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

WESTERN REGION

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PREFACE

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

This report on the Western 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 Western 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 Western 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 David Kraybill of the Pottstown Area Health and Wellness Foundation and Mary Miller of Performance Essentials. 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

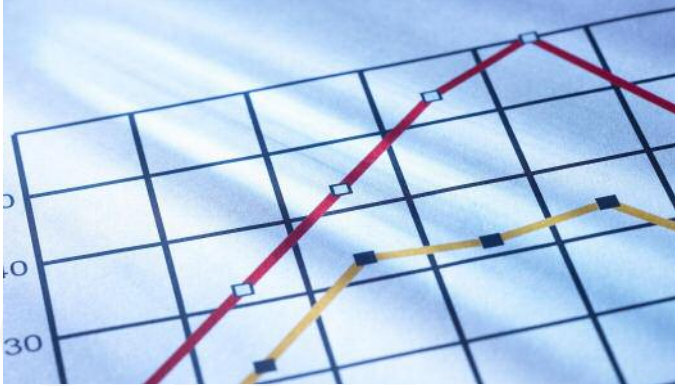
North Penn Community Health Foundation

The Philadelphia Foundation

Phoenixville Community Health Foundation

United Way of Southeastern Pennsylvania

United Way of Western Montgomery County

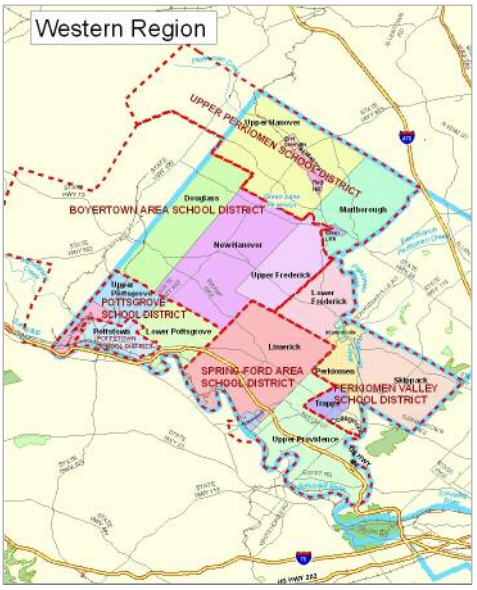


INTRODUCTION

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: Western, North Penn, Eastern, Central, and Southeast). This report summarizes the findings for the Western region. **Figure 1** presents a map of the area included in this collaborative. It encompasses 22 boroughs and townships (colored areas of map) served by six school districts (outlined by dotted lines).

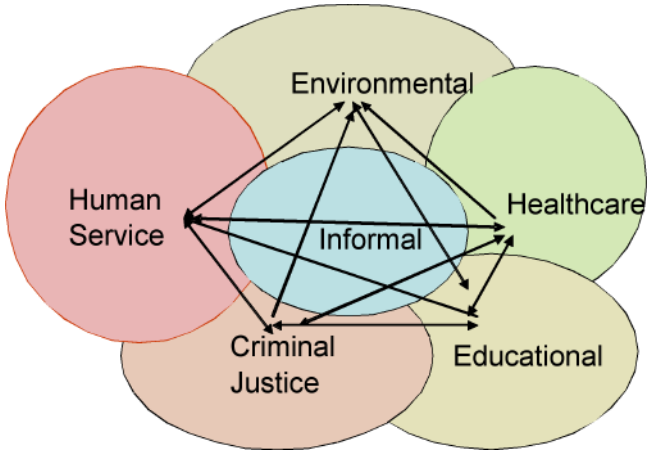
In completing the overall assignment we took advantage of the wealth of existing data sources, made use of the many previous studies and reports that have been completed by various groups that address the health, social service, educational and arts and cultural needs in the county, incorporated the 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 available in the full report and its appendices.

Figure 1. Montgomery County's Western 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 Western region. All of these systems overlap and are interconnected, as illustrated in **Figure 2**. One of the key roles of the Western 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 sections summarize and make recommendations about the most important priorities that need to be addressed.

QUANTITATIVE ASSESSMENT

Environmental System

For our purposes, the "environment" includes all those characteristics of the Western 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 bulk of the remaining preserved farmlands, parks, and protected open lands in Montgomery County are in the Western region. The Schuylkill River, Perkomien Creek, Evansburg State Park and Valley Forge National Historic Park form parts of the border of the region. The Limerick nuclear power plant, the recently closed land fill adjacent to the Borough of Pottstown, and two superfund sites (Moyers Landfill, in Collegeville; Occidental Chemical, in Pottstown) have made residents more concerned about toxic contaminants than perhaps the rest of the county. The concerns are described in detail in an assessment completed for the Pottstown Area Health and Wellness Foundation in 2004. (See http://www.pottstownfoundation.org/pages/community-health-assessment.htm.)

Demographics

The Western region, with a total population of 141,724 in 2000 is the least densely populated yet most rapidly changing area of the county. Addressing both the threats and taking advantage of the opportunities those changes pose should be a major focus of the Western collaborative. Those changes include the following:

- **Rapid new growth.** The total population grew by 24.3 percent between 1990 and 2000, more rapidly than in any other region in the county and more than twice the rate of the county as a whole. The population under five years of age grew by 29.5 percent, reflecting the growth of new housing along the Route 422 corridor.
- **Growing affluence and education.** Reflecting the migration to new housing, the region experienced the most rapid growth in those with advanced degrees and households with higher incomes. The number of persons with graduate or professional degrees more than doubled, and the number of households with incomes over $100,000 increased fivefold between 1990 and 2000.
- **Concentrated, growing poverty.** However, the number of persons in poverty, concentrated in Pottstown and some of the smaller, older boroughs also grew, producing a widening gap between the younger, more affluent areas and the older communities in the region.

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.

- 6 percent (1,851) of those 5 to 20 years of age, 13.3 percent (10,791) of those age 21 to 64, and 34.9 percent (5,101) of those over the age of 65 have a disability.
- 747 grandparents serve as primary caregivers for their grandchildren.

- 2,130 of persons over five years of age have limited English proficiency.
- 3.4 percent (4,002) of persons in the civilian labor force were unemployed.
- 3.4 percent (1,260) of families live below the poverty level.
- 6.1 percent (3,109) of households have no motor vehicle available.
- 33 percent (3,896) of renter-occupied households and about 22 percent (7,907) 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 Western region in 2000 is provided in **Appendix II.**

Arts and Culture

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

Healthcare System

Resources

The Western region, relative to other areas of the county and the metropolitan area, is resource thin. Residents often rely on hospitals and specialty physicians outside of the region for some of their care. Consequently, transportation, a major concern in the county as a whole, is particularly problematic in the Western region.

- Pottstown Memorial Hospital, with 237 licensed beds, is the only hospital in the region resulting in a bed-to-population ratio of 1.67 beds per 1,000, below the county rate of 2.51 beds per 1,000, both of which are below the state rate of 2.7. Pottstown Memorial accounts for an estimated 32 percent of all hospital admissions to residents of the region.
- Primary care physician ratios and particularly specialty physician ratios (See **Figure 24** and **Figure 25** in the full county report) tend to be lower in minor civil divisions in the Western region.
- Pottstown includes the only federally defined medically underserved area yet to be served by a federally qualified health center in the county.
- A 2003 survey conducted by the Pottstown Area Health and Wellness Foundation of approximately the same region indicated that residents with incomes of less than 200 percent of poverty were more likely to get recommended preventive screening than those above this income threshold (See Smith and DGA Partners, Health Assessment of the Pottstown Area, 2004, p. 52.) This may suggest the growth in medical services has yet to catch up with the overall growth in population in the more affluent areas of the 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 the discussion of the Pennsylvania Health Care Cost Containment Council estimates in the full county report.)

Health, Access, and Behavioral Risk Problems in the Western 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. 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:

- 15 percent (18,902) of the region's population over the age of 18 would rate their health fair or poor, and 39 percent (41,028) had one or more days in the past 30 when their health was not good.
- 3 percent (13,290) of adults in the region have diabetes and 15 percent (15,365) 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.
- 14 percent (15,077) of adults in the region have lost more than five of their permanent teeth due to tooth decay or gum disease, while 27 percent (24,778) have not visited a dentist in the past year.
- 18 percent (15,598) of adults between the age of 18 and 65 in the region have no health insurance, 16 percent (16,988) of adults have no personal healthcare provider, and 14 percent (15,049) chose not to see a physician when they needed to in the last year because of cost.
- 24 percent (7,271) of women over the age of 40 have not had a mammogram in the past two years, 15 percent (8,193) of adult women have not had a pap test within the past three years, 23 percent (3,719) of men over the age of 50 have never had a digital rectal exam, and 43 percent (15,351) of adults over 50 have never had a sigmoidscopy or colonscopy.
- 27 percent (28,174) of adults currently smoke, 26 percent (27,375) binge drink, 24 percent 25,385) did not participate in any leisure time physical activity in the last month and 28 percent (29,664) are obese. According to the 2003 Pennsylvania Youth Survey, about 25 percent of high school seniors report currently smoking, and 31 percent report binge drinking, and the rates in the Western region are probably roughly comparable.
- All of these indicators are worse for Pottstown, which has an older and generally lower-income population than does the region as a whole. (Some of the key informants we spoke with felt that its water fluoridation had produced markedly lower rates of tooth decay in the school-aged population, and our estimates for adults with teeth removed because of tooth decay presented in Figure 3 do not take this into account.)

Figure 3. Esimates of Health Problems, Lack of Access to Care and Behavioral Risks in the Western Region 2004				
	Pottstown Borough		Western Region	
	Percent	Number	Percent	Number
A. Health Status Problems				
1. Adults health rated fair or poor	24%	3,969	17%	18,092
2. Adults 1+ days in past 30 physical health was not good	44%	7,211	39%	41,028
3. Adults 1+days in past 30 mental health was not good	41%	6,735	38%	40,173
4. Adults currently have asthma	19%	3,034	15%	15,365
5. Adults ever told had diabetes	18%	2,925	13%	13,290
6. Adults have had more than 5 permanent teeth removed due to tooth decay or gum disease	19%	3,167	14%	15,077
7. Adults limited in activities due to physical, mental or emotional problems	27%	4,348	20%	21,431
B. Lack of Health Care Access				
1. Adults with no health insurance (18-64)	26%	3,317	18%	15,598
2. Adults with no personal healthcare provider	20%	3,305	16%	16,988
3. Adults who needed to see a doctor but could not due to medical cost in past 12 months	20%	3,227	14%	15,049
4. Adults who have not visited a dentist in past year.	27%	4,387	24%	24,778
5. Adults whod did not have their teeth cleaned in past year	27%	4,354	24%	25,011
6. Adults who did not have a flu shot in past year	59%	9,691	35%	36,530
7. Adults who have not ever had vaccination against pnenumococcal disease	66%	10,718	74%	77,289
8. Women age 40+ who did not have a mammogram in the past two years	26%	1,379	24%	7,271
9. Women who have not had pap test within past three years	19%	1,621	15%	8,193
10. Men 50+ who have never had digital rectal exam	24%	641	23%	3,719
11. Adults 50+ who have never had a sigmoidscopy or colonoscopy	43%	2,813	43%	15,351
C. Behavioral Risks				
1. Adults who currently smoke	31%	5,093	27%	28,174
2. Adults who binge drinking one or more times in past month (5+ drinks on one occasions)	28%	4,499	26%	27,375
3. Adult who are heavy drinkers (Male > 2 per day, Female > 1+ per day)	19%	3,087	16%	16,523
4. Adults with no leisure time physical activity in past month	31%	5,105	24%	25,385
5. Adults who are obese	32%	5,255	28%	29,664
Related Population Estimates				
Total Adult Population 18+	16,301		104,606	
Total Adult 18-64	12,769		88,797	
Total Adult Female	8,711		53019	
Total Adults 50+	6,482		35,587	
Total Male 50+	2,716		16,317	
Total Female 40+	5,395		30,503	
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 Western region, Montgomery County as a whole, and relevant Healthy People 2010 goals. These statistics on the Healthy People 2010 focus areas are reported for all counties by the Pennsylvania Department of Health.

identifies the following potential areas of opportunity for improvement:

- The rates for heart disease, still the most common cause of death in the county, are higher in the Western region than in the county as a whole. Improved diets, increased regular exercise and reduced smoking rates could potentially reduce these differences.

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

		Western Regon	95% Confidence Interval*	Montgomery County	HP 2010 Goal
Focus Area #3: Cancer		196.0	185.31 - 206.74	192.5	159.9
	Breast Cancer	26.6	21.40 - 31.70	28	22.3
	Prostate Cancer	34.0	26.16 - 41.74	32	28.8
	Cervical Cancer	1.7	0.33 - 2.97	1.7	2.0
	Melanoma	2.2	1.08 - 3.29	2.9	2.5
	Colon Cancer	20.7	17.22 - 24.21	19.9	13.9
	Lung Cancer	53.0	47.45 - 58.60	48.8	44.9
Focus Area #12: Stroke		63.0	56.86 - 69.23	59.7	48.0
Heart Disease		246.9	234.68 - 259.10	204.9	
Focus Area #5: Diabetes (2003)		25.7	17.19 - 34.21	14.1	45 (see note)
Focus Area #16: Infant Death		5.2	3.87 - 6.58	5.6	4.5
	Neonatal	4.0	2.84 - 5.23	4.4	2.9
	Postneonatal	1.2	0.54 - 1.84	1.2	1.2
Focus Area #9: Births (15-17 yrs)		6.6	5.62 - 7.64	7.9	43 (see note)
	(Teen Mothers)				
Notes:					
Focus Areas (relate to Healthy People 2010 indicators)					
HP: Healthy People					
Diabetes rates for HP 2010 Goal assumes diabetes is a primary or contributing cause of death.					
Diabetes rates for Health Dept data assumes diabetes is the primary cause of death. Rate is for 2003 Only.					
HP2010 rates for teen pregnancies include induced abortions					
2003 Population Data Source: Montgomery County Planning Commission					
	= Confidence Interval regional rate above County Rate				
	= Confidence interval for regional rate below County Rate				
*Death rates will fluctuate in a finite population. The "95% confidence interval" indicates the range in which					
we are 95% sure that the "true" rate (assuming an infinitely large population) would lie.					

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 Western region rates higher than the county rate are highlighted in yellow, and those below the county rate, highlighted in blue. More detail, including the confidence intervals surrounding each of these rates, is supplied in **Appendix V** of the full report. **Figure 4**

- While overall cancer death rates are lower for the county than for the state, lung cancer death rates are slightly higher in the Western region than in the county as a whole. Reduced smoking rates, increased screening, and reduction of environmental risks could potentially reduce these differences.

- 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 Western rate is slightly higher than the county rates. Diet, exercise, and screening for high blood pressure could play a role in reducing these rates.
- Diabetic deaths rates are higher in the Western region than in the county as a whole. Early intervention, patient education, careful attention to diet and exercise and regular medical monitoring could help to reduce this rate.
- Melanoma (skin cancer) death rates are slightly below county rates and below Healthy People 2010 goals.
- The teen pregnancy rate in the Western region is lower than that of the county as a whole, and the county's rate is lower than the overall state rate.
- The Western region has lower infant mortality rates than the county as a whole which are significantly lower than the state rates. However, pockets of problems are masked by the overall good numbers. Pottstown, for example, has the highest rates of smoking during pregnancy (25.1 percent vs. the county average of 8.0 percent).
- In terms of overall performance as measured by age adjusted death rates from all causes, the Western region ranks second highest among the five regions in the county.

Educational System

Figure 5 summarizes the demographic and performance characteristics of the six school districts predominantly within the boundaries of the Western region.

Most of the minority and low-income populations in the region are concentrated in the Pottstown School District. As is indicated in **Figure 12**, 35 percent of all below-poverty school-age children in the region live in the Borough of Pottstown. Cost per pupil is roughly equal in the school districts in the region but somewhat lower than for the county as a whole. The region performs below the average of the county as a whole in basic math and reading scores but better than state averages.

Figure 5. Western Region School District Demographics and Performance Indicators

	Boyertown	Perkiomen Valley	Pottsgrove	Pottstown	Spring-Ford Area	Upper Perkiomen	Western Total	Montgomery	Pennylvania
Race of Pupils									
Am Ind/ Alask Nat	12	0	2	3	7	9	33	122	2,602
Asian/Pacific Islander	49	196	49	24	233	31	582	6,372	42,870
Black (Non-Hispanic)	82	218	491	1,202	305	79	2,377	12,416	292,045
Hispanic	50	89	80	250	121	103	693	3,120	110,003
White (Non-Hispanic)	6856	4,616	2,630	1,746	6,114	3,103	25,065	74,764	1,380,569
Total	7049	5,119	3,252	3,225	6,780	3,325	28,750	96,794	1,828,089
% Black	1.2%	4.3%	15.1%	37.3%	4.5%	2.4%	16.6%	12.8%	16.0%
% Hispanic	0.7%	1.7%	2.5%	7.8%	1.8%	3.1%	4.1%	3.2%	6.0%
% Asian	0.7%	3.8%	1.5%	0.7%	3.4%	0.9%	1.8%	6.6%	2.3%
Poverty									
% Low Income	7.8%	6.7%	16.4%	46.9%	7.1%	17.3%	16.7%	12.6%	29.1%
TANF 2004	39	23	130	231	28	19	431	1,712	101,400
Performance									
%PSA Math Below Basic	0.27	14%	19%	28%	15%	14%	17%	13%	26%
%PSA Reading Below Basic	0.28	10%	13%	20%	9%	11%	11.8%	10%	20%
SAT Verbal	519	508	514	468	514	529	508	487	501
SAT Math	536	507	518	457	511	539	507	491	502
Per pupil Cost	$ 8,676	$ 9,034	$ 9,049	$ 9,663	$ 8,957	$ 8,916	$ 9,093	$ 10,408	$ 8,997
Sources:									
Pennsylvania Department of Education									
http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&Q=70724									
Standard and Poors School Matters									
http://www.schoolmatters.com/									

A growing number of school children are diagnosed with chronic conditions such as attention deficit disorder and asthma, which require management during the school day. School nurses have assumed increasing responsibilities for supervising the administration of medications for children. **Figure 6** illustrates the size of the problem in the school districts in the Western region. In the 2002-03 school year in the Western region, 2.3 doses of prescription medications for ADD/AHD, asthma, and chronic conditions were administered for every student enrolled.

Figure 7 summarizes the violence and weapons incidents in school districts in the Western region during the 2002-2003 school year. Pottstown had reported rates of incidents and offenders higher than the other school districts in the region and the state rate. A total of 44 students were arrested, 73 suspended, 10 expelled, and 37 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, Asthma)	Other		Total	Total Per Pupil
Boyertown SD	7,049	4,204	1,184	5,738	11,126	1.58
Perkiomen Valley SD	5,587	8,470	910	2,985	12,365	2.21
Pottsgrove SD	3,810	3,742	982	987	5,711	1.50
Pottstown SD	4,198	7,659	3,206	1,680	12,545	2.99
Spring-Ford Area SD	6,557	11,127	959	3,449	15,535	2.37
Upper Perkiomen SD	3,461	9,445	612	3,191	13,248	3.83
Western Total	30,662	44,647	7,853	18,030	70,530	2.30

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 the Western Region 2003-2004

		Inicidents		Offenders	
	Enrollment	Number	Per 1,000	Offenders	Per 1000
Perkiomen Valley SD	4,964	17	3.42	18	3.63
Pottsgrove SD	3,246	21	6.47	22	6.78
Pottstown SD	3,317	46	13.87	57	17.18
Spring-Ford Area SD	6,535	30	4.59	28	4.28
Upper Perkiomen SD	3,389	31	9.15	44	12.98
Western Total	**21,451**	**145**	**6.76**	**169**	**7.88**

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. However, the rate for Pottstown was 54 percent above the national rate in 2004. 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. 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 Western region were in Pottstown. 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 Part I and Part II Crimes 2004			
Part I Crimes Montgomery County Jurisdictions 2004			
	Population	**Total**	**Rate/100,000**
POTTSTOWN BORO	21,865	1,467	**6,709**
LIMERICK TWP	16,164	396	**2,450**
COLLEGEVILLE BORO	4,579	108	**2,359**
WEST POTTSGROVE TWP	3,836	86	**2,242**
UPPER PERK POLICE DIS	8,732	169	**1,935**
UPPER POTTSGROVE TWP	4,660	89	**1,910**
DOUGLASS TWP	10,072	165	**1,638**
UPPER PROVIDENCE TWP	17,067	261	**1,529**
MARLBOROUGH TWP	3,268	46	**1,408**
LOWER POTTSGROVE TWP	11,828	151	**1,277**
State Total	12,406,292	326,985	**2,636**
County Total	775,492	17,043	**2,198**
Part II Crimes Western Region Jurisdictions 2004			
	Population	**Total**	**Rate/100,000**
12 POTTSTOWN BORO	21,865	2,953	**13,506**
12 WEST POTTSGROVE TWP	3,836	292	**7,612**
12 COLLEGEVILLE BORO	4,579	322	**7,032**
12 UPPER POTTSGROVE TWP	4,660	284	**6,094**
12 UPPER PROVIDENCE TWP	17,067	714	**4,184**
12 LIMERICK TWP	16,164	631	**3,904**
12 MARLBOROUGH TWP	3,268	125	**3,825**
12 UPPER PERK POLICE DIS	8,732	333	**3,814**
7 LOWER POTTSGROVE TWP	11,828	352	**2,976**
11 DOUGLASS TWP	10,072	203	**2,015**
State Total	12,406,292	625,008	**5,038**
County Total	775,492	35,449	**4,571**
Source: Uniform Crime Reports, Pennsylvania State Police 2005			

Social Service System

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

Figure 9 summarizes the number of persons receiving welfare benefits living in townships and boroughs in the Western region of Montgomery County as of September 2003. A total of 8,244 persons were receiving some form of assistance (General Assistance, TANF, Foods Stamps, SSI, and Medical Assistance), and 6,056 received full Medicaid coverage. In the region, 5.8 percent of residents received some form of assistance. The percent of residents on assistance was highest in the Borough of Pottstown (19.2 percent), and accounted for 51 percent of all residents in the region receiving assistance. In Pennsylvania in fiscal year 2003, 12 percent of those eligible for Medicaid benefits were over the age of 65, and this group accounted for 33 percent of all vendor payment. Twenty six percent of all vendor payments in the Pennsylvania Medicaid program went to nursing facilities. (See http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/MSISTables2003.pdf). One would expect a roughly similar breakdown in the Western region.

Figure 9. Western 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
Collegeville Borough	4,628	4	6	28	18	136	22	214	168	4.6%
Douglass Township	9,104	6	8	62	23	188	39	326	241	3.6%
East Greenville Borough	3,103	1	5	29	15	128	20	198	154	6.4%
Green Lane Borough	584	0	2	12	5	41	13	73	56	12.5%
Limerick Township	13,534	4	5	22	22	143	32	228	184	1.7%
Lower Frederick Township	4,795	5	2	14	4	42	9	76	58	1.6%
Lower Pottsgrove Township	11,213	7	29	96	40	203	71	446	310	4.0%
Marlborough Township	3,104	1	2	8	2	35	6	54	44	1.7%
New Hanover Township	7,369	3	4	10	6	69	12	104	88	1.4%
Pennsburg Borough	2,732	3	2	36	21	200	48	310	253	11.3%
Perkiomen Township	7,093	4	4	18	10	124	22	182	154	2.6%
Pottstown Borough	21,859	97	244	1109	230	1839	683	4202	2,863	19.2%
Red Hill Borough	2,196	5	0	11	3	41	9	69	55	3.1%
Royersford Borough	4,246	8	11	69	24	253	61	426	333	10.0%
Schwenksville Borough	1,693	4	4	25	23	127	26	209	161	12.3%
Skippack Township	9,920	1	2	14	4	57	16	94	76	0.9%
Trappe Borough	3,210	3	0	2	1	25	1	32	29	1.0%
Upper Frederick Township	3,141	1	2	5	12	43	5	68	51	2.2%
Upper Hanover Township	4,885	1	1	8	7	48	10	75	60	1.5%
Upper Pottsgrove Township	4,102	3	5	17	2	33	9	69	50	1.7%
Upper Providence Township	15,398	3	2	30	48	465	66	614	536	4.0%
West Pottsgrove Township	3,815	4	7	33	10	98	23	175	132	4.6%
Total	**141,724**	**168**	**347**	**1658**	**530**	**4338**	**1203**	**8244**	**6,056**	**5.8%**

*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**, in 2004 in the region, a total 369 cases of child abuse and neglect were referred to the Montgomery County Office of Children and Youth. The rate of referrals to total population was highest in the Borough of Pottstown (7.5 percent), which accounted for 44 percent of all referrals in the region.

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 6,195 persons in the region were housed in group quarters. Of this total, 69 percent are housed in the Collegeville Borough (Graterford Maximum Security State Prison accounts for most of these). In the Borough of Pottstown, 112 persons were housed in group homes, concentrating 49 percent of those housed in group homes in the region. The concentration of group homes in Pottstown has been a source of concern of those working for its revitalization. Others, however, have argued that such use could potentially have a positive impact by providing employment, increasing local tax revenues from wage taxes, and assisting in the renovation of its existing building stock.

Poverty is related not just to social welfare needs but is strongly related to health, educational, and criminal justice problems. As indicated in **Figure 12**, 39 percent all persons in poverty in the region are located in Pottstown. Of those persons below poverty, 44 percent are either under the age of 18 or over the age of 65.

The implications of all of these statistics on the lives of people in the Western 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 Westerm Region

Municipality	Total popula-tion	Child Abuse Referrals	Child Neglect Refferals	Total
Collegeville Borough	4,628	4	9	13
Douglass Township	9,104	2	12	14
East Greenville Borough	3,103	6	3	9
Green Lane Borough	584	0	3	3
Limerick Township	13,534	12	9	21
Lower Frederick Township	4,795	7	1	8
Lower Pottsgrove Township	11,213	22	9	31
Marlborough Township	3,104	1	0	1
New Hanover Township	7,369	1	3	4
Pennsburg Borough	2,732	1	6	7
Perkiomen Township	7,093	8	3	11
Pottstown Borough	21,859	76	88	164
Red Hill Borough	2,196	1	2	3
Royersford Borough	4,246	11	11	22
Schwenksville Borough	1,693	4	1	5
Skippack Township	9,920	2	1	3
Trappe Borough	3,210	1	2	3
Upper Frederick Township	3,141	2	2	4
Upper Hanover Township	4,885	5	6	11
Upper Pottsgrove Township	4,102	7	2	9
Upper Providence Township	15,398	6	5	11
West Pottsgrove Township	3,815	9	3	12
Total	**141,724**	**188**	**181**	**369**

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

Figure 11. Group Quarter Population by Selected Types in the Western Region								
	Total Pop.	Percent in Group Quarters	Total Group Quarters	Institu-tionalized popula-tion	Correc-tional institut-ions	Nursing homes	Group homes	Other NonInst. Group Homes
Collegeville borough	8,032	53.3%	4,278	3,449	3,404	45	0	0
Douglass township	9,104	0.0%	4	0	0	0	4	0
East Greenville borough	3,103	0.0%	0	0	0	0	0	0
Green Lane borough	584	0.0%	0	0	0	0	0	0
Limerick township	13,534	0.1%	20	5	0	5	0	11
Lower Frederick township	4,795	0.0%	0	0	0	0	0	0
Lower Pottsgrove township	11,213	1.6%	185	119	0	119	4	62
Marlborough township	3,104	0.5%	16	0	0	0	12	0
New Hanover township	7,369	0.2%	12	0	0	0	6	0
Pennsburg borough	2,732	4.2%	116	116	0	116	0	0
Perkiomen township	7,093	0.1%	6	0	0	0	6	0
Pottstown borough	21,859	1.4%	298	176	0	176	30	82
Red Hill borough	2,196	0.0%	0	0	0	0	0	0
Royersford borough	4,246	0.3%	11	0	0	0	10	0
Schwenksville borough	1,693	21.3%	361	0	0	0	0	1
Skippack township	6,516	1.6%	101	101	101	0	0	0
Trappe borough	3,210	0.0%	1	0	0	0	0	0
Upper Frederick township	3,141	7.3%	228	228	0	228	0	0
Upper Hanover township	4,885	0.1%	7	0	0	0	0	0
Upper Pottsgrove township	4,102	0.0%	0	0	0	0	0	0
Upper Providence township	15,398	3.5%	544	544	0	544	0	0
West Pottsgrove township	3,815	0.2%	7	0	0	0	0	0
Total Western Region	141,724	4.4%	6,195	4,738	3,505	1,233	72	156
Montgomery County	750,097	3.1%	23,257	13,988	5,011	7,509	1,157	754
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 Western 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	Income in
Collegeville borough	3,683	75	2.0%	0	0	0	4	64	7	0	3,608
Douglass township	9,139	259	2.8%	21	0	39	7	148	19	25	8,880
East Greenville borough	3,076	158	5.1%	13	0	18	24	91	5	7	2,918
Green Lane borough	579	43	7.4%	8	0	6	4	18	4	3	536
Limerick township	13,493	254	1.9%	8	18	21	30	177	0	0	13,239
Lower Frederick township	4,748	126	2.7%	9	10	15	10	73	0	9	4,622
Lower Pottsgrove township	11,213	866	7.7%	163	39	110	87	397	35	35	10,347
Marlborough township	3,101	70	2.3%	0	0	0	5	44	5	16	3,031
New Hanover township	7,351	245	3.3%	8	0	44	49	132	6	6	7,106
Pennsburg borough	2,597	161	6.2%	10	4	10	25	102	3	7	2,436
Perkiomen township	7,078	258	3.6%	7	4	29	46	164	0	8	6,820
Pottstown borough	21,456	2,433	11.3%	310	37	271	206	1,313	141	155	19,023
Red Hill borough	2,196	89	4.1%	0	0	3	9	34	17	26	2,107
Royersford borough	4,215	115	2.7%	0	0	0	8	67	28	12	4,100
Schwenksville borough	1,326	71	5.4%	5	0	4	14	21	7	20	1,255
Skippack township	6,456	118	1.8%	0	6	8	16	88	0	0	6,338
Trappe borough	3,201	26	0.8%	0	0	0	0	26	0	0	3,175
Upper Frederick township	2,907	100	3.4%	14	7	11	4	56	4	4	2,807
Upper Hanover township	4,857	164	3.4%	0	0	6	25	95	30	8	4,693
Upper Pottsgrove township	4,097	105	2.6%	18	0	23	11	34	14	5	3,992
Upper Providence township	14,829	218	1.5%	6	0	46	15	144	0	7	14,611
West Pottsgrove township	3,789	292	7.7%	7	0	27	46	175	21	16	3,497
Total	**135,387**	**6,246**	**4.6%**	**607**	**125**	**691**	**645**	**3,463**	**346**	**369**	**129,141**
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. Twelve separate hour-and-a-half group discussions were held with key service providers in these different areas. The Western Regional Collaborative assisted in selecting the participants and hosting the sessions. A total of 48 professionals participated in these sessions.

Session 1: Nurses

The participant was a retired nurse who had many years of experience working with pregnant and parenting teens.

When asked about the positive and unique aspects of the region, the participant said there is a good quality program providing support for pregnant and parenting teens at Pottstown High School. It works with the girls and with their partners for as long as they are around. Many parents and grandparents step in and provide support for the girls when they become pregnant.

Issues

When asked to explain the needs in the community, the participant said that teens "really need more and better sex education." She would like to see parenting classes available to the girls who have babies. She also believes that if there were childcare available at school, the girls would be more likely to stay in school and get the education they need to support their children.

Session 2: Prevention and Health Promotion

The participants included a retired dentist who was the dental coordinator for schools, several nurses, personnel from the county who provides support to help people navigate the healthcare and social welfare systems, and staff from Pottstown Memorial Hospital.

When asked about the positive and unique aspects of the region, the participants said that children in Pottstown have few cavities. Dentists see children in the elementary schools and found that up to 80 percent of the children with sealants on their teeth, who live in areas where the water is fluoridated (Pottstown), and who receive regular dental care have few caries [tooth decay] in their teeth. Students who were drinking local water in Pottstown and Philadelphia had few cavities in their teeth. On the other hand, children who live in Berks County have many caries.

Issues

When asked to explain the needs in the community, one participant said, "Everybody forgets about dental care. Children without fluoridated water and dental services have many cavities in their teeth."

"In Pottstown, 40 percent of high school students and50 percent of elementary students are eligible for free or reduced lunch. Most of them do not receive dental care if they do not get it in school."

Several of the participants commented on the December 16, 2005, article in the Reporter in the North Penn region regarding the Pennsylvania House bill that requires fluoridating all Montgomery County Water. Cavities are as much as five to seven times more common than asthma in children, and fluoridated water is positively correlated with a reduction of osteoporosis in women.

The group also discussed the need for primary care for the underinsured. There is a clinic in Phoenixville that provides some primary care. Specialty care is funded by donations and volunteer medical staff

although it continues to be a need. There are a few clinics in Norristown, but there are no facilities on the western side of the county. The Montgomery County Health Department screens for STD, HIV, and TB and provides immunizations in Pottstown, but there is no primary care.

The Montgomery County Health Department is engaged in a variety of prevention and health promotion activities. These include an anti-smoking campaign, car seat safety, bike safety, and nutrition information.

There are significant language barriers for the Hispanic population. There was a discussion about a partnership between ACLAMO and the health department. The organizations have a history of working together to visit homes where children had high lead levels. There is a series of progressive activities when it is discovered that a child has elevated lead level. At the lower risk levels, there is a phone call to talk about risk prevention to send out information. The next level of risk generates a nurse home visit. At the higher risk levels, a nurse and an environmental specialist go to the child's home. If the home is rented, the nurse deals with the child, and the environmental specialist deals with property owner. People can receive citations for properties that have a lot of lead. Parents can be reported for neglect, although that almost never happens. People cannot be evicted because they report a landlord for not dealing with high lead levels.

The participants suggested increasing the availability of dental care and primary care to the residents of the Western region.

Session 3: Hospitals

The two participants were on staff at Pottstown Memorial Hospital, both working in case management and home health care. They discussed the needs of frail elderly patients as they are discharged from the hospital. Many have significant issues and may not have resources or family available to care for them.

The hospital owns a for profit home health agency. While most of the agency's clients have insurance to cover their home health needs, there are people who are underinsured and uninsured. The agency has set up a fund to help provide some charity care for a small number of those people but the need outstrips the resources.

The participants suggested that setting aside some funding to meet the home health needs of the uninsured and underinsured would be helpful. The Pottstown Health and Wellness Foundation or the United Way could provide a vehicle for doing this.

Session 4: Children and Families

The participants included three women and three men, one of whom works with special needs children, another who works with the county's department of parks and recreation.

When asked about the positive and unique aspects of the region, the participants said that there are a great many early intervention services. As a result, children are getting the help they need when they need it. They also said there are strong advocates for the mentally ill.

Issues

Consistent with what we heard in other parts of the county, participants said that accessible transportation is a chronic and increasing problem. One woman said she had to buy her own vehicle to get to doctor's appointments. One family could not find transportation for their parents to see a psychiatrist. Another woman could not get her needs met and it resulted in a hospital stay.

One participant said that services were cut back at the one housing project, and the local municipal arts and recreation program has never had a capital budget and many good ideas do not have funding, like the program "Computers for Scaredy Cats."

Housing is another issue, and some homeless people are living in campgrounds. The inability to secure affordable housing sometimes results in children being separated from their parents and being placed in foster care. Agencies providing human services are experiencing financial cutbacks. There is an 18-month limit on welfare, and when it is up, clients "disappear." People show up in other counties "agency shopping" and trying to find services to help them.

The participants reported that Medicaid Managed Behavioral Health (which is provided through Magellan Health Services) lacks sufficient providers to meet the needs of beneficiaries. Behavioral health services are under-funded. There are no new behavioral health contractors, and most of those that are part of Magellan's panel are closed to new patients. People report waiting as long as 60 days to see a psychiatrist. There are gaps in the age ranges in programs; there are services for people at one age but nothing for people at another.

"We need to restore the frayed community fabric. There is no collaboration among agencies because they are pitted against each other for scarce dollars in an adversarial and competitive environment By not providing adequate support to social service agencies, you compromise all the places where problems could be ameliorated."

There is a persistent strain in relations between the mental health system and the criminal justice system because of their different missions—prevention vs. control.

Another participant stated that people need investment strategies and have to learn how to handle their money. "We need to teach affective education, to train students as leaders, and provide peer-to-peer mentoring."

Finally, domestic violence persists.

The participants suggested that some additional funding could help enhance coordination between mental health advocates and providers and the criminal justice system. They also suggested that agencies whose mission it is to help people struggling with homelessness, domestic violence, transportation to medical appointments, and mental illness could benefit from consistent, sufficient support.

Session 5: Immigrants and Minorities

There were six participants: two men, four women. Two participants represented a social service agency for Latinos; one was from a Y, and the others represented other social service agencies.

When asked about the positive and unique aspects of the region, participants said that one agency in particular does a good job providing services to 3,000–4,000 people in the Hispanic community. In addition, La Voz, the Spanish edition of the Times Herald (the local newspaper in Norristown) provides information to many Hispanics in the county.

Issues

In order for people to care for their families, they need to earn $24,000 to $30,000 per year. That translates to $12-$14/hour as a minimum living wage. People with criminal records experience extra barriers to finding appropriate employment at a living wage. Many immigrants have trouble finding work in the field in which they were trained, and they cope with formal credentialing barriers as well. Staff positions in human service agencies often require a bachelor's degree or more, and many new arrivals lack fluent English language skills. Converting education and certifications from other countries is frustrating and RNs and engineers cannot get jobs. One person stated, "We have an architect cleaning buildings."

"It is graduation night at Community College and they get the first degrees in their family and their families are crying—I live for that."

People work hard to obtain education and develop skills. One person said, "I had to take the GED test and was so nervous. But I passed! My first job was as a substitute at a day care center and now I am the director. If I can do it, anybody can do it. You live for those moments." Another stated, "There are things I cannot prove to Harrisburg in numbers but I know we really accomplished something. Several students have gone on to college. One is in the engineering program at Drexel."

The lack of adequate public transportation adversely affects new immigrant communities in the region because they are more likely to lack access to a private automobile. "We lack reliable sufficient transportation." Single mothers report that it is

particularly difficult to transport their children to school and then travel to work. Participants report that the trip from Pottstown to Norristown on public transportation takes an hour and costs $9.00/round trip.

The participants discussed the competitive environment of social service funding. They acknowledge that there is little real collaboration among agencies and that there is a need to communicate outcomes. However, they would also like to see changes in the political culture. They believe that some of the problems they experience are based on different ideas and philosophies about poverty that exist in the county. They questioned why funding cuts occurred so often in a well-resourced place like Montgomery County. Finally, they believe many county residents are not concerned about problems facing their constituents as long as the problems are contained in Pottstown or Norristown.

The participants suggested that work needs to be done to break down isolation in targeted populations. They hope that everyone can see the possibilities the immigrants see for themselves. They hope to find ways to address the issues of the non-documented. They suggested that a good use of funding would be to address language barriers by funding ESL classes that are easily accessible. They hope to develop real world solutions and break down the barriers to creating social capital in the community.

Session 6: Middle School and High School Students

The participants included four men, one woman representing a middle school, a healthy communities group, a student assistance program coordinator, school district staff, and a person from workforce development.

When asked about the positive and unique aspects of the region, participants said that students respond to efforts of teachers and other adults to help them develop social skills and appropriate behavior. "You smile, they smile." In the Pottstown School District there is an Impact Prize Patrol that distributes prizes to students who have done well. The message to their parents is that, "You have a great kid. Parents will break down and cry." Too often schools just deliver bad news, so the impact of the Prize Patrol is very powerful.

In addition, the Pottstown Arts Program provides four-year scholarships for students who are interested in music. There are after-school programs focusing on drama and dance. There was a fitness program for kids who are not the best athletes. "The arts are alive and well in Pottstown!"

Issues

Participants report that, for some students, there is a lack of support at home and little parental involvement. These children who come from a culture of poverty may have to be taught the most basic things. There is a subculture where sexual prowess, violence, single-female-parent- headed households, and crime are a way of life.

One group of underserved students is the skateboard group. They look belligerent and defiant but may be perfectly nice kids. They have no place to skate and so make a nuisance of themselves trying to find an area to skate. They need about two tennis courts worth of space.

School nurses serve as the de facto primary healthcare provider for many children, particularly in the Pottstown schools.

The most at-risk students need the same advantages that the children in higher income groups need: tutoring, self-esteem, group counseling.

The participants suggested that developing job-training programs that address school-to-work transition for at-risk students would reinforce the value of education. They are concerned about the number of teen pregnancies and would like to enhance the link to the healthcare system to support the school nurses. They also suggested developing wellness and nutritional programs for children that involve parents/grandparents. More generally, they see a need to develop parenting programs for parents.

Session 7: Preschool and Elementary School Age Children

There were three participants representing the library, a social service agency, and a preschool.

When asked about the positive and unique aspects of the region, participants said they liked the Head Start Approach Program that is used to encourage families to participate in Head Start. They talked about a recent dinner that was attended by 50–60 parents and children. Another positive activity is the excellent, free, preschool story program at the library. It teaches parents stories and nursery rhymes to share with their children.

Issues

There has been an influx of young families to the area. They are moving into the new homes and there are not enough preschool openings for all of their children.

There are reports of parents being tyrannized by their children.

Once again, participants suggested that parents need empowerment and support. They hope to see expanded parenting support programs, and outreach to new parents. They stated that a real investment in preschools was important and thought it might be possible to use church classrooms during the day for preschool classes. One participant said that schools need up-to-date computer labs. Someone else suggested that the library could use more space.

Session 8: Public Safety

The participants included a district justice and several police officers.

When asked about the positive and unique aspects of the region, the participants talked about some students who had come before the district justice system or through the police and had been turned around by the process. One student came before a teen court. He became interested in the process and became president of his class for two years before going on to college. Another went through a workforce development program and then to Montgomery County Community College. He has since enrolled in Drexel University.

"About 20 percent of the population is really troubled. About 80 percent of the parents are hardworking and honest. Sometimes the kids turn out ok and sometimes they do not. For many kids, if you get them involved in something that captures their interest, the kids turn out fine. Sometimes it is just a matter of keeping them busy."

Issues

Children are getting into trouble at younger and younger ages. "The easy part is putting children into an institution. We have to look for other activities and other strategies to address their issues. We look for things like Teen Court."

A big part of the problem is parents who really need support and information. The participants said that requiring parenting classes might help. They recognize there is not enough money to send parents to classes, except through the truancy system.

There are many issues related to drug and alcohol use. The participants noted that some parents allow underage drinking in their homes. Many do not know they face criminal prosecution for those actions.

The courts and criminal justice system often take on some of the problems that result from teen pregnancy. As a result of such pregnancies many grandparents end up raising their grandchildren. In one instance, a 70-year-old grandmother was being held responsible for her 15-year-old grandson's truancy. She was trying to get him to go to school but could not physically compel him. The participant stated that the grandmother did not know she could call the police because it is within their purview to get children to school.

Some districts have a home and school visitor who can provide some support for parents who are struggling, although many schools lack home and school contacts. In other districts, the principal prosecutes truants in court. Truancy is seen as young as six years old. The participants suggested that getting the children help early and getting their parents help might make a difference.

Some schools are providing conflict resolution and that helps students address some of their anger issues. "Students get into trouble if they cannot make it in school." There are special schools that provide a supportive setting for students who cannot make it in a regular school. Some of the participants said that students in special schools were viewed as "getting off too easily." Too little was demanded of these students academically.

"Parents need parenting education. Many people do not bother to keep up with their kids. We see a lot of kids who are out of control because their parents do not care about what is happening with them."

The participants suggested providing parenting education and support for parents and grandparents who are raising their grandchildren. Finally, they suggested that children needed alternative activities, not just punishment.

Session 9: Elderly

The participants included 12 women, and one man representing a variety of social service agencies working with senior citizens.

When asked about the positive and unique aspects of the region, participants said that churches provide a lot of support for seniors. They said that the senior center moved to the Y and this has provided intergenerational contact that is good for everybody.

They were proud of the services they provide for seniors that include helping them remain independent, helping them find rewarding volunteer work, providing them with food, health care, transportation, social and emotional supports, mental health services, and information.

Issues

Seniors experience the same issues and problems as citizens and seniors in other regions of the county.

Information and services. Seniors seek information about a wide variety of issues and will use the computer to look for it. They ask about specific social services, social contact, legal advice, and transportation.

One agency received 25 calls in a short period from seniors looking for housing. People need services, but there is a waiting list for the OPTIONS program. Many people suggested improving the resource guides that are available but others questioned whether that was. Others question what made sense in a situation where the resources are so limited.

"If we encouraged as many seniors as there are to use the services available, we would be so backlogged we couldn't provide anything."

Transportation. It is very hard to get people from Pottstown to Norristown. TransNet helps but there are restrictions on its use. Seniors find it difficult to manage if they have a disability. People cannot pay for transportation, and if they are under a certain age, they are not eligible for funding. In one program, seniors were supposed to be able to rent a kid (a teen who would do some chores around the house for them) but the teens could not get to the seniors because they lacked transportation. People acknowledge that there is a lot of volunteer transportation but it is still insufficient to meet the needs.

Providing services over the county line: The natural service area in the Pottstown region cuts over the boarders of Chester and Berks counties. Transportation and services to the elderly are supported and organized by counties. This presents a special challenge to agencies that attempt to provide services across county lines such as the Boyertown Area Multi-Service, Inc.

Family issues. This group was also concerned about grandparents raising their grandchildren because their own children are unable or unwilling to do it. Generally, grandparents report that they do not receive any funding for it. Sometimes the children have special needs and the grandparents really struggle to help them. Grandparents request parenting information, legal assistance, and emotional support.

Illegal scams. The participants described illegal swindles perpetrated against seniors. They receive mail solicitations for contributions and investments. The seniors would benefit from information and education to stay away from those kinds of activities.

Senior centers were described as "the first line of defense"in providing services to seniors. Some people have trouble getting to them. The staffs work to provide a range of services to different aged seniors. "We want to make boomers as well as the current seniors happy. The boomers are not going to want to play pinochle." It was also noted that the number of county funded senior centers in Montgomery County has been reduced from 10 to seven.

Many of the activities the participants support still need additional funding. They were not aware of the UWSEPA's useable database for locating volunteer opportunities. Providing training on navigating the Web site would be very helpful. They need help developing transportation options for seniors. The participants suggested providing support for families struggling with an aging parent or grandparents raising their grandchildren. Finally, they would welcome public education for seniors on strategies to help them remain independent.

Session 10: Housing and Transportation

There were two representatives from social service agencies.

When asked about the positive and unique aspects of the region, participants were very positive about the transitional housing program available through the Salvation Army. It provides a two-year transition period and, in one cohort, 74 percent of the people placed in housing are still in housing. The participant talked about a woman who was really determined to obtain housing. She worked hard, commuting by public transportation with two small children. Today she is the director of childcare center. Another success story was about a woman who paid off her car loan in 13 months (the usual amount of time for the program participants is 24 months) and bought her first home. Another woman went back to school at age 43.

Issues

There are not enough shelters or transitional housing arrangements. The problems are related to poverty in combination with other issues. At one time, 30 percent of the homeless were mentally ill or had drug and alcohol issues. Today it is about 50 percent. People do not receive basic health care and that becomes a major problem when they become sick and cannot work. The participants said that with the price of gas so high, more people will request help with heat. .

While some people will never be able to make it on their own, others end up homeless because they miss one or two mortgage or rent payments, their car breaks down and then they cannot get to work, or they take off because a child is ill. People are often placed in short-term facilities and shelters, and, because they do not have the resources to save money, they do not accumulate enough for a security deposit or save for a mortgage. The goal is to get people out of shelters and into transitional housing. Yet there are not enough affordable housing units available.

In one program established through a grant from HUD, people move into an apartment in an area they choose. They receive help with budgeting, savings, and social service support from the agency. They pay 30 percent of their earnings toward rent and are required to put some into savings. People who receive support for two years do better at being independent than people who just come from a shelter without the transition piece.

In the transitional program, property owners are guaranteed that the rent will be paid based on fair market value. Landlords like to rent to somebody who has support because they know they will receive the rent on time and the tenant has support for his other problems.

Most people do not choose to be homeless, and many people who are homeless also work. To afford a fair housing apartment, a person needs to make $11–12/hr for 40 hours or at a lower rate for 80 hours. If a person makes too much, he or she will lose benefits and food stamps. In some places if the electric is turned off for lack of payment, you will lose your housing.

Many people have serious credit issues but they need an automobile to get to and from work. Through a grant from the U.S. Department of Transportation, Ways to Work provides automobiles to people who need them to go to work for the purpose of improving their self-sufficiency. It is a loan program providing small, low-interest car loans to high-risk working parents who have had a credit issue in the past and have exhausted all other loan sources. The program helps them establish credit and find a car. It is tied to a financial literacy and a financial management class. There is an obligation to repay the loan within two years. The agency will put $300–$400 into car repairs and uses a trustworthy mechanic who will let the person know if the car is worth fixing. The used car industry is predatory and so is the repair industry, so this program really helps people. The default rate is less than 1 percent.

The participants suggested that having emergency funds and a little money for prevention might help people from going into a downward spiral. Sometimes a small amount of money will make the difference and keep someone from becoming homeless. They suggested that there are programs that seem to work (like subsidized and transitional housing) and providing those with support was a good way to help people. Finally, they suggested helping people access healthcare would be useful as well.

Session 11: Behavioral Health

The participants included a representative from the county mental health/mental retardation and three private providers.

When asked about the positive and unique aspects of the region, participants said that wraparound services (to age 21) are very successful. Children are discharged from inpatient facilities with wraparound services in place. Case managers work to make sure they are receiving them. Assertive Community Treatment (ACT) teams serve a specialized adult population. "The case managers have been very successful in keeping folks out of the hospital- it saves a lot of money for the state. Some people only feel safe in a hospital and we are trying to help them get past that."

The use of inpatient services has gone down and mental health professionals are moving in the direction of a recovery model. "We do it by keeping treatment sites open longer and providing supports in the community that will help people stay out of the hospital."

"We have done a great job helping the state close down some of the state hospital beds. The money follows the people into the community so they can continue to receive services in the least restrictive environment that is nearest to their home. If there is money associated with a client, a corresponding inpatient bed is closed. Montgomery County "watches the front door; it is not that easy to get someone into a state hospital anymore."

Issues

Inpatient care. The inpatient care rate in Montgomery County is the highest in the state. There are many dually diagnosed people and many mental health beds. Participants stated that they still heard there are not enough resources and providers in the community. If someone presents and articulates suicidal ideation and has a plan, a provider must see him because the liability is so high. Montgomery County Emergency Services (Building 50) on the grounds of the Norristown State Hospital is recovery oriented, but there are still a lot of people there.

Credentialing. It is difficult to find appropriately credentialed providers. The state recently changed the rules regarding accreditation and HMOs have stringent requirements as well. The "catch 22" is not being able to hire providers who meet the credentialing regulations/requirements from the HMOs and the state.

Group homes. People can live in the community if they are in an appropriate setting. Group homes work well, but smaller homes with about three people are needed. Mental health providers need to look at a variety of models.

Prevention. Providers are required to spend 10 percent of their budget on substance abuse prevention activities. They work with contractors in the community to provide those services. There is not really mental health prevention although there is a lot of assessment in the schools. "You can prevent some substance abuse and some mental retardation by providing healthcare, but not necessarily mental illness. You can control some inpatient services."

Prison population. The county is looking closely at the prison population. There are some mental health services, and drug and alcohol services provided in prison. The new warden is willing to bring in mental health services and substance abuse programs. "We are trying to figure out what is best for the population. We are trying to link drug and alcohol, mental health, and the criminal justice system."

There is some continuity but people are often discharged without medications or notice to anybody. People who are paroled have a parole officer who will be looking after them. People with mental health issues have special probation officers. But those maxing out have no one to report to. Twenty years ago, there was some follow up care for people on discharge. They plan regionally now and there is a lot of assessment.

Salaries for mental health workers. The basic blueprint for a better quality system is known, but the salaries are so low, that the best people leave. The participants suggested that shifting some county funding for programs into staffing. People are paid poorly for caring for the most difficult clients.

Session 12: Arts and Culture

There were two participants representing art and the local symphony.

When asked about the positive and unique aspects of the region, the participants said there is actually a lot going on in art and music. There is a regional orchestra, an art league and a strong library program. The music department is quite good at the high school. There was scholarship money left to Pottstown High School for anybody who wanted to learn to play an instrument and to support a biannual musical as well.

There is also a high quality regional orchestra that people really enjoy. They have another name, the Southeast Symphony, but people want to keep it in Pottstown. There is a spring concert and an annual series. Holiday concerts are free to the public and are held at the high schools. They also play at the Hill School and reach out across other counties.

There is an arts council and it supports art activities in town. One activity had the kids creating posters against smoking and posters about healthy eating.

Issues

The arts are suffering as the result of No Child Left Behind because there is so much emphasis on the subjects that are tested. It is possible to use the arts to teach other subjects. The participants believe there should be no financial barriers to students participating in the arts.

The participants suggested that providing support for after-school art activities would be beneficial to children. Creative kids can fulfill their promise. Students can learn to use the arts to beautify their environment. And providing support to the arts provides some after-school activities for students who might otherwise have time on their hands. Another suggestion was to support affordable rents for artists so that Pottstown can be renewed by art.

CONCLUSIONS

Summary

The quantitative assessment of the Western region presented in this report describes a region in the midst of change. Its population is increasing in size, affluence and education. Health and social services have yet to fully adapt to this shift and transportation and access to more specialized service appear to be more of a problem than other in areas of the county. The changes have also increased the concentration of poverty, particularly in Pottstown, and have produced a widening gap in the health and wellness between of the older communities and the more affluent growth areas. The relatively high cardiovascular and diabetic death rates but low teen birth rate is perhaps markers of this transition. The health and wellness disparities between the more affluent municipalities and less affluent ones are reflected in access to health services, behavioral health risks, health status, 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 12**, focused on three needs. One need is for better leadership training for parents, peers, and community members so that they can better perform their roles and serve as more effective advocates for the support of critical services and needed institutional changes. Another need is to expand access to services across systems (healthcare, schools, criminal justice, and social services). The third need is to assure that the basic infrastructure is in place so that services— 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 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 life styles, (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 12. Sumary of the Western Region Key Informant Wish List for Expansion and Improvement of Health and Wellness		
Community Leadership		
		Parenting education-family leadership training
		Affective education, leadership education peer to peer mentoring
		Arts and creative programs
		Prevention of funding cuts to crucial social service programs
		Housing project social service programs
		Services over county lines
		Improved wages for mental health workers
Access to Services		
	Minority	
		English language training for new immigrants
		Programs to convert foreign credentials so immigrants are better able to earn living wages
		Breakdown isolation of immigrant and minority communities.
	Frail Elderly, Chronically Ill & Disabled	
		Expanded homecare for low income elderly
		Prevention of scams and swindles
		Senior center services
	Healthcare	
		Primary care for the uninsured
		Specialty care for low income
		Expansion of access to behavioral health services particularly in criminal justice system
		School nurse and health programs
		Mental health community services
		Mental health prevention in school
		Mental health and substance abuse programs for prison population
	Childhood Services	
		Preschool services
		Sex education for teen pregnancy reduction, etc.
		Domestic violence prevention
		Support for families in poverty to break the cycle
		Support programs for parents of young offenders
		School home visitor programs
		Activity programs for at risk youth
		Grandparents raising children
Infrastructure		
	Affordable Housing	
		Affordable housing and transition housing
		Shelters and transitional housing for homeless
		Emergency funds
		Affordable rents for artists
		Group homes
	Fluoridation	
		Preventive dental services
	Information	
		Information (multiple mentions)
	Transportation	
		Transportation for the frail elderly to services
		Automobiles for low income working families
	Workforce Investment	
		School to work transition particularly for at risk students
		Credentialing and training of mental health workers

RECOMMENDATIONS

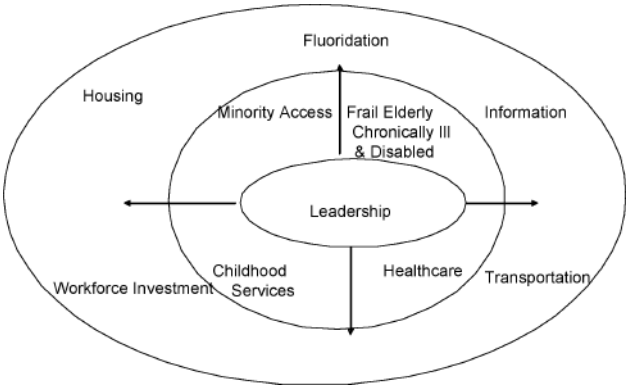
The statistical analysis and our discussions with key informants presented in this regional report identified many needs. We will focus on what we believe are the best immediate opportunities for moving the region towards longer, higher quality lives and the elimination of the disparities in achieving 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 13 summarize those opportunities. They are represented by three concentric circles—widening ripples that we believe will reshape the systems of services, address the critical needs, and assure the longest and best possible quality of lives for all. The three concentric circles represent the necessary conditions:

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

The circles include the top 10 priorities for an action agenda for the funders, the regional collaborative, and their supporting partners. These priorities and evidence supporting these priorities for the Western region will be summarized below. We have also organized the major recommendations of our key informants in **Figure 12** to show how they fit into these recommended priorities.

Figure 13. Priority Needs



Leadership

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

Advocacy

The resources in many areas are inadequate to meet existing needs, and, without forceful, credible advocacy, the gaps are likely to grow. Grassroots efforts need to be energized and focused. The real "movers and shakers" of health and social service reform have always been the patients or clients, their families, and those in local communities that care for them. 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 local leadership training and development.*

Management

Advocacy will not be effective if resources are not managed efficiently and squandered by duplication. Management is by far most underdeveloped component of the health and social service systems. Consumers, service providers, and funders face a bewildering, fragmented maze. It requires heroic effort to 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 Western 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 Western 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 Western 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 Western region answers differed. As with the other collaboratives, the answer lies somewhere between the promise a coherent system and the embodiment of a fragmented system that defends insular prerogatives and studiously 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 he following:

- Clarify the role of the collaboratives in the planning and management of services and provide them with the budgets and authority that is appropriate.
- Concentrate the resources on where the need is greatest: Pottstown has by far the greatest needs and several other smaller pockets of need require attention. The partners in the Bucks County Health Improvement Program chose to pool their resources and concentrate them where they were needed the most. An even more convincing case for such concentration could be made in Montgomery County and in the Western region.
- Expand the partnership to include the leadership of all of key resources that have a stake in the effective addressing of needs in the county. The partners in this project should be commended for their leadership in initiating this effort, pooling their resources and moving away from a piecemeal fragmented approach. However, it has become clear that the goals and the resulting actions necessary to achieve them far exceed their limited resources. Many other stakeholders will need to come to the table. This includes leadership from private business, the larger health systems, schools, universities, and other research institutions equally concerned about the future health and quality of life of Montgomery County residents.
- 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 would provide transparency, align goals and objectives with activities, and assist in leadership development and program refinement.

Access

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

Enfranchising Montgomery County's minority communities. The civil rights era produced a new definition of what it 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 68 percent of Western region residents report German, Irish, Italian, English, or Polish ancestry and 91 percent are white, the African American, Hispanic, and Asian components of the region's population are growing more than twice as fast. In the region, 6,804 persons report speaking a language other the English in the home and 2,181 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. Most of the African American population (8,689) and Hispanic population (2,785) in the region are currently concentrated in Pottstown. Service providers have lagged in adapting to these demographic shifts. 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 30 percent in the last decade to 10,843. About 3,537 (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 43.5 percent to 478. In the region, 347 families in the region received Temporary Assistance to Needy Families (TANF) in 2003. In 2004, 369 child abuse and neglect referrals to the County Office of Children and Youth were made in the Western region in 2004. In 747 households the grandmother serves as the caregiver for her 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 in the region over the age of 85 grew 40 percent in the last decade to 1,828. In the region 4,016 householders are over the age of 65. Of the 14,618 persons living in the region over 65, 5,101 or more than a third report a disability. The census reports 1,233 persons living in nursing homes in the region. Demographic shifts, accelerated by the growth of senior housing and private assisted living in Montgomery County are on a collision course with anticipated Medicare and Medicaid cutbacks. Low- and moderate-income families will be

most affected by that collision. *An immediate priority should be to advocate for support for these informal care providers that have to adapt to the growing financial constraints on the system and assist them in by exp anding the alternative supportive housing options for the frail elderly.*

Increasing access to health care. In the Western region, approximately 18 percent or 15,598 adults between the ages of 18 and 64 have no health insurance. Sixteen percent of adults (or 16,988) have no personal healthcare provider, and 14 percent (15,949) needed to see a doctor in the last 12 months but could not because of the cost. Because a higher proportion of persons with low or moderate incomes reside in the Borough of Pottstown, the proportion lacking insurance and access to care is probably higher. Pottstown includes the only federally defined medically underserved area yet to be served by a federally qualified health center in the county. In general, medical resources are less plentiful in this region than in the rest of the county. 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. This presents an additional hardship for Western region residents because of the distances and lack of public 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 Western region lack these basic needs.

Affordable Housing

Thirty percent or 11,767 households in the Western 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. 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. The lowest cost location in the region is the Borough of Pottstown, and 112 persons, or about half of those identified as living in group homes by the 2000 census, live in Pottstown. This has frustrated some concerned about effect of this concentration on the revitalization efforts in the Borough. The homeless count in Montgomery County as of January 2005 was 607. Some of these homeless are "housed" temporarily overnight in some the churches in the Western region that volunteer their assistance. Others use some of the campgrounds, and some live in their cars, sometimes discretely using the Pottstown Memorial Hospital visitor parking area. 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 in the county 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 Western 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, health insurance coverage is more limited, and many low- and moderate-income persons cannot afford the out-of-pocket costs. About 15,049 (or 24 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 Western region of Montgomery County.

Fluoridation is an ignored but critical infrastructure investment. As a vivid and concrete example of the costs incurred from the failure to invest in the health of the community as a whole, it has critical symbolic value in the struggle to revitalize a sense of community in Montgomery County. No investment in health appears to provide a better return. Every dollar investment in fluoridation produces the equivalent benefit in oral health roughly thirty eight dollars 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 and some of the key informants felt it helped explain the relatively low rate of carries among children in the Pottstown School District. In other words, about 5 percent of county's population receives fluoridated water. In the Western region, because of Pottstown's initiative the statistic is only somewhat better, 15 percent. 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 Western region and no prior studies on Montgomery County have failed to mention the lack of adequate information on where to go and how to get services. A Web-based approach to providing an easily searchable, maintained, and updated directory of services in the county is currently a joint project of the North Penn Community Health Foundation and Montgomery County Foundation. However, what is most critical in making sure people get what they really need, or a least have an equal chance of getting it, is information about supply, demand and rationing procedures. For example, there is no shortage of assisted living units in Montgomery County that charge as much as $6,000 a month to private-pay clients, and there is no shortage of information about these units (facility directories, advertising, mail solicitations, Web sites, and the like). There is a severe shortage of affordable housing and transitional housing programs, and service providers have a lot of difficulty getting information they need to help their clients. *The immediate priority is for an ongoing regional population planning process that identifies shortages and either develops plans for eliminating them or creates a transparent rationing system for the fair allocation of resources.*

Transportation

In the last decade, no needs assessment study in this county, whether it was looked at arts and culture, health services, or social services, has failed to mention transportation as a top concern. This was a particular concern of the key informants we spoke with in the Western 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 93 percent of residents in the Western region who work commute by automobile. About 6.1 percent or 3,109 housing units in the region lack an automobile. The lack of an automobile is not just a consequence of poverty: it is a barrier to escaping it. Some have proposed tax deductions for automobile ownership for low-income workers to assist them in taking advantage of employment opportunities. Successful privately funded programs such as Vehicles for Change in Washington, DC and Working Wheels in Seattle help to provide loans and decent cars to poor workers. Family Services of Montgomery County Ways to Work program provides a model innovative program targeting working single mothers, but the funds provide for only a limited number of loans (less than 20 a year) and the eligibility requirements are restrictive. *The immediate priority to advocate for further expansion of automobile grant and loan programs is for Montgomery County's working poor.*

Conclusion

In 2000, 3.7 percent (or 4,002) of adults in the region seeking employment were unemployed. The shift from a manufacturing to a service economy has affected the Western region more adversely than other areas of the county, and many of those employed are underemployed in low- wage jobs. The Western 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 (or 120) licensed practical nurses and a shortage of 11 percent (or 1,090) of registered nurses for 2010. The first baby boomers turn 65 in 2011. Currently, 37 percent of Montgomery County's registered nurses and 47 percent of its licensed practical nurses are over 50 years of age. 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 Western 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.

WESTERN REGION APPENDICES

Appendix I. Demographic Changes in the Westenr Region 1990-2000

1. Age, Race and Ethnicity

	2000	1990	% Change
POPULATION			
Under 5 years	10,843	8,372	29.5%
5 to 24 years	36,290	29,958	21.1%
25 to 44 years	49,017	39,399	24.4%
45 to 54 years	18,694	11,363	64.5%
55 to 59 years	6,415	4,581	40.0%
60 to 64 years	4,750	4,753	-0.1%
65 to 74 years	8,111	8,229	-1.4%
75 to 84 years	5,776	4,753	21.5%
85 years and over	1,828	1,312	39.3%
Median age (years)	35.9		
One race	140,065		
White	128,388	104,398	23.0%
Black or African American	8,693	6,435	35.1%
American Indian and Alaska Native	219	156	40.4%
Asian	1,591	760	109.3%
Asian Indian	502		
Chinese	431		
Filipino	114		
Japanese	61		
Korean	222		
Vietnamese	145		
Other Asian 1	116		
Native Hawaiian and Other Pacific Islander	39		
Native Hawaiian	13		
Guamanian or Chamorro	2		
Samoan	13		
Other Pacific Islander 2	11		
Some other race	1,135	621	82.8%
Two or more races	1,659		
HISPANIC OR LATINO AND RACE			
Hispanic or Latino (of any race)	2,785	1,922	44.9%
Mexican	379		
Puerto Rican	1,438		
Cuban	119		
Other Hispanic or Latino	849		
Not Hispanic or Latino	138,939		
White alone	126,995		
HOUSEHOLDS BY TYPE			
Total households	51,367		
Householder living alone	11,613	8,844	31.3%
Householder 65 years and over	4,016	3,726	7.8%

2. Educational Attainment

	2000	1990	% Change
Population 25 years and over	94,830	74,236	27.7%
Less than 9th grade	3,404	5,679	-40.1%
9th to 12th grade, no diploma	10,959	12,047	-9.0%
High school graduate (includes equivalency)	33,671	29,223	15.2%
Some college, no degree	15,865	10,311	53.9%
Associate degree	6,276	4,117	52.4%
Bachelor's degree	16,945	9,120	85.8%
Graduate or professional degree	7,710	3,739	106.2%
Percent high school graduate or higher	85	76	
Percent bachelor's degree or higher	26	17	

3. Income and Poverty

	2000	1990	% Change
Households	51,475	39,416	30.6%
Less than $10,000	2,410	3,286	-26.7%
$10,000 to $14,999	1,983	2,382	-16.8%
$15,000 to $24,999	4,662	5,663	-17.7%
$25,000 to $34,999	5,258	6,112	-14.0%
$35,000 to $49,999	7,871	9,511	-17.2%
$50,000 to $74,999	12,499	8,543	46.3%
$75,000 to $99,999	8,319	2,583	222.1%
$100,000 to $149,999	6,070	942	544.4%
$150,000 or more	2,403	394	509.9%
Median household income (dollars)	57,908	40,047	44.6%
Poverty Status			
Families	1,260	918	37.3%
Percent below poverty level	3.4	3.1	
With related children under 18 years	976	710	37.5%
Percent below poverty level	2.6	4.8	
With related children under 5 years	478	333	43.5%
Percent below poverty level	1.3	5.1	
Families with female householder, no husband present	792	555	42.7%
Percent below poverty level	2.1	16.9	
With related children under 18 years	722	487	48.3%
Percent below poverty level	1.9	27.0	
With related children under 5 years	369	210	75.7%
Percent below poverty level	1.0	37.4	
Individuals	6,246	4,547	37.4%
Percent below poverty level	4.6	4.3	
18 years and over	4,178	3,018	38.4%
Percent below poverty level	4.2	3.8	
65 years and over	715	896	-20.2%
Percent below poverty level	5.7	6.9	
Related children under 18 years	1,990	1,426	39.6%
Percent below poverty level	5.8	5.3	
Related children 5 to 17 years	1,383	973	42.1%
Percent below poverty level	5.8	5.2	

Source: US Census 1990, 2000

Appendix II. Detailed Demographic Profile of Montgomery's Western Region

	Western	Percent
Total population	141,724	100.0
SEX AND AGE		
Male	70,830	50.0
Female	70,894	50.0
Under 5 years	10,843	7.7
5 to 9 years	10,886	7.7
10 to 14 years	10,132	7.1
15 to 19 years	8,561	6.0
20 to 24 years	6,711	4.7
25 to 34 years	21,829	15.4
35 to 44 years	27,188	19.2
45 to 54 years	18,694	13.2
55 to 59 years	6,415	4.5
60 to 64 years	4,750	3.4
65 to 74 years	8,111	5.7
75 to 84 years	5,776	4.1
85 years and over	1,828	1.3
Median age (years)	35.9	
18 years and over	104,452	73.7
Male	51,684	36.5
Female	52,768	37.2
21 years and over	99,917	70.5
62 years and over	18,481	13.0
65 years and over	15,715	11.1
Male	6,317	4.5
Female	9,398	6.6
RACE		
One race	140,065	98.8
White	128,388	90.6
Black or African American	8,693	6.1
American Indian and Alaska Native	219	0.2
Asian	1,591	1.1
Asian Indian	502	0.4
Chinese	431	0.3
Filipino	114	0.1
Japanese	61	0.0
Korean	222	0.2
Vietnamese	145	0.1
Other Asian 1	116	0.1
Native Hawaiian and Other Pacific Islander	39	0.0
Native Hawaiian	13	0.0
Guamanian or Chamorro	2	0.0
Samoan	13	0.0
Other Pacific Islander 2	11	0.0
Some other race	1,135	0.8
Two or more races	1,659	1.2
Race alone or in combination with one or more other races 3		
White	129,792	91.6
Black or African American	9,546	6.7
American Indian and Alaska Native	628	0.4
Asian	1,945	1.4
Native Hawaiian and Other Pacific Islander	113	0.1
Some other race	1,478	1.0

HISPANIC OR LATINO AND RACE		
Total population	141,724	100.0
Hispanic or Latino (of any race)	2,785	2.0
Mexican	379	0.3
Puerto Rican	1,438	1.0
Cuban	119	0.1
Other Hispanic or Latino	849	0.6
Not Hispanic or Latino	138,939	98.0
White alone	126,995	89.6
RELATIONSHIP		
Total population	141,724	100.0
In households	135,529	95.6
Householder	51,367	36.2
Spouse	30,645	21.6
Child	43,622	30.8
Own child under 18 years	34,988	24.7
Other relatives	4,620	3.3
Under 18 years	1,670	1.2
Nonrelatives	5,275	3.7
Unmarried partner	2,772	2.0
In group quarters	6,195	4.4
Institutionalized population	4,738	3.3
Noninstitutionalized population	1,457	1.0
HOUSEHOLDS BY TYPE		
Total households	51,367	100.0
Family households (families)	37,130	72.3
With own children under 18 years	18,828	36.7
Married-couple family	30,645	59.7
With own children under 18 years	15,151	29.5
Female householder, no husband present	4,746	9.2
With own children under 18 years	2,714	5.3
Nonfamily households	14,237	27.7
Householder living alone	11,613	22.6
Householder 65 years and over	4,016	7.8
Households with individuals under 18 years	19,986	38.9
Households with individuals 65 years and over	10,625	20.7
Average household size	2.6	
Average family size	3.1	
HOUSING OCCUPANCY		
Total housing units	53,892	100.0
Occupied housing units	51,367	95.3
Vacant housing units	2,525	4.7
For seasonal, recreational, or occasional use	122	0.2
Homeowner vacancy rate (percent)	1.6	
Rental vacancy rate (percent)	5.6	
HOUSING TENURE		
Occupied housing units	51,367	100.0
Owner-occupied housing units	39,328	76.6
Renter-occupied housing units	12,039	23.4
Average household size of owner-occupied unit	2.8	
Average household size of renter-occupied unit	2.3	

	Western	Percent
SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	37,176	100.0
Nursery school, preschool	3,537	9.5
Kindergarten	2,485	6.7
Elementary school (grades 1-8)	16,610	44.7
High school (grades 9-12)	7,505	20.2
College or graduate school	7,039	18.9
EDUCATIONAL ATTAINMENT		
Population 25 years and over	94,830	100.0
Less than 9th grade	3,404	3.6
9th to 12th grade, no diploma	10,959	11.6
High school graduate (includes equivalency)	33,671	35.5
Some college, no degree	15,865	16.7
Associate degree	6,276	6.6
Bachelor's degree	16,945	17.9
Graduate or professional degree	7,710	8.1
Percent high school graduate or higher	84.9	
Percent bachelor's degree or higher	26.0	
MARITAL STATUS		
Population 15 years and over	109,951	100.0
Never married	23,168	21.1
Now married, except separated	69,489	63.2
Separated	1,864	1.7
Widowed	6,801	6.2
Female	5,075	4.6
Divorced	8,629	7.8
Female	4,925	4.5
GRANDPARENTS AS CAREGIVERS		
Grandparent living in household with one or more own grandchildren under 18 years	1,988	100.0
Grandparent responsible for grandchildren	747	37.6
VETERAN STATUS		
Civilian population 18 years and over	104,573	100.0
Civilian veterans	12,737	12.2
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION		
Population 5 to 20 years	30,849	100.0
With a disability	1,851	6.0
Population 21 to 64 years	81,060	100.0
With a disability	10,791	13.3
Percent employed	66.7	
No disability	70,269	86.7
Percent employed	83.2	
Population 65 years and over	14,618	100.0
With a disability	5,101	34.9
RESIDENCE IN 1995		
Population 5 years and over	130,926	100.0
Same house in 1995	76,616	58.5
Different house in the U.S. in 1995	52,271	39.9
Same county	29,482	22.5
Different county	22,789	17.4
Same state	15,090	11.5
Different state	7,699	5.9
Elsewhere in 1995	2,039	1.6

NATIVITY AND PLACE OF BIRTH		
Total population	141,774	100.0
Native	137,535	97.0
Born in United States	136,436	96.2
State of residence	110,239	77.8
Different state	26,197	18.5
Born outside United States	1,099	0.8
Foreign born	4,239	3.0
Entered 1990 to March 2000	1,401	1.0
Naturalized citizen	2,187	1.5
Not a citizen	2,052	1.4
REGION OF BIRTH OF FOREIGN BORN		
Total (excluding born at sea)	4,239	100.0
Europe	1,836	43.3
Asia	1,384	32.6
Africa	161	3.8
Oceania	61	1.4
Latin America	566	13.4
Northern America	231	5.4
LANGUAGE SPOKEN AT HOME		
Population 5 years and over	130,926	100.0
English only	124,122	94.8
Language other than English	6,804	5.2
Speak English less than 'very well	2,181	1.7
Spanish	2,130	1.6
Speak English less than "very well"	779	0.6
Other Indo-European languages	3,090	2.4
Speak English less than "very well"	795	0.6
Asian and Pacific Island languages	1,131	0.9
Speak English less than "very well"	551	0.4
ANCESTRY (single or multiple)		
Total population	141,774	100.0
Total ancestries reported	164,269	115.9
Arab	382	0.3
Czech [1]	863	0.6
Danish	254	0.2
Dutch	4,724	3.3
English	12,262	8.6
French (except Basque) [1]	2,819	2.0
French Canadian [1]	535	0.4
German	42,162	29.7
Greek	687	0.5
Hungarian	1,775	1.3
Irish [1]	27,032	19.1
Italian	20,602	14.5
Lithuanian	726	0.5
Norwegian	672	0.5
Polish	10,208	7.2
Portuguese	250	0.2
Russian	1,301	0.9
Scotch-Irish	1,808	1.3
Scottish	2,273	1.6
Slovak	1,777	1.3
Subsaharan African	308	0.2
Swedish	1,188	0.8
Swiss	728	0.5
Ukrainian	1,824	1.3
United States or American	6,118	4.3
Welsh	2,016	1.4
West Indian (excluding Hispanic groups)	266	0.2
Other ancestries	18,709	13.2

	Western	Percent
EMPLOYMENT STATUS		
Population 16 years and over	108,034	100.0
In labor force	75,994	70.3
Civilian labor force	75,961	70.3
Employed	71,959	66.6
Unemployed	4,002	3.7
Percent of civilian labor force	6.0	
Armed Forces	33	0.0
Not in labor force	32,040	29.7
Females 16 years and over	54,550	100.0
In labor force	35,501	65.1
Civilian labor force	35,501	65.1
Employed	33,469	61.4
Own children under 6 years	12,743	100.0
All parents in family in labor force	8,082	63.4
COMMUTING TO WORK		
Workers 16 years and over	70,960	100.0
Car, truck, or van -- drove alone	59,817	84.3
Car, truck, or van -- carpooled	6,432	9.1
Public transportation (including taxicab)	667	0.9
Walked	1,494	2.1
Other means	446	0.6
Worked at home	2,104	3.0
Mean travel time to work (minutes)	643	
Employed civilian population 16 years and over	71,959	100.0
OCCUPATION		
Management, professional, and related occupations	25,848	35.9
Service occupations	9,008	12.5
Sales and office occupations	19,628	27.3
Farming, fishing, and forestry occupations	82	0.1
Construction, extraction, and maintenance occupations	7,015	9.7
Production, transportation, and material moving occupations	10,378	14.4
INDUSTRY		
Agriculture, forestry, fishing and hunting, and mining	298	0.4
Construction	5,305	7.4
Manufacturing	14,260	19.8
Wholesale trade	2,767	3.8
Retail trade	8,187	11.4
Transportation and warehousing, and utilities	3,028	4.2
Information	2,257	3.1
Finance, insurance, real estate, and rental and leasing	6,332	8.8
Professional, scientific, management, administrative, and waste management services	7,419	10.3
Educational, health and social services	12,855	17.9
Arts, entertainment, recreation, accommodation and food services	3,984	5.5
Other services (except public administration)	3,350	4.7
Public administration	1,917	2.7
CLASS OF WORKER		
Private wage and salary workers	62,142	86.4
Government workers	6,001	8.3
Self-employed workers in own not incorporated business	3,686	5.1
Unpaid family workers	130	0.2
INCOME IN 1999		
Households	51,475	100.0
Less than $10,000	2,410	4.7
$10,000 to $14,999	1,983	3.9
$15,000 to $24,999	4,662	9.1
$25,000 to $34,999	5,258	10.2
$35,000 to $49,999	7,871	15.3
$50,000 to $74,999	12,499	24.3
$75,000 to $99,999	8,319	16.2
$100,000 to $149,999	6,070	11.8
$150,000 to $199,999	1,346	2.6
$200,000 or more	1,057	2.1
Median household income (dollars)	57,908	
With earnings	44,160	85.8
Mean earnings (dollars)	65,153	
With Social Security income	11,648	22.6
Mean Social Security income (dollars)	12,526	
With Supplemental Security Income	1,266	2.5
Mean Supplemental Security Income (dollars)	7,111	
With public assistance income	779	1.5
Mean public assistance income (dollars)	2,595	
With retirement income	8,076	15.7
Mean retirement income (dollars)	13,979	

Families	37,472	100.0
Less than $10,000	866	2.3
$10,000 to $14,999	648	1.7
$15,000 to $24,999	2,340	6.2
$25,000 to $34,999	3,169	8.5
$35,000 to $49,999	5,297	14.1
$50,000 to $74,999	10,096	26.9
$75,000 to $99,999	7,393	19.7
$100,000 to $149,999	5,467	14.6
$150,000 to $199,999	1,261	3.4
$200,000 or more	935	2.5
Median family income (dollars)	66,259	
Per capita income (dollars)	23,879	
Median earnings (dollars):		
Male full-time, year-round workers	43,297	
Female full-time, year-round workers	32,228	
POVERTY STATUS IN 1999 (below poverty level)		
Families	1,260	
Percent below poverty level		3.4
With related children under 18 years	976	
Percent below poverty level		2.6
With related children under 5 years	478	
Percent below poverty level		1.3
Families with female householder, no husband present	792	
Percent below poverty level		2.1
With related children under 18 years	722	
Percent below poverty level		1.9
With related children under 5 years	369	
Percent below poverty level		1.0
Individuals	6,246	
Percent below poverty level		4.6
18 years and over	4,178	
Percent below poverty level		4.2
65 years and over	715	
Percent below poverty level		5.7
Related children under 18 years	1,990	
Percent below poverty level		5.8
Related children 5 to 17 years	1,383	
Percent below poverty level		5.8
Unrelated individuals 15 years and over	2,282	
Percent below poverty level		12.3

	Western	Percent
Total housing units	53,908	100.0
UNITS IN STRUCTURE		
1-unit, detached	31,247	58.0
1-unit, attached	12,395	23.0
2 units	1,998	3.7
3 or 4 units	2,292	4.3
5 to 9 units	1,964	3.6
10 to 19 units	1,613	3.0
20 or more units	1,585	2.9
Mobile home	814	1.5
Boat, RV, van, etc.	0	0.0
YEAR STRUCTURE BUILT		
1999 to March 2000	2,161	4.0
1995 to 1998	5,647	10.5
1990 to 1994	5,531	10.3
1980 to 1989	6,504	12.1
1970 to 1979	7,060	13.1
1960 to 1969	5,195	9.6
1940 to 1959	9,830	18.2
1939 or earlier	11,980	22.2
ROOMS		
1 room	472	0.9
2 rooms	871	1.6
3 rooms	3,188	5.9
4 rooms	5,268	9.8
5 rooms	8,138	15.1
6 rooms	12,306	22.8
7 rooms	9,415	17.5
8 rooms	7,474	13.9
9 or more rooms	6,776	12.6
Median (rooms)	6.2	
Occupied Housing Units	51,373	100.0
YEAR HOUSEHOLDER MOVED INTO UNIT		
1999 to March 2000	8,395	16.3
1995 to 1998	14,374	28.0
1990 to 1994	8,928	17.4
1980 to 1989	8,770	17.1
1970 to 1979	4,737	9.2
1969 or earlier	6,169	12.0
VEHICLES AVAILABLE		
None	3,109	6.1
1	14,753	28.7
2	24,924	48.5
3 or more	8,587	16.7
HOUSE HEATING FUEL		
Utility gas	13,915	27.1
Bottled, tank, or LP gas	1,329	2.6
Electricity	11,908	23.2
Fuel oil, kerosene, etc.	23,183	45.1
Coal or coke	283	0.6
Wood	525	1.0
Solar energy	6	0.0
Other fuel	159	0.3
No fuel used	65	0.1

SELECTED CHARACTERISTICS		
Lacking complete plumbing facilities	149	0.3
Lacking complete kitchen facilities	233	0.5
No telephone service	297	0.6
OCCUPANTS PER ROOM		
Occupied housing units	51,373	100.0
1.00 or less	50,771	98.8
1.01 to 1.50	474	0.9
1.51 or more	128	0.2
Specified owner-occupied units	35,754	100.0
VALUE		
Less than $50,000	279	0.8
$50,000 to $99,999	8,076	22.6
$100,000 to $149,999	12,996	36.3
$150,000 to $199,999	7,969	22.3
$200,000 to $299,999	5,163	14.4
$300,000 to $499,999	1,085	3.0
$500,000 to $999,999	164	0.5
$1,000,000 or more	22	0.1
Median (dollars)	137,741	
MORTGAGE STATUS AND SELECTED MONTHLY OWNER COSTS		
With a mortgage	27,501	76.9
Less than $300	13	0.0
$300 to $499	339	0.9
$500 to $699	1,183	3.3
$700 to $999	4,756	13.3
$1,000 to $1,499	12,055	33.7
$1,500 to $1,999	6,433	18.0
$2,000 or more	2,722	7.6
Median (dollars)	1,267	
Not mortgaged	8,253	23.1
Median (dollars)	384	
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999		
Less than 15 percent	10,211	28.6
15 to 19 percent	7,047	19.7
20 to 24 percent	6,191	17.3
25 to 29 percent	4,283	12.0
30 to 34 percent	2,261	6.3
35 percent or more	5,646	15.8
Not computed	115	0.3
Specified renter-occupied units	11,907	100.0
GROSS RENT		
Less than $200	421	3.5
$200 to $299	399	3.4
$300 to $499	2,143	18.0
$500 to $749	4,684	39.3
$750 to $999	2,253	18.9
$1,000 to $1,499	1,385	11.6
$1,500 or more	109	0.9
No cash rent	513	4.3
Median (dollars)	696	
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999		
Less than 15 percent	2,263	19.0
15 to 19 percent	2,011	16.9
20 to 24 percent	1,608	13.5
25 to 29 percent	1,468	12.3
30 to 34 percent	962	8.1
35 percent or more	2,934	24.6
Not Computed	661	5.6