 years and over	124,445	100.0
Civilian veterans	14,962	12.0
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION		
Population 5 to 20 years	35,679	100.0
With a disability	2,150	6.0
Population 21 to 64 years	96,916	100.0
With a disability	11,407	11.8
Percent employed	71.4	
No disability	85,509	88.2
Percent employed	83.9	
Population 65 years and over	21,155	100.0
With a disability	6,749	31.9
RESIDENCE IN 1995		
Population 5 years and over	155,743	100.0
Same house in 1995	93,210	59.8
Different house in the U.S. in 1995	59,427	38.2
Same county	33,607	21.6
Different county	25,820	16.6
Same state	15,785	10.1
Different state	10,035	6.4
Elsewhere in 1995	3,106	2.0

Appendix II (Con)	North Penn	Percent
NATIVITY AND PLACE OF BIRTH		
Total population	167,080	100.0
Native	153,188	91.7
Born in United States	151,839	90.9
State of residence	120,736	72.3
Different state	31,103	18.6
Born outside United States	1,349	0.8
Foreign born	13,892	8.3
Entered 1990 to March 2000	5,083	3.0
Naturalized citizen	7,248	4.3
Not a citizen	6,644	4.0
REGION OF BIRTH OF FOREIGN BORN		
Total (excluding born at sea)	13,892	100.0
Europe	3,801	27.4
Asia	8,028	57.8
Africa	415	3.0
Oceania	74	0.5
Latin America	1,141	8.2
Northern America	433	3.1
LANGUAGE SPOKEN AT HOME		
Population 5 years and over	155,743	100.0
English only	138,219	88.7
Language other than English	17,524	11.3
Speak English less than 'very well	6,825	4.4
Spanish	2,785	1.8
Speak English less than "very well"	898	0.6
Other Indo-European languages	8,043	5.2
Speak English less than "very well"	2,512	1.6
Asian and Pacific Island languages	5,932	3.8
Speak English less than "very well"	3,145	2.0
ANCESTRY (single or multiple)		
Total population	167,080	100.0
Total ancestries reported	202,823	121.4
Arab	658	0.4
Czech '	859	0.5
Danish	339	0.2
Dutch	2,785	1.7
English	17,485	10.5
French (except Basque) '	3,550	2.1
French Canadian '	539	0.3
German	45,553	27.3
Greek	483	0.3
Hungarian	1,673	1.0
Irish '	35,589	21.3
Italian	24,372	14.6
Lithuanian	1,112	0.7
Norwegian	982	0.6
Polish	10,182	6.1
Portuguese	326	0.2
Russian	3,517	2.1
Scotch-Irish	2,791	1.7
Scottish	3,147	1.9
Slovak	1,120	0.7
Subsaharan African	656	0.4
Swedish	1,469	0.9
Swiss	1,517	0.9
Ukrainian	1,962	1.2
United States or American	6,716	4.0
Welsh	2,323	1.4
West Indian (excluding Hispanic groups)	533	0.3
Other ancestries	30,585	18.3

Appendix II (Con)	North Penn	Percent
EMPLOYMENT STATUS		
Population 16 years and over	129,148	100.0
In labor force	90,769	70.3
Civilian labor force	90,574	70.1
Employed	87,962	68.1
Unemployed	2,612	2.0
Percent of civilian labor force	2.8	
Armed Forces	195	0.2
Not in labor force	38,379	29.7
Females 16 years and over	67,907	100.0
In labor force	42,385	62.4
Civilian labor force	42,375	62.4
Employed	40,963	60.3
Own children under 6 years	13,370	100.0
All parents in family in labor force	7,976	59.7
COMMUTING TO WORK		
Workers 16 years and over	86,894	100.0
Car, truck, or van -- drove alone	73,167	84.2
Car, truck, or van -- carpooled	6,500	7.5
Public transportation (including taxicab)	2,232	2.6
Walked	1,512	1.7
Other means	569	0.7
Worked at home	2,914	3.4
Mean travel time to work (minutes)	407	
Employed civilian population 16 years and over	87,962	100.0
OCCUPATION		
Management, professional, and related occupations	37,494	42.6
Service occupations	8,731	9.9
Sales and office occupations	25,225	28.7
Farming, fishing, and forestry occupations	107	0.1
Construction, extraction, and maintenance occupations	6,069	6.9
Production, transportation, and material moving occupations	10,336	11.8
INDUSTRY		
Agriculture, forestry, fishing and hunting, and mining	227	0.3
Construction	5,179	5.9
Manufacturing	18,485	21.0
Wholesale trade	3,809	4.3
Retail trade	10,480	11.9
Transportation and warehousing, and utilities	2,512	2.9
Information	2,551	2.9
Finance, insurance, real estate, and rental and leasing	8,586	9.8
Professional, scientific, management, administrative, and waste management services	9,780	11.1
Educational, health and social services	16,015	18.2
Arts, entertainment, recreation, accommodation and food services	4,603	5.2
Other services (except public administration)	3,848	4.4
Public administration	1,887	2.1
CLASS OF WORKER		
Private wage and salary workers	77,212	87.8
Government workers	5,974	6.8
Self-employed workers in own not incorporated business	4,616	5.2
Unpaid family workers	160	0.2

Appendix II. (Con)		
INCOME IN 1999	**North Penn**	**Percent**
Households	63,216	100.0
Less than $10,000	2,197	3.5
$10,000 to $14,999	2,085	3.3
$15,000 to $24,999	4,551	7.2
$25,000 to $34,999	5,889	9.3
$35,000 to $49,999	8,763	13.9
$50,000 to $74,999	13,817	21.9
$75,000 to $99,999	10,151	16.1
$100,000 to $149,999	9,795	15.5
$150,000 to $199,999	3,143	5.0
$200,000 or more	2,825	4.5
Median household income (dollars)	62,206	
With earnings	53,103	84.0
Mean earnings (dollars)	74,025	
With Social Security income	15,774	25.0
Mean Social Security income (dollars)	12,991	
With Supplemental Security Income	1,139	1.8
Mean Supplemental Security Income (dollars)	7,309	
With public assistance income	571	0.9
Mean public assistance income (dollars)	3,263	
With retirement income	10,176	16.1
Mean retirement income (dollars)	15,491	
Families	45,416	100.0
Less than $10,000	597	1.3
$10,000 to $14,999	586	1.3
$15,000 to $24,999	2,052	4.5
$25,000 to $34,999	3,194	7.0
$35,000 to $49,999	5,506	12.1
$50,000 to $74,999	10,597	23.3
$75,000 to $99,999	8,741	19.2
$100,000 to $149,999	8,568	18.9
$150,000 to $199,999	2,922	6.4
$200,000 or more	2,653	5.8
Median family income (dollars)	71,748	
Per capita income (dollars)	28,034	
Median earnings (dollars):		
Male full-time, year-round workers	49,169	
Female full-time, year-round workers	33,868	
POVERTY STATUS IN 1999 (below poverty level)		
Families	927	
Percent below poverty level		2.0
With related children under 18 years	731	
Percent below poverty level		1.6
With related children under 5 years	317	
Percent below poverty level		0.7
Families with female householder, no husband present	367	
Percent below poverty level		0.8
With related children under 18 years	346	
Percent below poverty level		0.8
With related children under 5 years	145	
Percent below poverty level		0.3
Individuals	5,566	
Percent below poverty level		3.4
18 years and over	3,874	
Percent below poverty level		3.1
65 years and over	1,004	
Percent below poverty level		4.8
Related children under 18 years	1,488	
Percent below poverty level		2.3
Related children 5 to 17 years	1,076	
Percent below poverty level		2.3
Unrelated individuals 15 years and over	2,466	
Percent below poverty level		6.1

Appendix II. (Con)	North Penn	Percent
Total housing units	65,154	100.0
UNITS IN STRUCTURE		
1-unit, detached	34,255	52.6
1-unit, attached	14,625	22.4
2 units	2,268	3.5
3 or 4 units	2,660	4.1
5 to 9 units	2,446	3.8
10 to 19 units	3,169	4.9
20 or more units	4,487	6.9
Mobile home	1,175	1.8
Boat, RV, van, etc.	69	0.1
YEAR STRUCTURE BUILT		
1999 to March 2000	1,106	1.7
1995 to 1998	5,187	8.0
1990 to 1994	6,820	10.5
1980 to 1989	12,909	19.8
1970 to 1979	11,812	18.1
1960 to 1969	8,375	12.9
1940 to 1959	10,560	16.2
1939 or earlier	8,385	12.9
ROOMS		
1 room	590	0.9
2 rooms	1,997	3.1
3 rooms	4,972	7.6
4 rooms	6,810	10.5
5 rooms	7,785	11.9
6 rooms	11,747	18.0
7 rooms	10,343	15.9
8 rooms	10,395	16.0
9 or more rooms	10,515	16.1
Median (rooms)	6.3	
Occupied Housing Units	63,139	100.0
YEAR HOUSEHOLDER MOVED INTO UNIT		
1999 to March 2000	8,975	14.2
1995 to 1998	18,468	29.2
1990 to 1994	12,043	19.1
1980 to 1989	12,033	19.1
1970 to 1979	6,075	9.6
1969 or earlier	5,545	8.8
VEHICLES AVAILABLE		
None	3,155	5.0
1	19,345	30.6
2	29,843	47.3
3 or more	10,796	17.1
HOUSE HEATING FUEL		
Utility gas	26,044	41.2
Bottled, tank, or LP gas	1,082	1.7
Electricity	15,541	24.6
Fuel oil, kerosene, etc.	19,853	31.4
Coal or coke	116	0.2
Wood	221	0.4
Solar energy	8	0.0
Other fuel	172	0.3
No fuel used	102	0.2

Appendix II. (Con)	North Penn	Percent
SELECTED CHARACTERISTICS		
Lacking complete plumbing facilities	160	0.3
Lacking complete kitchen facilities	147	0.2
No telephone service	270	0.4
OCCUPANTS PER ROOM		
Occupied housing units	63,139	100.0
1.00 or less	62,110	98.4
1.01 to 1.50	609	1.0
1.51 or more	420	0.7
Specified owner-occupied units	42,502	100.0
VALUE		
Less than $50,000	219	0.5
$50,000 to $99,999	3,488	8.2
$100,000 to $149,999	12,352	29.1
$150,000 to $199,999	11,838	27.9
$200,000 to $299,999	9,750	22.9
$300,000 to $499,999	3,861	9.1
$500,000 to $999,999	843	2.0
$1,000,000 or more	151	0.4
Median (dollars)	168,113	
MORTGAGE STATUS AND SELECTED MONTHLY OWNER COSTS		
With a mortgage	32,832	77.2
Less than $300	0	0.0
$300 to $499	256	0.6
$500 to $699	1,027	2.4
$700 to $999	4,122	9.7
$1,000 to $1,499	12,608	29.7
$1,500 to $1,999	8,302	19.5
$2,000 or more	6,517	15.3
Median (dollars)	1,408	
Not mortgaged	9,670	22.8
Median (dollars)	437	
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE		
OF HOUSEHOLD INCOME IN 1999		
Less than 15 percent	13,255	31.2
15 to 19 percent	7,824	18.4
20 to 24 percent	7,532	17.7
25 to 29 percent	4,654	11.0
30 to 34 percent	2,845	6.7
35 percent or more	6,285	14.8
Not computed	107	0.3
Specified renter-occupied units	16,070	100.0
GROSS RENT		
Less than $200	433	2.7
$200 to $299	349	2.2
$300 to $499	1,070	6.7
$500 to $749	5,767	35.9
$750 to $999	4,005	24.9
$1,000 to $1,499	3,174	19.8
$1,500 or more	857	5.3
No cash rent	415	2.6
Median (dollars)	783	
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999	3,180	19.8
Less than 15 percent	2,841	17.7
15 to 19 percent	2,237	13.9
20 to 24 percent	1,984	12.3
25 to 29 percent	1,000	6.2
30 to 34 percent	4,107	25.6
35 percent or more	721	4.5