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Supporting families and professionals through research, education, practice, and policy

United Way of Allegheny County

06-07 Community Needs Assessment

by

Division of Applied Research and Evaluation

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Index

INTRODUCTION

In June 2006, the executive committee of United Way of Allegheny County (UWAC) proposed the new strategic direction for the United Way:

> *As the community's fundraiser, the United Way will streamline the process of getting dollars to agencies that are impacting critical community needs. United Way impacts what matters in our community to create lasting change in people's lives.*

To implement this new strategy, UWAC proposed three action steps to redesign how it allocates the total undesignated donation (Impact Fund):

1) Identify and address critical community needs;
2) Select agencies with the greatest impact on critical needs;
3) Raise funds for selected needs/agencies.

For Step 1, UWAC assembled the Needs Assessment Task Team consisting of community stakeholders to make recommendations on priority areas that present both urgent needs and opportunities for significant impact. UWAC contracted the Office of Child Development (OCD) of the University of Pittsburgh to conduct a Community Needs Assessment to provide this task team with the necessary data to inform its recommendations on priority needs. OCD's Division of Applied Research and Evaluation (DARE) was asked to manage a data collection effort consisting of three core activities:

- Collect social indicator statistics relevant to UWAC;
- Survey agency and community stakeholders about needs and impact opportunities;
- Interview funders about needs and impact opportunities.

This report summarizes the data collected for the UWAC Needs Assessment. Two overarching questions guided the design of the needs assessment and the data analysis:

What are the critical needs of the community?
Where and how can United Way make an impact?

The report is organized into four sections. Section I briefly describes the timeline, scope, and methodology of the needs assessment. Section II highlights social indicators in relation to the "critical needs" question. Section III highlights the survey/interview results in relation to the "impact" question. Section IV briefly reviews collected data in relation to eventual recommendations by the Needs Assessment Task Team.

I. SCOPE AND METHODOLOGY

This needs assessment is a first step in the ongoing UWAC allocation redesign effort. The intended audience includes UWAC, the Needs Assessment Task Team, the Impact Cabinet Redesign Subcommittee, and other community stakeholders. The primary objective for OCD-DARE is to present both statistical data and respondent opinions. This brief does not make recommendations on UWAC priority areas. Supported by the data collected through this effort, the Needs Assessment Task Team generated priority recommendations to the Impact Cabinet Redesign Subcommittee and other volunteer task teams.

The data collection and analyses were completed during a four month period from October 2006 to January 2007. Below are the three core activities of data collection.

1) Collecting Need Indicators

Social Indicators – UWAC and OCD-DARE jointly proposed a broad set of social indicators in the areas of economic condition, basic needs, social support, health, education, and public safety. OCD-DARE collected and compiled best available historical and regional data at county, state, and national levels. ***Appendix A*** lists rates, numbers, and trends for indicators collected. ***Appendix F*** lists the sources for these indicator statistics.

United Way Helpline Call Logs – OCD-DARE compiled UWAC Helpline call logs to supplement indicator analyses. ***Appendix B*** summarizes the helpline log.

2) Conducting Stakeholder Surveys

OCD-DARE and UWAC jointly created a web-based survey of critical needs and impact opportunities. UWAC sought responses from current UWAC partner agencies and various non-agency stakeholders in the community. The respondents were asked to identify gaps between services and needs and offer suggestions on how and where UWAC investments could generate the greatest impact. ***Appendix C*** summarizes the main survey results.

3) Interviewing Funders and Knowledgeable Others

OCD-DARE interviewed funders selected by UWAC to represent most major local foundations and the Allegheny Department of Human Services. In addition to the list of interviewees requested by UWAC, OCD-DARE also contacted additional knowledgeable persons to better understand the issues and data. ***Appendix D*** lists both sets of interviewees.

II. WHAT ARE THE CRITICAL NEEDS?

OVERVIEW

Social indicator statistics were the primary source of data used to address the question of "what are the critical needs". The key challenge for the Needs Assessment Task Team was to define what constituted "critical" and apply such criteria to actual data. The following list of criteria was proposed by the Needs Assessment Task Team to evaluate the severity and significance of needs. Based on the data collected, each criterion has its applicability and limitations.

Number of People Affected – Applicable to rank problems within a need area, e.g., comparing number of deaths by various disease causes. Limited applicability if used across need areas, e.g., comparing the relatively large numbers of overweight adults to the relatively smaller number of homeless individuals. Difficult to determine for certain far-reaching issues, e.g., the impact of crime is more than just the number of offenders and victims for which statistics are available, but also to victim's families and communities in which crimes occur, for which statistics are not available.

Rate/Incidence as compared to State and/or National Data – Applicable to determine whether a problem or trend is out of the "norm". Difficult to interpret due to compatibility issues among local, state, and national populations, e.g., do regions in comparison share comparable demographic, economic, historical profiles?

Growing/Declining Trend of a Problem – Applicable to determine whether a problem is improving or worsening over time. Limited applicability when used to compare across problems areas, e.g., is student achievement (improving, but far from good) a greater or less problem than infant mortality (worsening in recent years)?

Disparity among Demographic or Geographic Sub-groups of Populations – Applicable to pinpoint particularly underserved populations to better target services and interventions. Need focused questions in limited areas to avoid a random and time consuming search for disparities across the board, e.g., there are geographical differences for most indicators among rural, urban, and suburban areas.

Anticipated Future Growth – Useful in planning for emerging needs. Difficult to forecast across most areas of need, e.g., projection is possible for the aging population, but difficult for employment figures.

Root Cause – Useful to distinguish the symptoms of social problems from the root causes. Difficult to determine where a root cause begins and a symptom ends within the complex interactions of social conditions, e.g., Does poverty cause poor school achievement? Does poor achievement lead to poverty? Or both?

Using this comprehensive set of criteria for "critical needs," it is possible to argue for critical aspects in nearly all categories of indicators (described in greater detail in this section and also summarized in ***Appendix A***). For examples, although the percentage of overweight adults did

not change over the last 6 years, the absolute number of all overweight adults (56%) is staggeringly high; while school achievement showed improvements across grade levels, the black and white disparity remained high, and in some cases, improvements are more pronounced for whites than blacks. Thus, for any one particular set of indicators, the degree of "criticalness" rests on the criterion of reference. However, when multiple indicators converge using multiple criteria onto a common problem area or population segment, it is possible to narrow down the *most* critical needs.

Of the six criteria aforementioned, the statistical data directly inform the first four – *number of people affected*, *rate as compared to state/nation*, *trend*, and *disparity*. The remaining two – *anticipated future growth* and *root cause* – are difficult to interpret using statistical data alone. The table below summarizes how indicators in key problem areas converge or diverge according to the first four criteria for "critical" need. Each problem area represented below includes multiple indicators. The table shows convergence/divergence across multiple indicators within each problem area and illustrates the various interpretative challenges described above.

Problem Area	**# of people affected**	**comparison to state**	**trend**	**disparity**
Infant/maternal health	100s ~ 1,000s	same or worse	worsening	High (by race)
School-age children's health	1,000s ~ 10,000s	same or better	worsening	data n/a
K-12 Underachievement	10,000s	same or better	improving	High (by race/region)
Adult Educational Attainment	100,000s	better	improving	High (by race)
Youth drop-out	1,000s	mixed	mixed	High (by race/region)
Youth at-risk behavior	1,000s	data n/a	worsening	data n/a
Youth Crime/Death	100s	worse	worsening	High (by race)
Economic conditions for adult households	10,000s – 100,000s	same	worsening	High (by race/region)
General Health Risk Factors	100,000s	comparable	stable/improving	High (by race)
Disability	10,000s – 100,000s	comparable	data n/a	High (by age)
Self-sufficiency and Support for Seniors	10,000s	comparable	stable	High (by age)

Note. Under "# of people," the numbers are shown to indicate the order of magnitude, not the actual numbers. For more detailed numbers, please refer to *Appendix A*.

SOCIAL INDICATORS

For all of the indicators collected, data is presented as close to the 2000 – 2005/6 data window as it is available. This minimizes replication of other needs assessment, particularly the Southwestern Pennsylvania Regional Indicators Report by Sustainable Pittsburgh, issued in 2004 using data ending in 2002. Where references are made to *county*, *state*, and *national*, they refer to Allegheny County, the state of Pennsylvania, and the United States, respectively.

Social indicators are organized into two formats. In this section, the most significant needs are described in a narrative and grouped by population segments. The full list of data tables are grouped by need areas (e.g., basic needs, health, crime) in ***Appendix A***.

To cross-reference between these two formats of presentation, a superscript [#] is inserted after each main finding in the narrative to denote the ID numbers of the corresponding indicators in ***Appendix A***.

Most of the indicator data are reported at the county level. OCD-DARE collaborated with the county Department of Human Services Office of Information Management to develop geographical targeting maps included in ***Appendix E***. Mapping the data below the county level is particularly challenging for this needs assessment because the most up-to-date census data included in this needs assessment (2005) are not available at detailed levels (e.g., by census tract, municipality, zip codes). For that level of break-down, only data from 1999/2000 is available. Consequently, maps show data that are 6 – 7 years old, which represent the starting point, rather than the end point, of most of the data trends (2000 – 2005/6) included in this report

Note. Regarding population estimates used throughout the narrative and data tables, there are several sources from which population figures are obtained. Among those are small to moderate methodological and, consequently, numerical differences. Population figures for 1999/2000 and 1989/1990 are obtained directly from the Decennial Census. Data points from 2001 – 2005 have three sources: Pennsylvania Data Center (PDC), Current Population Reports (Census), and American Community Survey. In terms of population trends (e.g., growth in age groups), the data from PDC and Census Population Estimates generally agree, though with small numerical differences. The discrepancy between these two estimates and the American Community Survey is moderate and in certain instances can result in opposite trends (e.g., youth population is growing by the first two estimates and declining by the last). For this report, Pennsylvania Data Center estimates are used whenever applicable because these estimates include local level death/birth certificates, migration data, group quarters, and other sources, most of which are not incorporated into Census Bureau estimates. In addition, the state uses PDC population estimates for its needs assessments, other reported data (e.g., death rate), and planning.

1. CHILDREN (BIRTH – 14)

Population

Between 2000 and 2005, the **child population** in Allegheny County decreased in both absolute numbers and share of the total population[1]. As a result of this population decrease, the *number* of children (under 18) in poverty[13] decreased by over 3,000. During the same time period, increases were seen for state and county child poverty rates and the rates and numbers enrolled in the county Free/Reduced Lunch program[19]. In 2005, the estimated number of children 0 – 14 in poverty was 33,079 in the county. The number of homeless children remained relatively stable between 500 and 800. The number of children in foster care[186] also remained stable around 2,700 from 2001 to 2005.

Health

The most recent trends in **infant/maternal health** are worsening across indicators[35-38] in the county and across the state. Since 2001, rates for mothers who smoke during pregnancy, for mothers who do not receive prenatal care during the first trimester or the entire pregnancy, and for babies born with low birth weights are rising, after promising improvements in the 1990s. The rate of infant deaths[39] does not show a clear trend, reaching a peak of 8.8 per 1,000 in Allegheny County in 2003 (statistically significantly higher than state average) before falling back to 7.3 per 1,000 in the county in 2004.

There is a consistent shift in the age of **at-risk mothers** nationally, statewide, and in the county. Prior to and since 2001, the teen pregnancy rate[41] has been consistently declining. Meanwhile, unmarried births[40], particularly to young mothers just above the teenager years, have risen. The overwhelming majority of births to single mothers are for women in the 20-24 age band, rather than the teen years. Significant racial disparities exist across these indicators in infant and maternal health[78-82].

Health indicators[42-52] for school-age children worsened between 2000 and 2004. Looking at absolute numbers in 2004, the top three health issues for this population are asthma, attention deficit hyperactivity disorder (ADHD), and vision deficits. The top three worsening trends are vision deficits, seizure disorders, and diabetes.

Education

An increasing percentage of young children are being enrolled in full-day kindergartens[182], with the qualities of child care facilities increasing under the Keystone Stars initiative. Head Start enrollment[183] rose between 2005 and 2007. According to the just released rankings by NACCRRA (National Association of Child Care Resource & Referral Agencies), Pennsylvania ranks 4th in the nation in terms of child care center standards.

All **achievement** indicators[53-62] for school age children have shown steady improvements since 2002. Improvements are much higher for the state test (PSSA) than for national benchmark tests (NAEP), a phenomenon not atypical of other states (e.g., Texas). Despite the improving trend, it

is important to note that the percent of children below proficiency is still substantial – more than one fourth to one third of all students across grade levels are below proficiency in reading and math. In addition, significant racial disparities exist and persist across all grade levels[87-92].

Abuse and At-risk Behaviors

From 2003 to 2005, the number of both substantiated and unsubstantiated **child abuse**[93, 145] cases decreased more rapidly in the county than it did in the state. Child death rates[146-149] in the county for children ages 1 – 4, 5 – 9, and 10 – 14 were all lower than the state average, except for infant death, which is higher than the state average.

One area of concern is **school violence**[100-104]. The number of reported incidents, offenders, cases involving law enforcement, and cases resulting in actual arrests all rose sharply since 2000. The rising trend is partly due to more strictly enforced zero-tolerance policies and thus cannot be readily interpreted as actual increases (i.e. actual increases may have been smaller, though substantial, than the reported incidents would suggest). However, the higher incidents at the very least create an impression for students, parents, teachers, and communities that the school violence issue is worsening. The absolute numbers are staggering – from 2003 to 2005, the annual average of reported incidents in Allegheny County alone was 28,590, involving 18,764 unique offenders, resulting in 1,096 law enforcement intervention and 1,063 actual arrests.

On the brighter side, based on the "PAYS 2005: Pennsylvania Youth Survey", **substance abuse and risky behavior** prevalence rates for younger children in grades 6, 8, and 10 are among the lowest ever recorded statewide. This survey data is not available at the county level. The only available county level data is the decreasing incidents of detected Tobacco Use[102] in school-age children since 2000-2002 included as part of the school violence/incident data.

2. YOUTH (15 – 19 AND 20 – 24)

Population

Between 2000 and 2005, the **youth population**[2-3] in Allegheny County rose in absolute numbers and in share of the total population. This is the only age group under the "Baby Boomer" generation (starting at age 50) that registered increases over the last 10 years.

Poverty and Employment

In 2005, the estimated number of youth 15 to 24 living under poverty in the county was 34,492, representing a 23% increase from 1999. Over 7,000 youth between the ages 20 and 24 were neither in school nor employed in 2000 and 2005. This represents a 10% unemployment rate for eligible youth, higher than the 6 ~ 7 % estimated unemployment rate of the county civilian labor force during the same time period.

Education and Drop-Outs

While students' achievements are improving across the board for school-age children, the improvements are generally less pronounced for high school students[55,58] than for elementary and middle school students. The racial and economic disparities in students' achievement are highest for high school students[91,92].

The worst case scenario for persistent underachievement is high school drop-out. There are several measures available to determine high school **drop-out** rates[63-67] and some controversy, even locally, as to what the most accurate estimate is.

- A recent RAND study of the Pittsburgh Public Schools estimated that 35% of total students drop out over the entire course of high school, compared to the estimated rate of 26% from the Pennsylvania Department of Education (PDE).
- The PDE estimates the annual drop-out rate for the county to be 1.5%. Note that this is only an annual snapshot percentage, not the accumulative percentages shown above. While the drop-out rates from 2000 - 2005 are improving for the county and the state according to both PDE and ACS estimates, the drop-out problem worsened in distressed areas (e.g., Pittsburgh Public SD) or areas with a possible influx of new demographical groups (Woodland Hills SD).
- The 2005 American Community Survey (ACS) identified 3.4% of youth between the ages 16 – 19 who neither graduated nor were enrolled in school. The rate of **idle youth**[68-69] (16 – 19, neither in school nor employed) declined in the county and statewide, but rose sharply in distressed areas of the county. The City of Pittsburgh saw a sharp increase in the census-estimated rate of idle youth between 2000 (6.3%) and 2005 (9%).

In summary, across these somewhat conflicting indicators, the drop-out situation is worsening in distressed areas of the county, but improving elsewhere. The actual rate and number of drop-outs are most likely higher than the official estimates from PDE.

Crime, Violence, and Substance Abuse

Based on the "PAYS 2005: Pennsylvania Youth Survey," substance abuse and risky behavior prevalence rates for youth (grade 12) were some of the highest ever recorded. This is in sharp contrast to the low rates recorded for younger children in the same survey. The most prevalent behaviors (which are higher than the national average) are binge drinking, smoking, and use of drugs. New emerging trends include the abuse of prescription drugs and gambling. This is of particular concern in light of the introduction of gambling venues to the county.

From 2002 to 2006, county **juvenile** (<18) **drug arrests**[95] rose while property[96] crime arrests and violent[97] crime arrests fell. The **death rate for youth**[150-151] (15 – 19 and 20 – 24) has risen sharply since the late 1990s, with homicide by firearm as the leading cause (65% ~ 70% of total deaths). A just-released study by the Violence Policy Center ranked Pennsylvania as having the highest black murder rate in the country based on 2004 crime statistics. The death rate for black male youth[84-85] in Allegheny County is disproportionately higher than that of white youth and when compared to statewide averages for black youth. Correspondingly, youth also have the highest chance of becoming victims of crime[112,116,120] when compared to adults or seniors. In 2006, the victim rate for youth 18 – 24 was approximately 90 per 100,000, nearly double that of the overall adult population (18 – 64).

3. ADULT HOUSEHOLDERS (19 – 64)

Population

The lower and upper bands of the adult population[4-7] are shifting in two opposite directions. Since 2000, the number and share of people ages 25 – 49 in the county are decreasing. In contrast, the number and share of people ages 50 – 64 in the county are rising, as the first wave of "Baby Boomers" are within five years of retirement.

Poverty and Employment

Poverty trends are mixed depending on whether one examines rates or absolute numbers. The absolute number and percent of **adults under poverty**[14] increased from 1999. Adult **unemployment**[10-11] in Allegheny County has worsened since 2000. In the late 1990s, the county's unemployment rates were 10% – 15% lower than statewide rates. This advantage disappeared between 2003 and 2005. Significant racial disparities[73] persists in this area. The official employment rate from the Bureau of Labor Statistics (BLS) stood at 5% for 2005, or 31,638 people. The Census estimated that 7.2% of the population, or 43,818 people, were unemployed in 2005. The larger figure is more consistent with alternative measures of labor underutilization by the Bureau of Labor Statistics. For example, nationally, 5% unemployment corresponds to 7.8% "total unemployment," which includes not only those who seek employment but also marginally attached workers (not seeking, discouraged, but available and want to work) and under-employed (those who seek full-time work but could only find part-time work).

Income and Housing Cost

The median household **income**[16] appears to have risen 8% from 2000 to 2005. But using inflation adjusted figures, in 2005 dollars, it had in fact fallen 8%. Up to 2002, the regional indicator report from Sustainable Pittsburgh indicated an overall improving trend in income even after adjusting for inflation. The trend has now reversed.

While median income has fallen and the number of people in poverty has risen, the costs related to maintaining a home or apartment have gone steadily upward. Median house value, adjusted for inflation and using 2005 dollars, increased by 21% from 2000 to 2005. A common measure of affordability of house ownership and apartment rental is whether the gross ownership or rental cost (including mortgage, rent, utilities, and maintenance) exceeds 30% of the household income. Since 1999, about 30% less households could afford owning or renting their home[29-30]. This reverses the trend reported in Sustainable Pittsburgh regional indicators report, which stated that up until 2002, home affordability was improving while rent affordability remained stable. From 1999 to 2005, this trend worsened at a rapid pace for both owning and renting a home. Correspondingly, there have also been worsening trends in other related indicators:

- A record increase in foreclosures/evictions in the county and across the state[28,28a]
- A rapid increase in the cost of utilities according to the national consumer price index
- Increases in federal energy assistance allocation[27] too small to keep up with the much larger increase in costs and resulting in an ever expanding affordability gap[26] (according to 2006 Home Energy Affordability Gap report). Pennsylvania already receives the second highest allocation for federal energy assistance in the country, and Allegheny County receives the second highest allocation in the state
- A doubling to quadrupling of utility shutoffs by Pennsylvania utility companies[24-25]

These worsening economic indicators also correspond with the rising number people (county and statewide) eligible for medical assistance[17], TANF cash assistance[18], and children eligible for free and reduced lunches[19].

Education

The economic woes above cannot be easily attributed to **educational attainment** of the adult population. All indicators for educational attainment[70-72] (adults 25+) showed improvements from 2000 to 2005 across educational levels (those with high school/GED only, associate degree only, and B.S. and above). Blacks were still 25% more likely to be without degrees at or above the *associate* level, often considered the minimum level of education required in the present economy for upward mobility.

Health

The patterns of leading **causes for death** among adults 25 – 44 are consistent from 1998 to 2004. In the order of prevalence, they are accidents, cancer, heart diseases, suicide, and assault. The leading causes for death among adults 45 – 64 are also generally consistent from 1998 to 2004. In the order of prevalence, they are cancer, heart disease, accidents, stroke, and suicide (diabetes in 1998). The aforementioned disproportionate and higher than state average black male death rates[85-86] extend into early adulthood, impacting those between the ages of 20 – 24 and 25 – 29.

Related to economic conditions are issues of **health care access**[172-175]. Averaged across 2003 to 2005, the percent of uninsured adults is estimated to be 10%, an increase from 2001 to 2003. Correspondingly, the percent of adults who do not have a primary care physician, could not afford to see a physician when needed, or get medication when needed stood at 7 ~ 9% averaged across 2003 to 2005.

In terms of **health risks** by physical and mental conditions[154-163], the top five risk factors, ranked by percent of prevalent health conditions averaged across 2003 to 2005, are being overweight, of poor physical health (reported for one or more days during the last month), of poor mental health (reported for one or more days during the last month), having a past or present arthritis condition, and being obese. The prevalence of asthma showed worsening trends since 2001. The rise in asthma conditions among adults mirrored the similar rise in children as measured by school health reports.

Since 2001, reductions in health risk factors associated with **health behavior**[164-169] included risky sexual behavior (measured by percent of people tested for HIV) and smoking. Lack of exercise and chronic drinking persist at stable but high levels. Binge drinking is the only risk factor worsening significantly. The reduction in smoking and increase in binge drinking correspond to similar trends in child and youth related indicators. Related to the prevalence of binge drinking, the cirrhosis death rate[153], though not among the leading causes, is higher in the county than statewide and showing a slightly worsening trend.

In Allegheny County, the number of people admitted to state-supported **drug and alcohol treatment** centers[187] more than doubled between 1999 and 2005 while the total number of facilities available for treatment was reduced from 86 to 76. This corresponds with the increasing incidence of binge drinking both among adults and youth. The percent of patients admitted only once during the year decreased from 82.4% to 68.8%, signaling an increasing rate of recurring problems among substance abusers as well. Transitions in and out of treatment facilities impose significant challenges for those who struggle with substance abuse in terms of maintaining income, housing, and employment.

Crime

Since 2000, c**rime**[105-107] for both adult violent offenses and drug offenses rose while property offenses declined. The number of registered handgun sales per year remained steady around 12,000 since 2002. The number of licenses to carry a firearm increased from 2000-2002 to 2003-2005. In 2006, approximately 52 per 100,000 adults (18 – 64) were victim of crimes, mostly non-violent. Within families, the reported incidences of child abuse[93], elderly abuse, and domestic abuse[94] all showed reductions in the most recent reporting years.

4) SENIORS

Population

It is often said that Allegheny County has a rapidly aging population. This reference may have been made to describe the overall increase in median age, driven largely by the aging of the "Baby Boomer" generation. The first wave of "baby boomers" has not yet entered the retirement age. The current senior population[8-9] remained stable since 2000, balanced by the declining number of seniors from 65 – 79 and the increasing number of seniors 80 and over.

Poverty and Living Situations

The absolute number of seniors[15] living under **poverty** is relatively stable. Since 2000, the local senior poverty rate rose whereas the statewide rate remained stable. The rising cost of owning or renting a home is particularly problematic for seniors, many of whom live on fixed incomes. Between 1999 and 2005, the percent of seniors who can ill-afford their home[31-32] (rent/mortgage + utilities > 30% of income) increased at a faster rate than the state average.

From 2000 to 2005, the percent of households[33] with seniors remained steady at 28% in Allegheny County. The percent of **seniors living alone**[34] decreased slightly in absolute numbers locally and across the state. The latest available data on institutionalization shows that as of 2000, 6.7% of seniors are living in group quarters (with 4.9% living in institutionalized settings and 1.8% living in non-institutionalized settings). For Allegheny County, all three rates are lower than the state average. The number and percent of senior householders who are without a vehicle[23] declined since 2000.

Health and Wellness

While nearly all seniors are covered through some form of government and private health insurance, a substantial percent of seniors still do not engage in basic preventative care[170-171]. The number of older people (50+) receiving a flu shot during a 12 month period remained steady at just over 50% of the population from 2001 – 2005. The percent of seniors who had pneumonia vaccinations also held steady between 65 – 66%. Battling social isolation and maintaining physical wellness and active lifestyle remain significant challenges for seniors. 4 out of 10 seniors live alone. Regular exercise is still lacking, with more than one third of seniors who do not participate regularly in physical activity or exercise. Lack of exercise increase the risk of developing a disability. Between the ages of 65 – 75, nearly 1 out of every 3 previously well seniors develop a form of disability. Hospitalization due to hip fracture for females[143-144] over 65 is at 950 per 100,000, twice as high as males. Drinking rates are high, particularly for white males over the age of 65+. The State of Health and Aging Report issued in 2003 by the University Center for Social and Urban Research has the most comprehensive reporting of senior health issues.

The leading causes of death for seniors are consistent from 1998 to 2004 (with 2004 figures in parentheses) in the order of heart disease (3,678), cancer (2,614), stroke (805), chronic obstructive pulmonary disease C.O.P.D. (593), and pneumonia/influenza (323).

Crime

Crime against seniors is generally very low and non-violent as compared to crime against/by youth and adults, at 17.1 per 1,000 (0.7 for violent crime and 8.7 for property crime). Abuse and neglect of seniors is declining based on the most recent data available. The county Area Agency on Aging reported in 2005 that the total number of reported cases in need of protective services decreased by 9.3% from 1,514 during 2003-04 to 1,373 during 2004-05.

5) SPECIAL NEEDS POPULATION

Disability

Within non-institutionalized populations, census estimates report the following categories of disability:

- *General Disability of Any Type* – A long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business.

- *Go-Outside Home Disability* – People 16 years and older are considered to have a go-outside home disability if they experienced difficulty going outside the home to shop or visit the doctor because of a physical, mental, or emotional condition.

- *Sensory, Physical, Mental, or Self-Care Disability* – People 5 years old and over are considered to have a sensory, physical, mental, or self-care disability if they have one or more of the following: (a) blindness, deafness, or a severe vision or hearing impairment; (b) a substantial limitation in the ability to perform basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying; (c) difficulty learning, remembering, or concentrating; or (d) difficulty dressing, bathing, or getting around inside the home.

State and county rates of disabled persons across all age groups and all disability types[188-216] for 2006 are comparable. Seniors have the highest rate of disability among all groups and all types. Seniors 75 years or over have even higher rates. 1 out of every 4 seniors above 65 and 1 out of every 2 seniors above 75 report having at least one disabling condition. This indicates that approximately 25% of seniors transition from being "well" to having at least one disability between the ages of 65 – 75. Because all these percentages refer to a needy population who are not yet institutionalized, it highlights the need to examine the availability of alternative, non-institutional care (e.g., adult day care).

Mental Retardation and Developmental Disability

Between 2004 and 2007, the number of people with **mental retardation and developmental disabilities** registering for county assistance and service[217-226] remained relatively steady at around 6,000. About 10% of the registrants reside in institutions and the remainder in the community. Over 40% of the registrants have no subsidies with which to pay for care – the largest share, 67%, of this population are among adults (21-64), followed by 19% in children under 18. The number of seniors registering for MR/DD care remains around 400. Because of the overall lack of funding from the state, the MR/DD care waiting list is persistently long. Only 36% of the people registering for care in 2007 are being fully served.

III. WHERE/HOW CAN UNITED WAY GENERATE IMPACT?

Indicator data alone is not sufficient to identify *gaps* between the needs of the population and the currently available resources and services already provided. Nor can indicator data by itself suggest "impact-ability" by UWAC. Both the gaps and the impact questions are crucial for generating recommendations on where and how UWAC can prioritize its resources. Several studies commissioned by the Forbes Fund made attempts to shed light on the "gaps," particularly the Human Service Use and Service Availability (2006) and Service Clustering (2005) reports. Few available studies quantify and compare the potential for impact across problem areas for the Allegheny County. Generally, comprehensive quantitative data is difficult and expensive to gather to assess gaps and impact, especially given the wide range of services that UWAC traditionally and historically supports.

In this needs assessment, both the "gaps" and "impact" questions are addressed by surveying and interviewing various stakeholders familiar with the services and needs of the community, including representatives of service agencies, funding agencies and the government. This section summarizes the overarching themes emerging from funder interviews and interviews with knowledgeable others. The responses to the surveys are summarized in ***Appendix C***. Together, the opinion polls via survey and interviews provide a context to the indicator statistics and offer concrete suggestions on impact opportunities.

Consensus: The Unique Roles of United Way

A converging theme clearly emerged from *all* of the interviews:

> To generate the greatest impact, UWAC can and should *convene* service providers, consumers, and funders to seek creative solutions to persisting problems. As a convener, UWAC can exercise its leadership to study needs, educate donors and the public, advocate for the causes of the underserved, support innovation, and coordinate and leverage resources towards common problems.

Generally, interviewees were appreciative of UWAC's effort to redesign allocation, conduct repeatable needs assessments, and invite participation from high performing non-UW agencies. However, they expressed that these activities, while necessary and important, are not sufficient for UWAC to generate substantial impact. UWAC plays a unique role, not only as a fund raiser and a "funder," but also the "go-to" organization for community needs. It has the "bully pulpit," as several interviewees put it, to rally the community to a common cause. *Where* UWAC can make impact is dependent upon *how* UWAC exercises its leadership roles. It may be issuing RFPs for new agencies in one area and convening existing providers to set common outcome measures in another. It may involve educating the public about critical needs in some areas and targeting needs that impact both donors and the underserved in other areas.

Under this broad consensus, the interviewees provided specific examples of how UWAC can, and in some instances, cannot, generate impact. This section provides a summary of converging themes with illustrative examples and also highlights a few issues of divergent opinions.

Survey and interview respondents were given the opportunity to choose which questions and need areas they would like to answer. This allowed a broad scan while also encouraging people to share opinions only in areas of their expertise. When multiple respondents in the same need area identified a common service (i.e., where UWAC can make impact) or when multiple respondents across different need areas identified a common theme (i.e., how UWAC can make impact), the service or theme was identified as a converging point. This criterion was used to select the themes and ideas included in the present findings brief. It is important to note that all opinions expressed in this section originate from the respondents and are not separately "fact-checked."

Theme 1: *There are opportunities for United Way leadership and dollars to generate impact across all human service need areas (e.g., health, education, basic needs). United Way may need to carefully balance breadth and depth based on realistic assessments of its capacity and available funds.*

Few respondents, however specialized, claimed that "their" own need areas were in greater need or more likely to produce impact than all others. Respondents generally provided their perspective on the most critical and "impact-able" opportunities within their areas of specialty. Respondents, particularly those involved in serving consumers in certain need areas, recognized that UWAC has multiple priorities to balance.

Respondents who choose to comment on the broad strategy differed on whether and how UWAC should address all broad need areas or focus on a select few. The divergence may be summarized as the following:

- *Breadth of Coverage* – when donors make undesignated contributions, they expect UWAC to examine and address a broad range of needs of the community.
- *Depth of Impact* – UWAC should focus on a few select areas and do each well, instead of scattering its resources so broadly that it fails make a dent anywhere.

Advocates for broad needs suggested that UWAC should *not* pick and choose among the broad need areas, but identify ways and opportunities to make real impact across all of them. One rationale was that donor intentions behind undesignated contributions are broad (i.e., "I don't know what the needs are, so I am leaving it to UWAC to study and decide.") It would be up to UWAC to balance resources across all need areas, many of which a typical donor is unaware.

Advocates for a narrowed focus were concerned that with the size of the current Impact Fund, diluting across many areas would greatly reduce the possibility of any measurable impact in any one area. There was also concern that if the current needs assessment does not help UWAC develop a narrower focus, UWAC may fall back into the "old" way of allocating funds regardless of the "criticalness" of the need or the potential for impact, albeit with a different mix of agencies.

A possible common ground also emerged among these viewpoints. Respondents suggested that the role of UWAC would go beyond the dollars that UWAC alone can allocate. In many areas, UWAC can generate the biggest impact through convening and coordinating, rather than providing direct funds. Thus, identifying the fit or match between what UWAC can do (in leadership and in fund raising/giving) and the opportunity for impact may, over time, allow UWAC to both broadly address community needs and achieve deep impact in select areas.

Theme 2: *In addition to identifying critical needs, United Way can identify needs and services around critical transition situations that place otherwise self-sufficient people into the at-risk category.*

Respondents across different service areas did not usually describe needs in terms of indicator statistics. Instead, they described specific *transition situations* where the ordinary needs of a person or a family suddenly become critical. Often, a life changing circumstance can simultaneously impact multiple aspects of a person or family's needs and where/how they receive services. For examples:

- Children moving in and out of foster care and the accompanying transitions of home, neighborhood, schools, and family structures;
- Urban youth moving to non-urban school districts as a result of the closing of public housing and the accompanying difficulty of integrating into different classroom cultures and academic standards (often higher);
- People with mental health and substance abuse issues checking into residential programs for extended periods of time. Entering and leaving institutionalized settings is accompanied by losing a job, home, income source, and severe disruption to family support structure;
- Inmates leaving jail, but unable to integrate back into their families or community, join the workforce, obtain housing, or continue to receive needed services.
- Families facing a utility crisis in late winter or early spring, when shutoffs are allowed and assistance funding dries up, resulting in a host of financial and health hardships;
- Seniors losing a spouse, having a first stroke or fall, or having his/her primary care giver (a child or a neighbor) move away; and
- Adults with mental retardation/developmental disabilities losing a sole parent who is also a caregiver.

While there is common agreement that critical situations involving life-altering circumstances present great challenges to those affected and to the human service agencies, there are disagreements as to how much UWAC should invest its resources on individuals who are experiencing severe hardship.

One argument is that UWAC should focus on problems that can impact a large number of people with a relatively small investment per person. Severe problems, like the transitions mentioned above, often require very heavy investments to intervene. Even if successful, the number of people impacted would be very small.

The other side the argument agrees with the potential high cost of intervention, but suggests that UWAC should not use the number of people impacted as the sole criterion for impact. The *depth* of impact per person or family is as important as the numerical *size* of impact across persons or families.

Theme 3: *United Way could convene and coordinate service providers to set common goals, strategies, outcome measures, and performance standards in relation to critically needed services.*

One analogy that summarizes the convergence on this theme is: UWAC can orchestrate a network of service providers like a symphony, not six trumpet players. Specifically, the following examples are offered as areas where UWAC should not duplicate existing services, but coordinate the providers and funders to develop a common strategy to meet community-wide goals:

- There are a plethora of childcare centers currently in existence. The answer is not to fund more childcare centers or more capacity, but to improve the quality and availability (through awareness) of existing providers serving at-risk populations;
- There are a large number of after-school programs in existence with divergent goals, programs, capacity, and funding streams. The answer is not to fund more after-school programs, but to rally providers and funders to build a consensus on the common goals, quality standards, and outcome measures;
- There are too many senior centers clustered in certain areas and none at all in others. The answer is not to simply to simply fund senior centers, but to identify the areas where seniors are not being served and rally providers and funders to provide access to high quality facilities; and
- There are high quality community and hospital providers of physical and mental health care in this community. The answer is not to fund more programs, but to provide access to available high quality programs. Access means more than transportation, but may include greater utilization of preventive care programs (e.g., regular check-ups, flu shots, etc.).

Regarding outcome measures and quality standards, respondents generally agreed that quality counts a great deal in determining whether or not an agency should be funded, but some differed on the relative role UWAC should play with its partner agencies.

Some argued that as UWAC convenes the community to improve quality of services, it should set, measure, and enforce rigorous performance and monitoring standards for its own agencies. UWAC should support *programs*, not agencies.

Others argued that supporting programs alone would make UWAC into just another foundation. It is not conducive for collaboration when UWAC acts solely as the "gatekeeper" or "big brother" looking over its agencies. To jointly make impact, UWAC should balance its push for standards with efforts to help agencies identify needs, build partnerships, build capacity, raise funds, and over time become more effective. Because government subsidies and program funds do not usually pay for operating support, UWAC needs to continue to support agencies' *operating costs* or else it would greatly diminish agencies' ability to bring in government program dollars that require local matching. In this case, UWAC should be flexible enough to support agencies with strong programs, rather than just programs alone.

Theme 4: *United Way should use its dollars to leverage more dollars.*

Most agreed that this would be the ideal scenario. How does UWAC increase the return of its investment by leveraging other funding sources (e.g., matching funds)? Respondents provided a few specific opportunities:

- *Matching Funds* – In housing, federal HUD grants and other state and local government funding agencies are required to have a certain percent (e.g., 20% for HUD) of operating funds locally matched. Although UWAC traditionally does not provide matching dollars due to the annual cycle of fundraising and allocation, this is an opportunity to generate additional dollars with limited but stable investments. In reducing recidivism, Pennsylvania Commission on Crime and Delinquency also provides matching grants that increase by year.

- *Access to Available Assistance Programs* – In utilities, there are three assistance programs including LIHEAP cash, LIHEAP crisis, and the Dollar Energy fund. Each program requires separate applications. The eligibility was broadened in 2006. Working families or fixed income seniors who are not typically involved in public assistance program often do not know, or are not willing to go through the application process. UWAC can educate and facilitate the applications and make sure that those eligible at least apply for the assistance. The cost of raising awareness and filing applications are relatively inexpensive compared to the financial assistance it can bring when a crisis situation arises. Other opportunities include tax assistance, particularly in relation to unclaimed earned income credit (in 2000 and 2001, over 60,000 Pennsylvanians fail to claim an average of over $500 tax credit, mostly due to a lack of awareness to file returns.)

- *Access to Government Funded Programs* -- In health care, the newly passed and launched Cover All Kids initiative in Pennsylvania includes several broadenings of assistance and eligibility requirements. There is an opportunity to reach hard-to-reach families or families who are not aware of eligibility changes to sign up for health insurance paid for by government funding. Likewise, if the Cover All Pennsylvanians initiative passes in some form in the coming years, the similar process can be replicated to reach uninsured adults. Both the short-term savings in acquiring affordable insurance and long-term savings of better health care would far exceed the investments to help people apply for such services.

Theme 5: *United Way should support innovations to integrate across human service systems (e.g., jail, housing authority, employment assistance) and political boundaries (e.g., city/county lines)*

Of the aforementioned critical situations for people in transition (theme 2), the needs are not neatly contained within traditional boundaries of services, whether by type or by geographical or agency boundaries. Facing such challenges, UWAC can rally its partner agencies as well as other providers to integrate across systems and think across need areas to meet the comprehensive needs of individuals and families. The central message here is comparable to what was reported in the 2005 Service Clustering by Forbes Fund. Specific examples include:

- Employment problems are not addressed simply through job coaching and skill training. A system integrating training with placement, connecting service providers with employers, may holistically address the issue. This is particularly important in the area of employment for released prisoners. With a criminal record, employment opportunities are few without specific placement partnerships;
- Housing problems are not just about paying mortgage and rent. For young families, it can be as much about credit counseling, locating affordable and high quality homes in alternative locations. For seniors, it is just not about owning a home, but owning the "right" kind of home – one that is close to transportation main routes, physically easy to live in, and weatherized to soften the impact of rising energy costs; and
- The agencies that can best reach the hard-to-reach populations to sign up for health care may not be health-focused agencies. For example, the highest uninsured rates for children are found among teenagers. Non-school hour programs would be a non-traditional venue to reach out for health care enrollment under the Cover All Kids initiative.

Because such innovations are not traditionally funded by governmental program funds (which tend to be in silos), UWAC has an opportunity to use mechanisms like RFP's to encourage innovation in systems and needs integration and cross-boundary partnerships.

Theme 6: *United Way should leverage not just money and organizations, but volunteers.*

The rate of volunteerism in Pennsylvania ranks near average or below average across age groups, indicating that the potential exists to rally more participation. Youth and senior participation in volunteering are low nationwide compared to adults between ages 35-64. However, seniors who do volunteer put in the highest number of hours than any other age group. Youth put in the least number of hours. All these suggest that there would be much room to improve in the area of volunteer recruitment and developing creative ways volunteers can help. Examples include:

- Volunteers are a rich human resource for agencies in all aspects of service operations, from fund raising to service delivery. Increasing volunteer hours may offset the decrease in program funds and increase program capacity;
- Both youth and seniors can benefit not just from services provided to them, but opportunities to serve and be purposeful. It is important to look at youth or seniors not just as "deficits" (based on what they would need), but in terms of what they could and are willing to offer to their communities. Programs that engage youth to weatherize homes for seniors or seniors to tutor children and youth are examples of such leveraging opportunities; and
- If a greater proportion of donors also participate in the services funded through their donations, there may be a higher likelihood for their continuing and increasing support through both donations and support.

Theme 7: *United Way should address root causes and advocate for prevention and self-sufficiency before problems become critical needs.*

The general emphasis from respondents, particularly in the area of physical and mental health and economic opportunities, was on prevention and developing self-sufficiency. Critical problems are costly to remedy. Investing in efforts to reduce incidence of problems have the biggest return.

- For seniors, it is to help seniors stay well and active, immunized against the common flu, reduce the onset of debilitating conditions resulting from preventable conditions, such as falls;
- For youth, it is to prevent truancy through a closer partnership between UWAC, community agencies, and the school system. For those who have already dropped out, it is to provide the necessary structure and incentives within the community setting to allow them to see a path of continuing their education or being prepared to enter the work force.
- For adults, it is to find employment, locate affordable housing, financial counseling against predatory loan practices, and early interventions of mental health issues.
- In health areas, it is to focus on the availability of "wellness" programs for all ages, rather than focusing on access to "health care" once the problem has already occurred and became a medical condition.

Theme 8: *United Way needs to identify specific gaps in existing funding structures and services to better target its investment by population, geography, timing, and type of services.*

Some suggest that gaps can be identified through a careful examination of the geographical distribution of services compared with the location of potential clients. There is a concern that many services are heavily concentrated within or near urban areas, whereas at-risk population are increasing (youth, poverty, seniors) in the outer skirts of the county.

Others suggest that gaps can be identified through a thorough review and update on the ever changing regulations regarding government-funded programs (e.g., Health Insurance, Energy Assistance). UWAC can serve both as an educator, and through its agencies and volunteers, as a facilitator to make sure people in need are able to meander through complex service systems and are accessing the fullest extent of paid-for services.

Theme 9: *United Way must make a strong value proposition and offer greater transparency into its decision making to its corporate and individual donors.*

One way of presenting a value proposition is to identify and serve needs that are recognized by donors either as urgent needs or needs that directly impact them. Examples include:

- Senior Day Care – many working adults support ailing parents. This is an issue not only for low-income families, but also for working families with middle-class income. The support and promotion of senior day care services not only helps the frail seniors but the adult children who care for them and the businesses that lose productivity due to employee's senior care issues.
- Job Readiness Training – focusing job readiness training in areas of growing demand for local businesses may create incentives for businesses both to invest in services and to offer placement opportunities for those who are trained.
- Health Care and Utilities Assistance – providing cost-effective programs to improve access and reduce cost on these problems can resonate with donors. Rising costs of health care and utilities are areas of concern for most donors who live comfortably above poverty levels, whereas concerns for hunger are not nearly as identifiable for the donors. Yet savings generated by access to health care and utility assistance create extra usable income for poor families that could be used towards food and nutrition.
- Health and Nutrition Promotion – focusing on problems that are prevalent across the community regardless of social classes. As obesity, heart disease, over weight, and lack of exercise continue to rank high in the health factors for this community and across the state, efforts to promote a healthier lifestyle and better nutrition may receive better donor support even while serving the entire community.

Of course, not all critical needs affecting at-risk populations are identifiable to donors. In such cases, UWAC needs to act as an educator and advocate to make such needs visible and urgent. There is an impression that presently, individual donors do not have a clear sense of where and how their donations are being spent and to what ends. There would need to be better follow-through and greater transparency with donors as to how and why UWAC invests its resources and measures impact.

IV. FROM DATA TO RECOMMENDATIONS

The Needs Assessment Task Team assembled by UWAC, consisting of volunteers representing service agencies, funders, researchers, government entities, and corporations, made use of the indicator data and survey/interview data in combination with the diverse experience and interests represented on the task team to propose a set of priority recommendations for UWAC. These recommendations are not only based on the "critical" nature of the needs, but also the perceived gap between service and need and UWAC's ability to make an impact.

The role of the data collection team authoring this report (Office of Child Development, Division of Applied Research and Evaluation) is not to come up with a separate set of recommendations, but to help provide the data that inform the Needs Assessment Task Team in their effort of generating recommendations. As of March 2007, using earlier versions of this report, the Needs Assessment Task Team has reached consensus on both a broad framework of United Way's role in the community and a set of recommendations for the priority need areas. In this section, the data collection team makes an attempt to briefly review collected data in relation to the conclusions drawn by the Needs Assessment Task Team.

LEADERSHIP ROLES OF UNITED WAY

The Needs Assessment Task Team proposed the following framework to capture the potential interlocking roles United Way can play in the community to make impact.

- ***Advocacy & Coordination*** – educating the public, advocating with governmental entities to make structural changes in publicly funded programs, convening funders and service providers to develop and coordinate strategies, recruiting volunteers, etc.
- ***Supporting Innovation*** – supporting innovative programs that attempt to significantly increase impact and improve outcomes beyond what existing programs are able to achieve.
- ***Addressing Root Causes*** – to address the root causes of health and human services needs, particularly over long-term periods. This includes programs aimed at preventing problems before they occur.
- ***Providing "Safety Net"*** – to help people who are experiencing crises and help people cope with the symptoms that result from inadequate prevention programs.

While the framework is derived in parallel to and independent from the interviews being conducted, its substantive principles are supported by the converging themes gathered from interviews (Section III). The table below cross-references the main intersection between the roles listed above and the themes emerging from interviews. The themes are numbered as they were in Section III.

	1	2	3	4	5	6	7	8	9
Advocate Coordinate	☑		☑	☑		☑	☑	☑	☑
Support Innovation	☑				☑				
Address Root Causes	☑						☑		
Provide Safety Net	☑	☑							

RECOMMENDATIONS BY THE NEEDS ASSESSMENT TEAM

The Needs Assessment Task Team presented three priorities for impacting critical needs to UWAC in March 2007.

- Helping Teens and Young Adults Succeed
- Helping People in Transition and Filling Service Gaps
- Maintaining a Strong Safety Net for People in Crisis

This section highlights indicator data and interview/survey information in relation to these three priorities. It is important to note that the recommendations made by the Needs Assessment Task Team took into consideration the data included in this findings brief as well as the ideas and experiences of its diverse members. While the recommendations are generally consistent with the data, the data is not definitive or conclusive for all elements of the recommendations. This is expected given the inherent ambiguities in interpreting even the best indicator statistics. The information presented in this section should be seen as a post-hoc review of the relationship between the recommendations and the data.

Priority: Helping Teens and Young Adults Succeed

This problem area represents perhaps the strongest convergence of indicator statistics. The indicators that suggest "critical need" span a wide variety of needs include:

- Infant/maternal health related to families of young (often unwed) mothers
- School achievement for high school students
- Drop-out rates and idle youth in distressed districts or neighborhoods
- School violence incidences
- Substance abuse among older teens
- Crime rates (both perpetuators and victims) among young males, particularly black
- Low access to available services (e.g., state funded health care)

The survey of stakeholders indicated that this is an area where the need is great and the potential for UWAC impact is great. For example, the drop-out issue is identified by survey respondents both as the highest gap area under the broad category of "education and needs" and the highest impact area as well. Interviewees from a wide range of perspectives agree, whether a foundation program officer with a priority in youth development, or the county government leader concerned with transitions of youth out of Children and Youth services.

The proposed leadership role for UWAC can be described as one of "coordinated funding." The problem is far greater than any one entity, whether it is government or school or foundation, can tackle. To make measurable impact, interviewees suggested that UWAC convene the key partners, including schools, government, foundations, agencies, criminal justice system, and health care providers/insurers to joint assess the resources available and develop a coordinated strategy to support youth development in school as well as towards employment. The interviewees described the current state in the region as being without strategic coordination, resulting in scattered and unfocused resources, duplicated services in certain areas and

insufficient services in others, and low likelihood of making measurable impact on outcomes. Some respondents suggested expanding specific past interventions that were successful but not sustained or scaled in the long-term.

Priority: Helping People in Transition and Filling Service Gaps

This problem area generally refers to people transitioning due to life changing conditions and situations and gaps in services to those who are near-poor, or in underserved communities, and/or in need of additional support services to develop towards self-sufficiency. The target population in this problem area can be in any particular age range. The recommendations from the Needs Assessment Task Team highlighted four particular target groups, though not exclusively.

- High-need and near-poor seniors
- Neighborhoods affected by Port Authority cutbacks
- Jail inmates re-entering the community
- Aging parents with disabled children

Senior Issues

The indicator statistics on seniors suggest that a substantial number of seniors fall into this target group. Approximately 1 out of every 2 seniors of age 75 and above has one disability conditions. 1 out of every 4 seniors transition from being "well" to having at least one disability between the ages of 65 – 75. At the same time, 1 out of every 2 seniors 65 and above are living alone in this county. Economically, housing has become increasingly less affordable for fixed-income seniors, driving previously financially self-sufficient seniors towards near-poor conditions. This can be a particularly difficult transition because many of these seniors are not familiar with or had previously been engaged in government assistance programs (e.g., energy assistance).

The interviewees familiar with senior issues strongly advocated programs that promote and preserve wellness for seniors to minimize the disabling conditions mentioned above. The more that is invested in wellness programs and preventive medical care, the less the need for more expensive health and institutional care for seniors. Adult Day Care is frequently mentioned as an alternative to nursing homes and a service that may not only benefit the seniors, but the adults who care for them and the businesses where the adults were employed.

Transportation Issues

The indicator statistics are relatively scarce in this area. It is fair to say that various segments of the community are bracing for the impact for Port Authority cuts. Transportation is highlighted as a high need, high impact area by the survey respondents, though the survey does not provide detail as to exactly how UWAC can make such impact. Neither the Port Authority nor specific agencies (e.g., senior centers) can project or quantify the actual impact. The intent of the cuts is to impact all communities evenly in route reductions. Thus, the problem may be widespread to a lesser degree rather than concentrated to a severe degree in limited neighborhoods. Interviewees

recommended that UWAC wait to see the final proposals of the cuts and assess the impact in the first six months to one year following the enactment.

More generally, interviewees suggested that UWAC and its agencies help advocate for the need for transportation funding on behalf of the needy population to county and state governments. Simultaneously, UWAC can help to assess the impact of these cuts in conjunction with the effort to be undertaken by the port authority. Lastly, UWAC and its agencies can help to promote the use of public transportation and provide the necessary training to needy populations so that they may make the most out of the public transit system despite the cuts.

Recidivism

It is difficult to find direct and useful statistics on this issue. The select survey respondents and interviewees familiar with this issue all pointed to the high need. One possible area of impact would be for UWAC to coordinate resources to connect released jail inmates to the wide range of resources they may need to re-enter community and society, including job training, housing, continuing health and mental health treatments. Using Department of Corrections data reported by the county, 69% of prisoners were recipients of services from the Department of Human Services, yet after release, only 32% continue to receive services. It is unlikely that imprisonment has reduced the need for services for these individuals. It is more likely that, as a result of returning to different communities post release (less than half of the prisoners return to their original communities after release) or age (e.g., a previous Child, Youth, and Families client becoming an adult while in prison), these individuals fall through the cracks in the traditional boundaries of services (by age, by agency, or by city limit).

Disabled Adults and Children

The number of adults and children disabled are high, even though the rate is lower than that of seniors. The available services and state funding falls short of the need. In the mental retardation and developmental disability area alone, the funding is decreasing while the waiting list for services remains very high, at 50% - 75%. Interviewees generally considered it advantageous (to the person, to the family, to society) to help families keep their disabled members at home or in community, rather than in institutional settings. It is not clear, from surveys or interviews, what UWAC's role can be in this area. It is possible that people familiar with this issue are underrepresented in the survey and interview respondents.

Other Target Groups

The interviewees and indicators also suggested other target groups as candidates. They include people who lose employment, who check in and out of substance abuse treatment facilities, young single mothers who had their first or second births, teens who drop out of school, children who move as a result of going in and out of foster care, and seniors who lose a spouse or a caretaker (e.g., child moving away).

Maintaining a Strong Safety Net for People in Crisis

The indicator statistics are consistent with the need for a strong safety net for people in this community. The rising utility and health care costs seem to be the driving force behind the worsening of economic conditions in recent years, while the aging working population and unemployment issues are driving longer-term challenges for the region. The select indicators include:

- Unemployment Rate
- Income
- Poverty
- Housing/Renting Affordability Indicators
- Foreclosure/Eviction Rates
- Utility shutoffs
- Enrollment in public assistance programs

The interviewees generally agreed that while the need is clearly great, UWAC needs to carefully examine how it can leverage its leadership to make impact. UWAC dollars, used as financial assistance, (or the dollars of any foundation or government agency) is not sufficient to make a dent in any of these areas. Just in the area of utility cost alone, the gap between cost and affordability is estimated to be around $1,044 million for the state of Pennsylvania, while the federal subsidy is $126 million for the state (this is considering that Pennsylvania receives the second highest allocation among all states, and Allegheny County receiving the second highest allocation among all counties in the state.) Interviewees also suggested that UWAC needs to pay particular attention to disparity issues in this area, understanding that while these issues impact nearly all segments of populations, it most definitely affect certain subgroups (black, aging, or those living far away from the clusters of service agencies) disproportionately and severely.

The strategies, proposed by interviewees, are focused on partnerships and prevention to effectively prevent crisis from occurring in addition to supporting people who are in crisis. For examples, to mitigate health care cost and the cost incurred as a result of health crisis, UWAC can coordinate both service agencies and health care providers/insurers to promote access and utilization of preventive care and wellness programs among the most at-risk populations. To reduce utility costs, UWAC can coordinate volunteers and agencies to weatherize houses for those who could least afford the utility costs and help them to access energy assistance programs.

Conclusion

The data collection team concludes that the recommendations of the Needs Assessment Task Team are generally consistent with the indicator and survey/interview data collected through the needs assessment. The opportunity for impact rests not only on dollars (raised or allocated), but also (and perhaps more importantly) on the leadership role UWAC can fill in these problem areas.

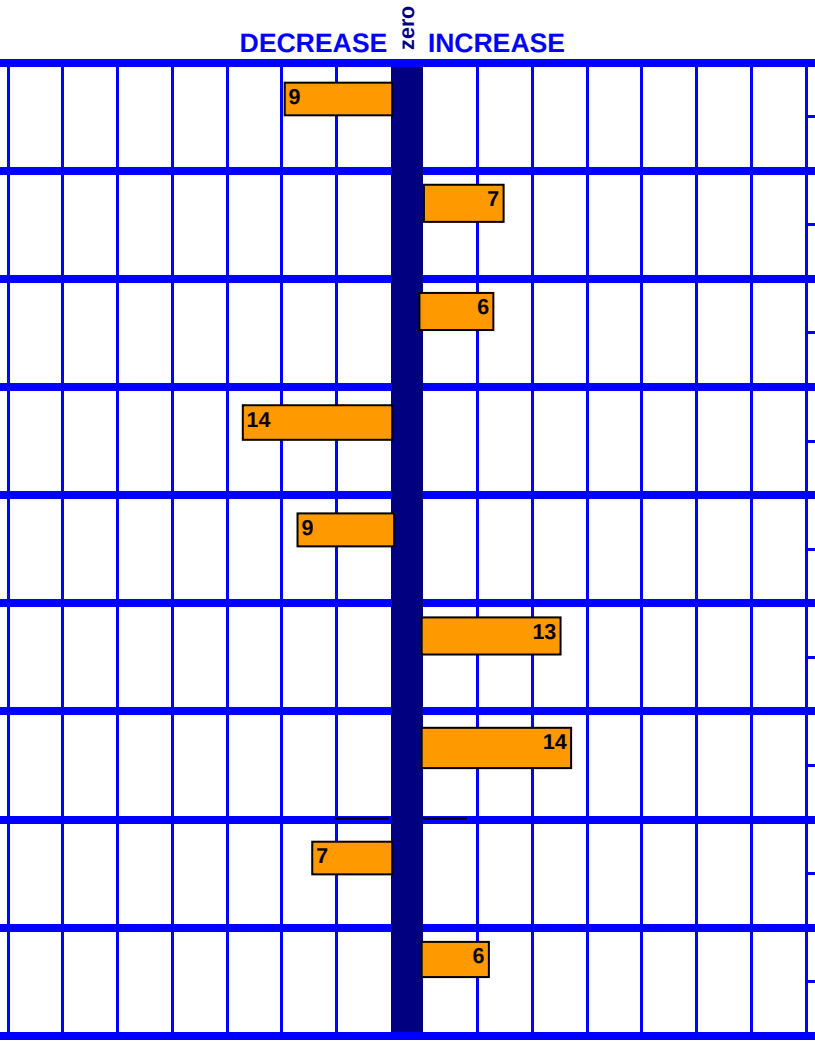
Appendix A

Indicators At A Glance

The reference number used in the narrative (in superscript) corresponds to the indicator index to the left of the data tables.

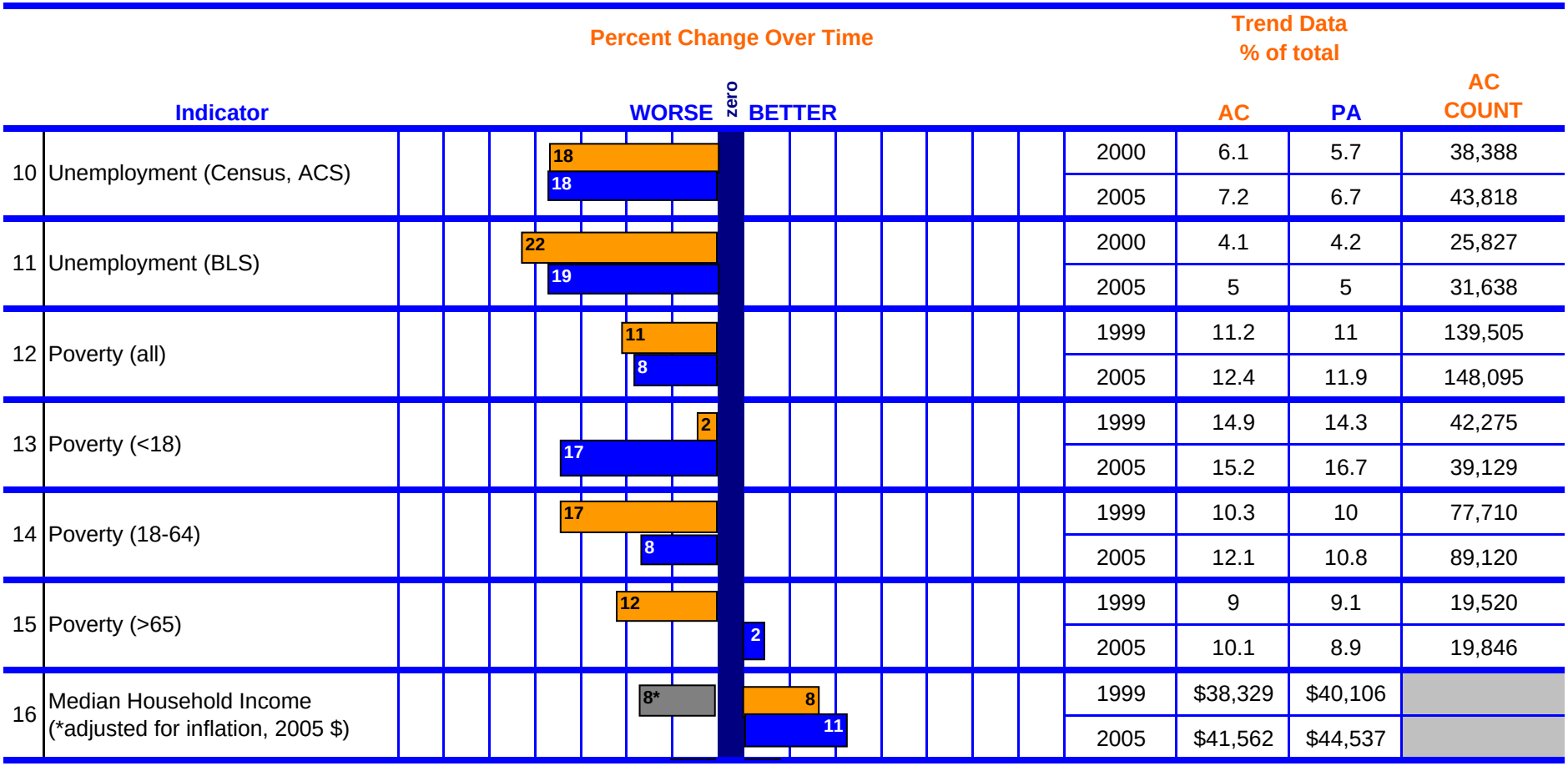
POPULATION INDICATORS

Percent Change Over Time (based on #'s)



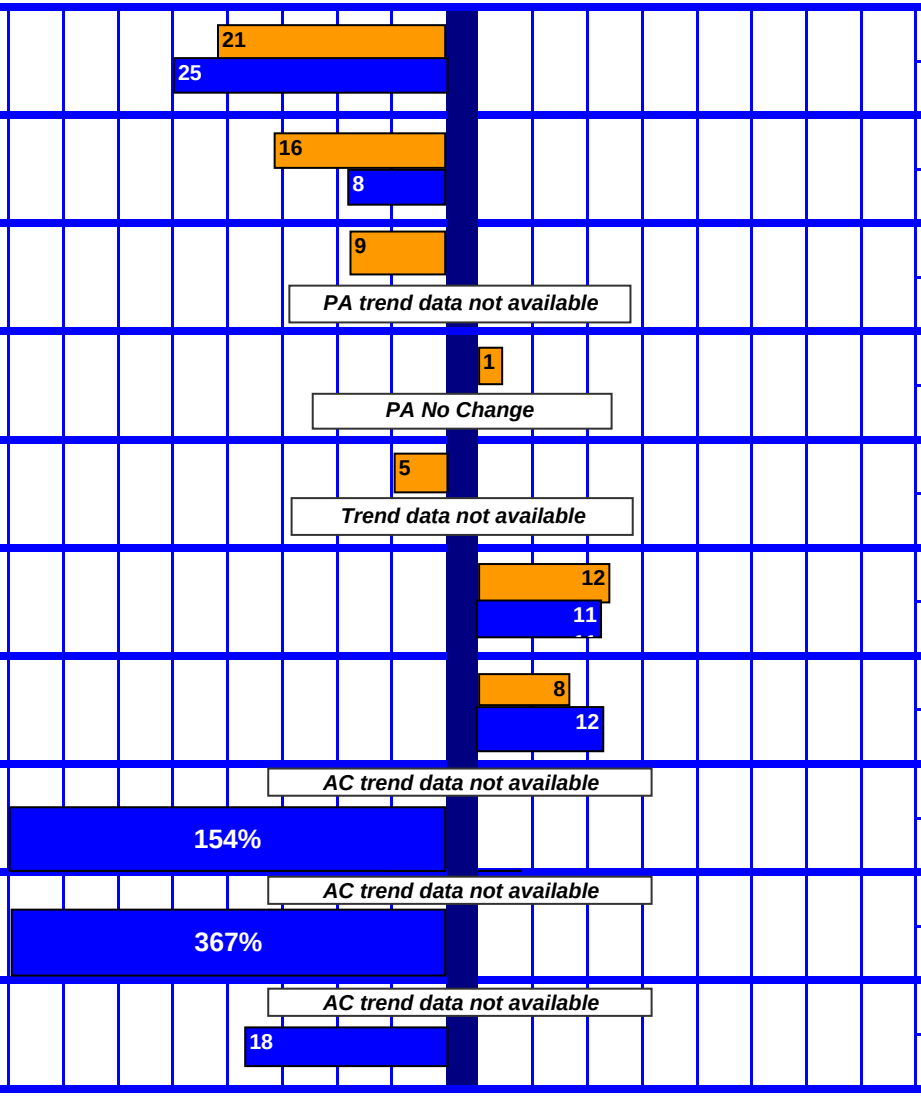
	Age Range		AC Count	% of Total Population
1	0 - 14	2000	233,154	18.2%
		2005	212,459	17.2%
2	15 - 19	2000	81,721	6.4%
		2005	87,071	7.0%
3	20 - 24	2000	75,792	5.9%
		2005	80,079	6.5%
4	25 - 39	2000	257,558	20.1%
		2005	221,228	17.9%
5	40 - 49	2000	203,977	15.9%
		2005	186,471	15.1%
6	50 - 59	2000	146,770	11.5%
		2005	165,923	13.4%
7	60 - 64	2000	54,278	4.2%
		2005	61,728	5.0%
8	65 - 79	2000	164,402	12.8%
		2005	153,179	12.4%
9	80+	2000	64,014	5.0%
		2005	67,703	5.5%

ECONOMIC INDICATORS



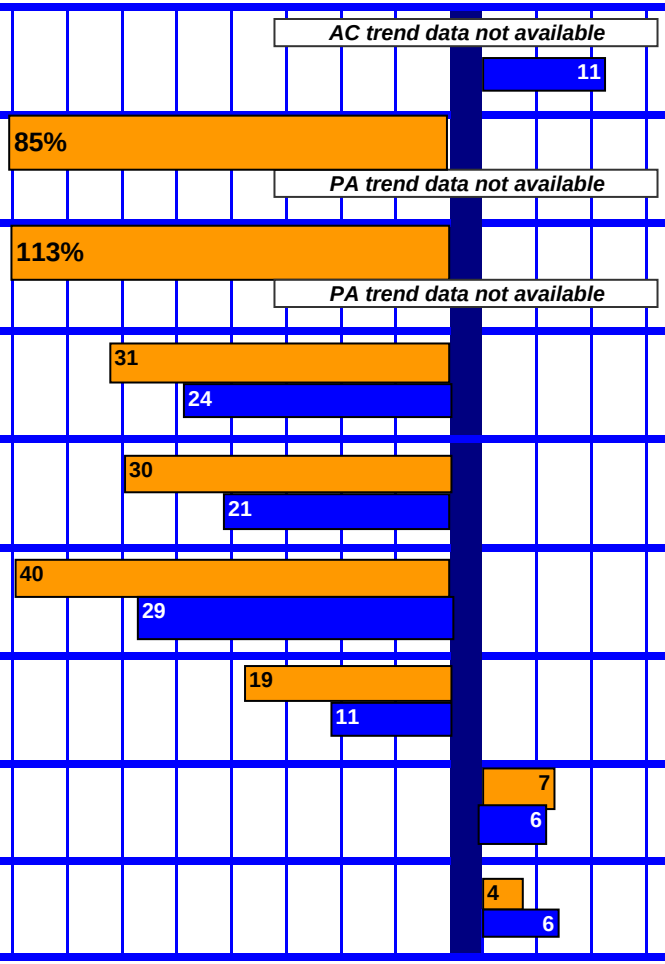
	Indicator		Trend Data % of total AC	PA	AC COUNT
10	Unemployment (Census, ACS)	2000	6.1	5.7	38,388
		2005	7.2	6.7	43,818
11	Unemployment (BLS)	2000	4.1	4.2	25,827
		2005	5	5	31,638
12	Poverty (all)	1999	11.2	11	139,505
		2005	12.4	11.9	148,095
13	Poverty (<18)	1999	14.9	14.3	42,275
		2005	15.2	16.7	39,129
14	Poverty (18-64)	1999	10.3	10	77,710
		2005	12.1	10.8	89,120
15	Poverty (>65)	1999	9	9.1	19,520
		2005	10.1	8.9	19,846
16	Median Household Income (*adjusted for inflation, 2005 $)	1999	$38,329	$40,106	
		2005	$41,562	$44,537	

BASIC NEEDS INDICATORS



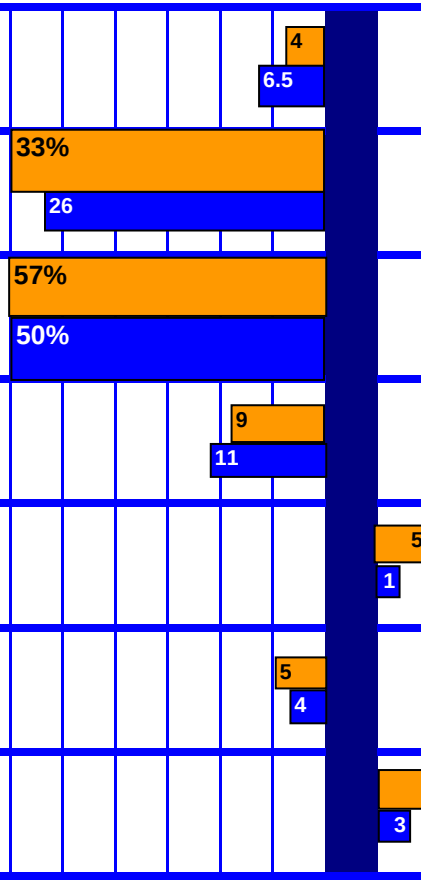
Indicator		Trend Data % of total AC	PA	AC COUNT
17 Medical Assistance Eligible	2000	10.9	11.5	NA
	2005	13.2	14.4	166,176
18 TANF (cash assistance)	2000	2.5	2.4	NA
	2005	2.9	2.6	36,026
19 Free / Reduced Lunch	2000	31.2	NA	50,687
	2005	34	NA	53,090
20 Home Ownership	2000	67	71	360,036
	2005	68	71	357,842
21 Homeless	12/2000	NA	NA	1,919
	1/2006	NA	NA	2,009
22 % No Vehicle Householders	2000	16.2	12.8	87,279
	2005	14.2	11.4	74,790
23 % No Vehicle Senior Householders	2000	26.5	21.5	40,372
	2005	24.3	18.9	32,870
24 Termination Rate (Allegheny Power)	2000	NA	1.3	7,889
	2005	NA	3.3	19,980
25 Termination Rate (Duquesne Light)	2000	NA	0.9	4,764
	2005	NA	4.2	22,132
26 Affordability Gap	2002	NA	$887 M	
	2005	NA	$1044 M	

BASIC NEEDS INDICATORS



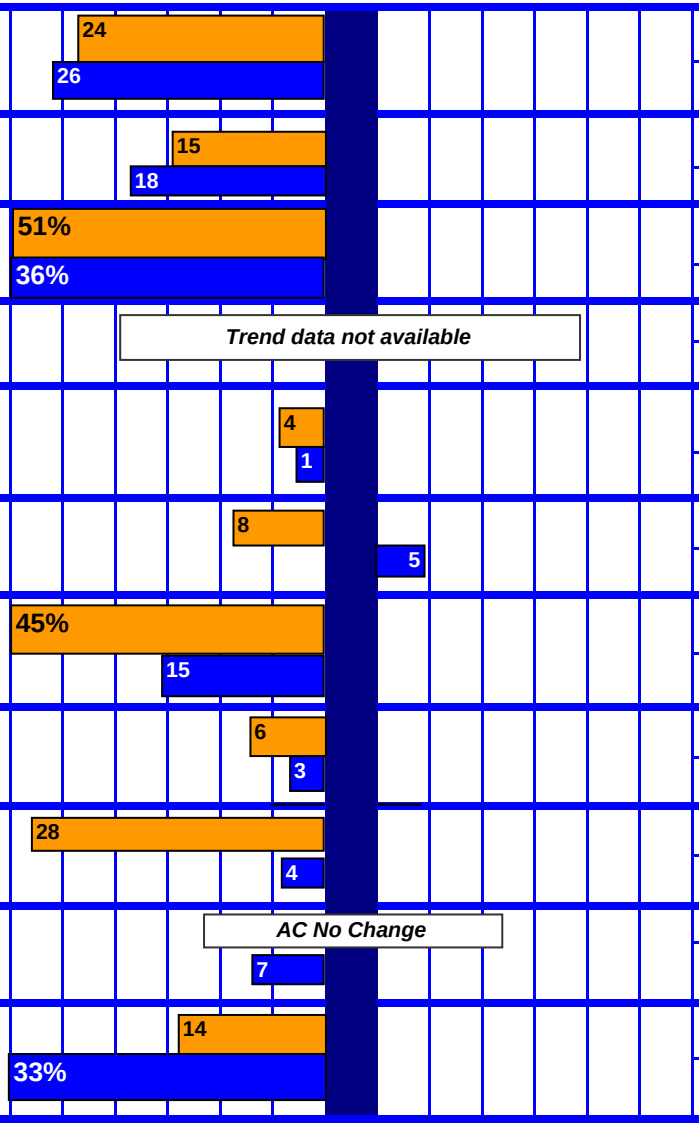
Indicator		Trend Data % of total			AC COUNT
			AC	PA	
27	Federal Energy Assistance Allocation	2002	NA	$114 M	
		2005	NA	$126 M	
28	# of Foreclosures	2000	2,397	n/a	
		2005	4,427	28,650	
28a	# of Evictions	2000	432	n/a	
		2005	919	n/a	
29	Home Owner Cost >30% Income	1999	20.3	20.8	67,183
		2005	26.1	25.8	93,559
30	Rent Cost >30% Income	1999	36.9	35.6	65,123
		2005	47.9	42.9	80,100
31	Senior Home Owner Cost >30% Income	1999	21.8	21.9	22,558
		2005	30.5	28.3	30,374
32	Senior Rent Cost >30% Income	2000	47.5	46	17,931
		2005	56.4	50.9	19,949
33	Senior Households (65+)	2000	27.7	25.4	148,575
		2005	25.7	23.9	135,048
34	Seniors Living Alone (65+)	2000	40.3	42	70,829
		2005	38.8	39.4	69,786

INFANT/MATERNAL HEALTH



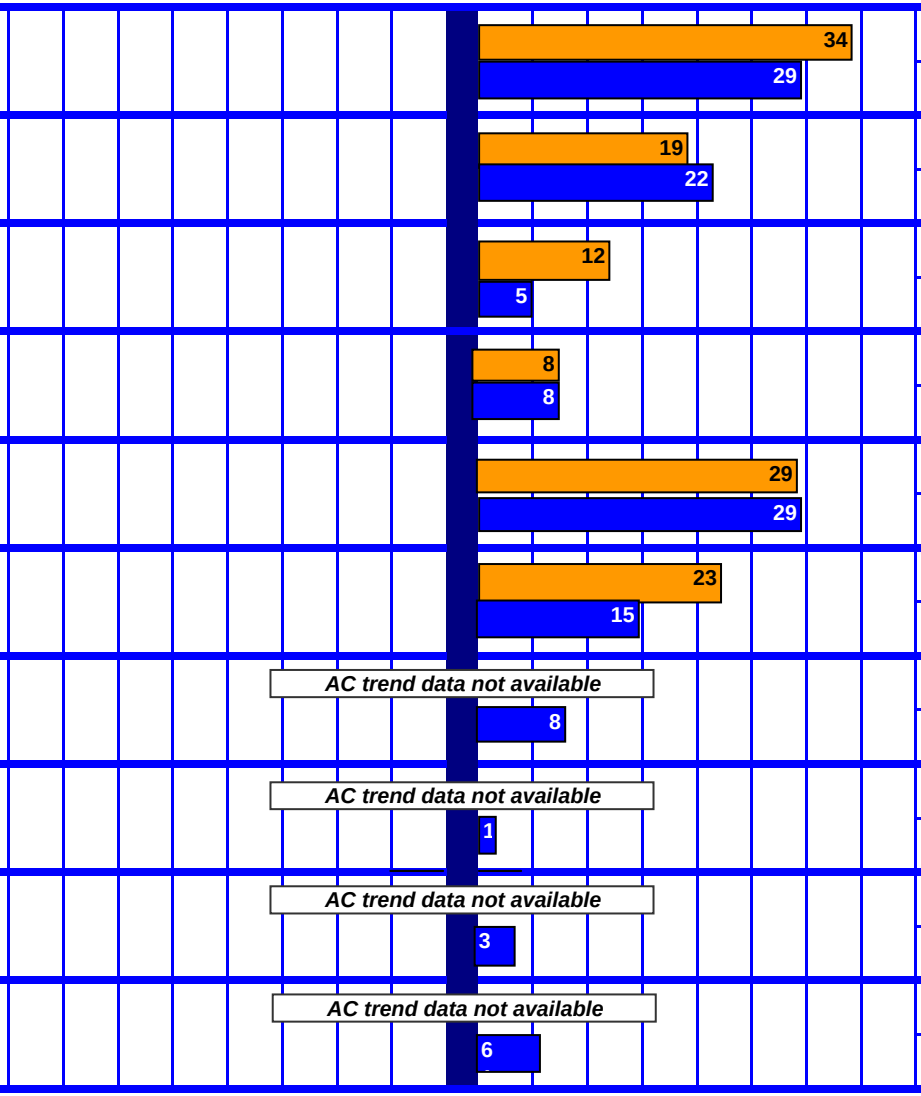
	Indicator		Trend Data			
				AC	PA	AC Count
35	Smoking During Pregnancy % of total births	2001	17.8	16.8	2,450
		2004	18.5	17.9	2,420
36	No Early Prenatal Care (1st Trimester) % of total births	2001	8.3	14.8	1130
		2004	11	18.7	1291
37	No Prenatal Care (Duration of Pregnancy) % of total births	2001	0.7	0.8	90
		2004	1.1	1.2	132
38	Low Birth Weight % of total births	2001	8.2	7.9	1147
		2004	8.9	8.8	1173
39	Infant Death per 1,000 births	2001	7.7	7.2	107
		2004	7.3	7.1	97
40	Unmarried Birth % total births	2001	32.5	33.9	4518
		2004	34	35.2	4487
41	Teen Birth % total births	2001	3	3.2	412
		2004	2.7	3.1	359

CHILDREN'S HEALTH INDICATORS



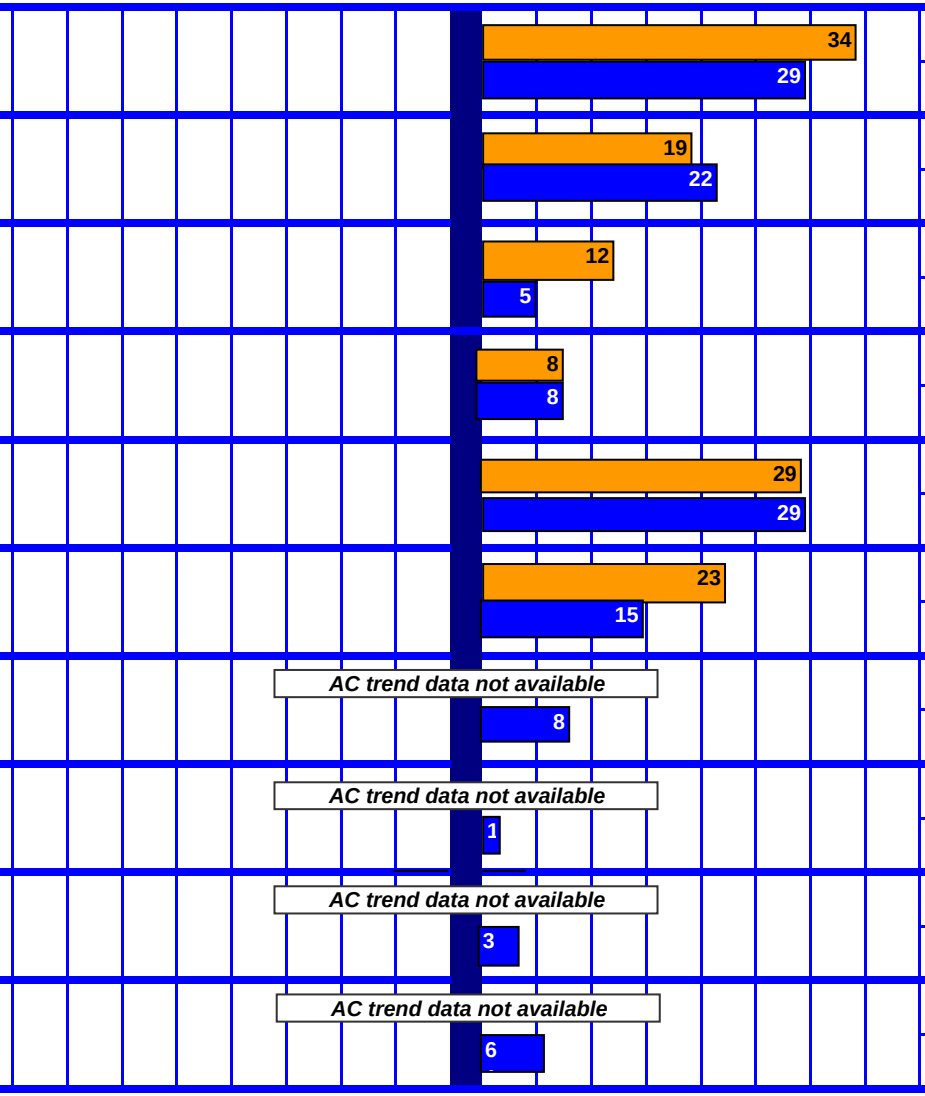
Indicator		Trend Data % of enrollment			
			AC	PA	AC Count
42	School Health: Asthma	2000	8.25	7.82	16,946
		2004	10.2	9.84	20,096
43	School Health: ADHD	2000	2.96	3.71	6077
		2004	3.41	4.38	6726
44	Vision Deficits	2000	1.44	2.33	2954
		2004	2.18	3.18	4309
45	Dental Referral by School Dentist	2000	NA	NA	NA
		2004	13	15.7	2902
46	Cardiovascular Disease	2003	0.94	1.32	1879
		2004	0.98	1.33	1928
47	Hearing Deficit	2000	0.9	1.09	1857
		2004	0.97	1.04	1910
48	Seizure Disorders	2000	0.56	0.66	1151
		2004	0.81	0.76	1601
49	Bleeding/Blood Disoders	2003	0.35	0.29	700
		2004	0.37	0.3	737
50	Diabetes	2000	0.25	0.27	522
		2004	0.32	0.3	634
51	Arthritis/Rheumatic	2000	0.11	0.15	232
		2004	0.11	0.16	226
52	Sickle Cell	2002	0.07	0.06	141
		2004	0.08	0.08	161

EDUCATION INDICATORS



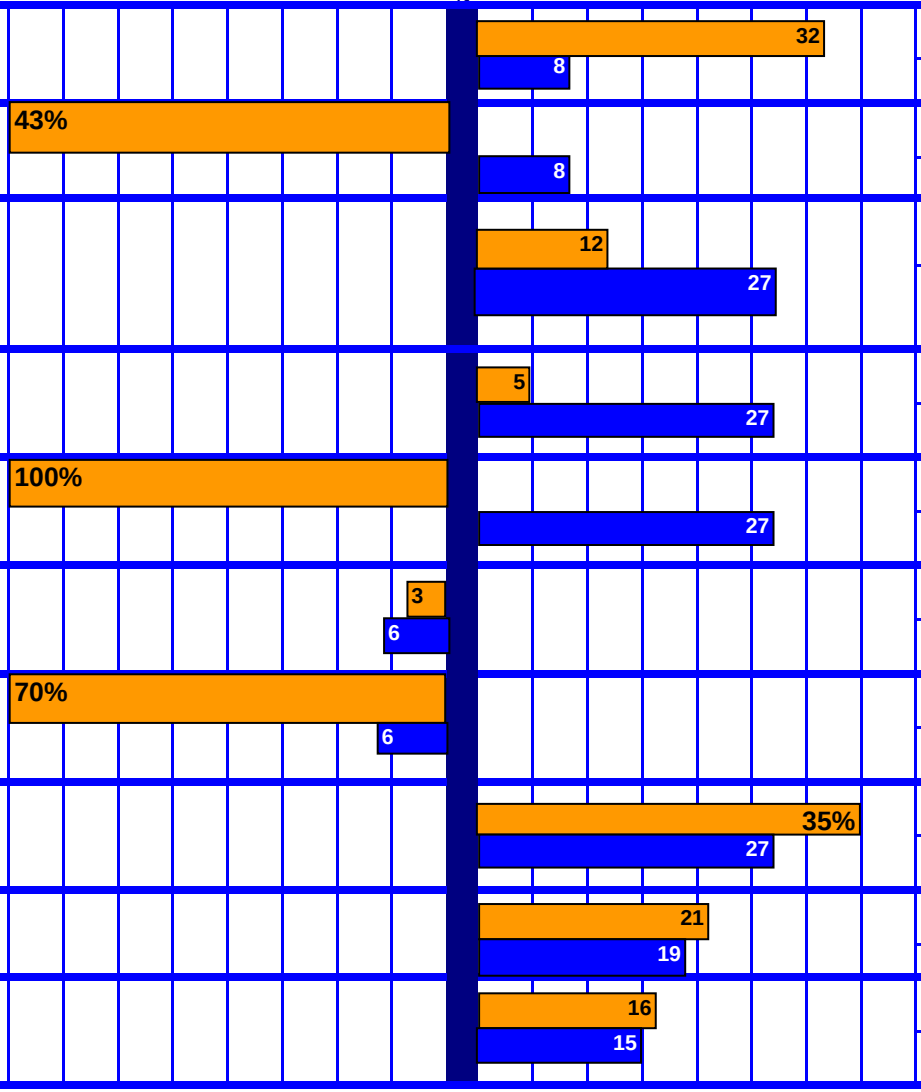
	Indicator		Trend Data % of students AC	PA	AC Count
53	PSSA Math < Proficient Grade 5	2002	41.6	46.9	5,387
		2006	27.4	33.1	3,106
54	PSSA Math < Proficient Grade 8	2002	44.3	48.3	5,653
		2006	35.8	37.8	4,496
55	PSSA Math < Proficient Grade 11	2002	49.5	50.4	5,865
		2006	43.4	48	5,311
56	PSSA Reading < Proficient Grade 5	2002	35.7	43	4,613
		2006	32.8	39.4	3,712
57	PSSA Reading < Proficient Grade 8	2002	36.3	41.2	4,626
		2006	25.8	29.4	3,232
58	PSSA Reading < Proficient Grade 11	2002	40.9	41	4,834
		2006	31.4	34.9	3,836
59	NAEP Math < Proficient Grade 4	2003	NA	64	NA
		2005	NA	59	NA
60	NAEP Math < Proficient Grade 8	2003	NA	70.0	NA
		2005	NA	69.0	NA
61	NAEP Reading < Proficient Grade 4	2002	NA	66	NA
		2005	NA	64	NA
62	NAEP Reading < Proficient Grade 8	2003	NA	68	NA
		2005	NA	64	NA

EDUCATION INDICATORS



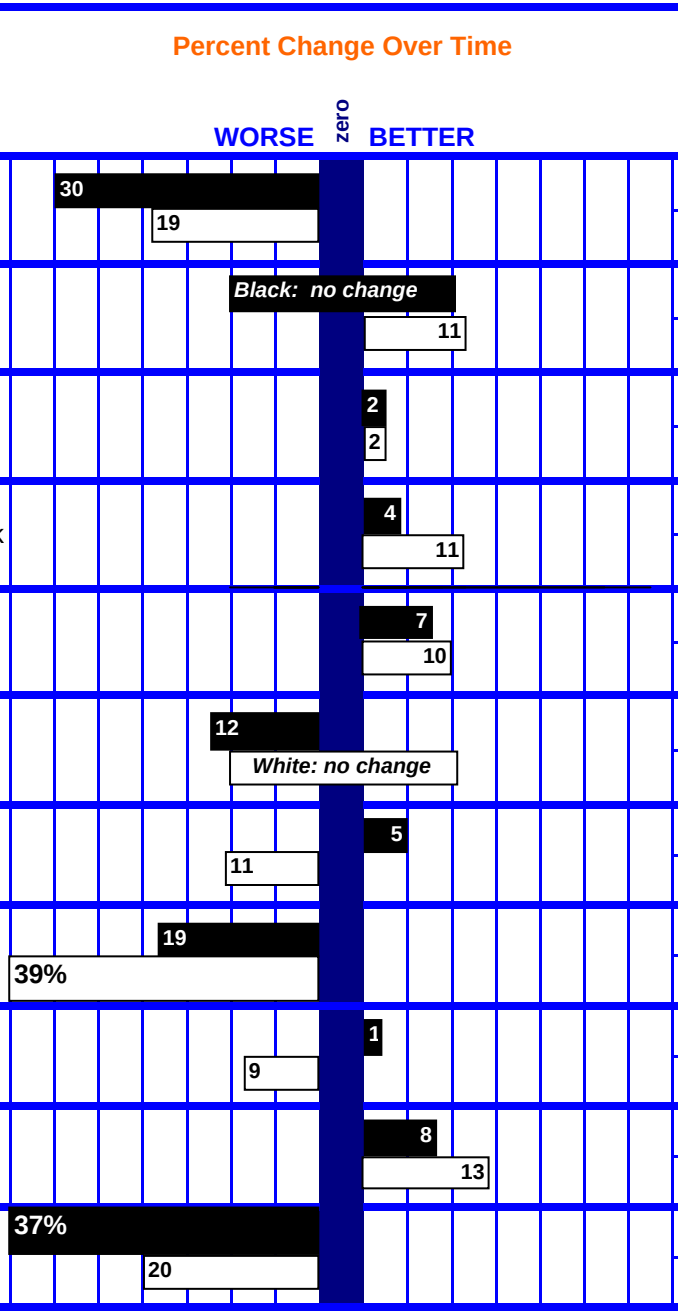
	Indicator		Trend Data % of students AC	PA	AC Count
53	PSSA Math < Proficient Grade 5	2002	41.6	46.9	5,387
		2006	27.4	33.1	3,106
54	PSSA Math < Proficient Grade 8	2002	44.3	48.3	5,653
		2006	35.8	37.8	4,496
55	PSSA Math < Proficient Grade 11	2002	49.5	50.4	5,865
		2006	43.4	48	5,311
56	PSSA Reading < Proficient Grade 5	2002	35.7	43	4,613
		2006	32.8	39.4	3,712
57	PSSA Reading < Proficient Grade 8	2002	36.3	41.2	4,626
		2006	25.8	29.4	3,232
58	PSSA Reading < Proficient Grade 11	2002	40.9	41	4,834
		2006	31.4	34.9	3,836
59	NAEP Math < Proficient Grade 4	2003	NA	64	NA
		2005	NA	59	NA
60	NAEP Math < Proficient Grade 8	2003	NA	70.0	NA
		2005	NA	69.0	NA
61	NAEP Reading < Proficient Grade 4	2002	NA	66	NA
		2005	NA	64	NA
62	NAEP Reading < Proficient Grade 8	2003	NA	68	NA
		2005	NA	64	NA

EDUCATION INDICATORS



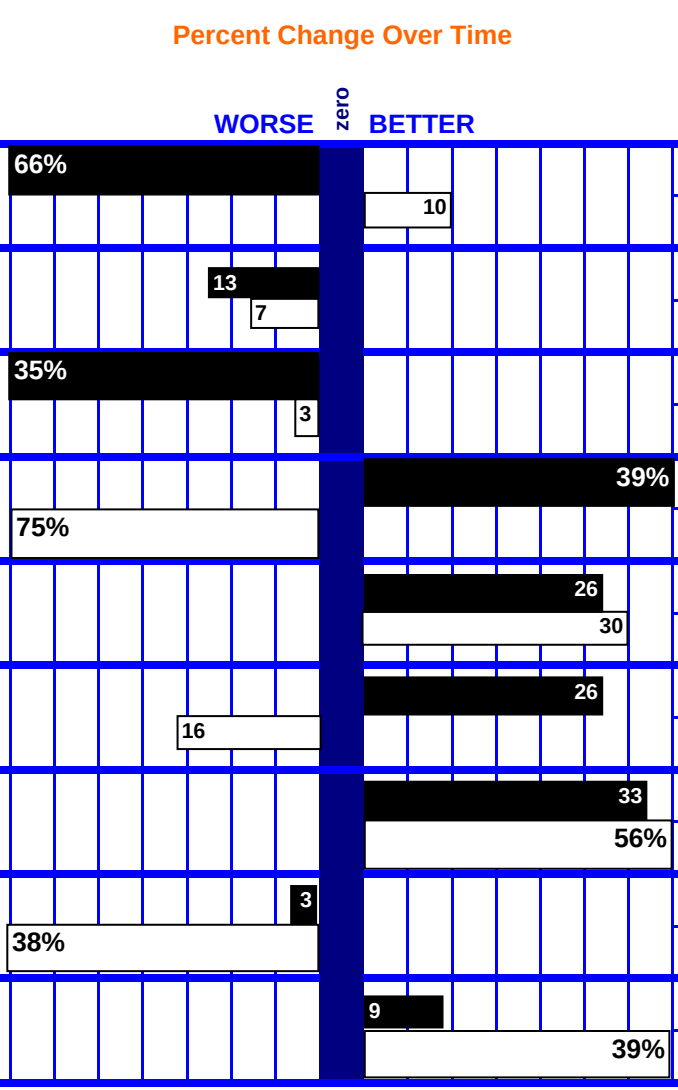
	Indicator		Trend Data % of students AC	PA	AC Count
63	Total/Cumulative Drop-out (Allegheny County) by Census	2000	5	7.1	3,251
		2005	3.4	6.5	1,971
64	Total/Cululative Drop-out (City of Pittsburgh) by Census	2000	6.3	7.1	1,380
		2005	9	6.5	1,055
65	Annual Drop-out Rate (7-12 graders) of all districts in Allegheny County, PDE Estimates	2000	1.7	2.6	NA
		2004	1.5	1.9	NA
66	Annual Drop-out Rate (Pittsburgh Public School District), PDE Estimates	2000	3.8	2.6	NA
		2004	3.6	1.9	NA
67	Annual Drop-out Rate (Woodland Hills), PDE Estimates	2000	2.1	2.6	NA
		2004	4.2	1.9	NA
68	Idle Youth (ages 16 - 19, not in school AND no job) in Allegheny County	2000	6.3	7.0	4,088
		2005	6.5	7.4	3,751
69	Idle Youth (ages 16 - 19, not in school AND no job) in City of Pittsburgh	2000	8.4	7.0	1,834
		2005	14.3	7.4	1,686
70	Educational Attainment 25+ < HS/GED	2000	13.7	18.1	121,836
		2005	8.9	13.3	74,735
71	Educational Attainment 25+ Associates Degree	2000	7.1	5.9	63,537
		2005	8.6	7.0	72,034
72	Educational Attainment 25+ > BS	2000	28.3	22.4	252,583
		2005	32.8	25.7	275,252

BLACK / WHITE DISPARITY INDICATORS



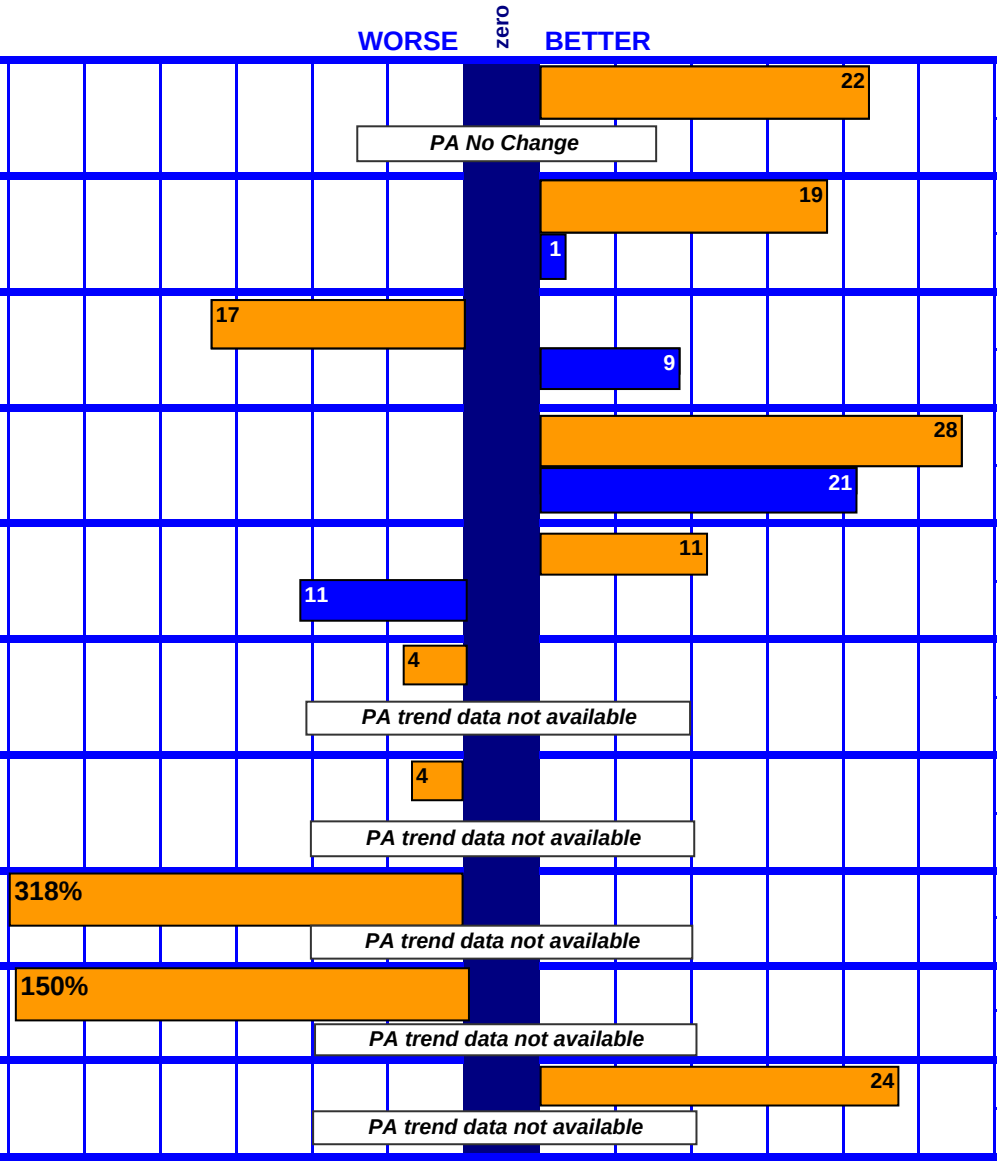
	Indicator		Allegheny County Rate		
			Black	White	B/W Ratio
73	% Unemployment	2000	7.9	3.1	2.55
		2005	10.3	3.7	2.78
74	Median Household Income	1999	$22,130	$40,858	0.54
		2005	$22,042	$45,438	0.49
75	% Homeownership	2000	39.3	71.6	0.55
		2005	40.0	73.3	0.55
76	% Rely on Public Transportation to Work	2000	30.5	8.2	3.72
		2005	29.4	7.3	4.03
77	% < Associates or College Degree	2000	78.2	63.6	1.23
		2005	73.0	57.5	1.27
78	% Infant Mortality	2001	16.3	5.1	3.20
		2004	18.3	5.1	3.59
79	% Maternal Smokers	2001	26.2	16.1	1.63
		2004	24.9	17.8	1.40
80	% No Early Prenatal Care (1st Trimester)	2001	16.0	6.4	2.50
		2004	19.0	8.9	2.13
81	% Live Birth - Unmarried	2001	80.6	21.3	3.78
		2004	79.4	23.2	3.42
82	% Teen Birth	2001	9.1	1.5	6.07
		2004	8.4	1.3	6.46
83	Juvenile Case (per 100,000)	2001	7697	1359	5.66
		2004	10533	1636	6.44

BLACK / WHITE DISPARITY INDICATORS



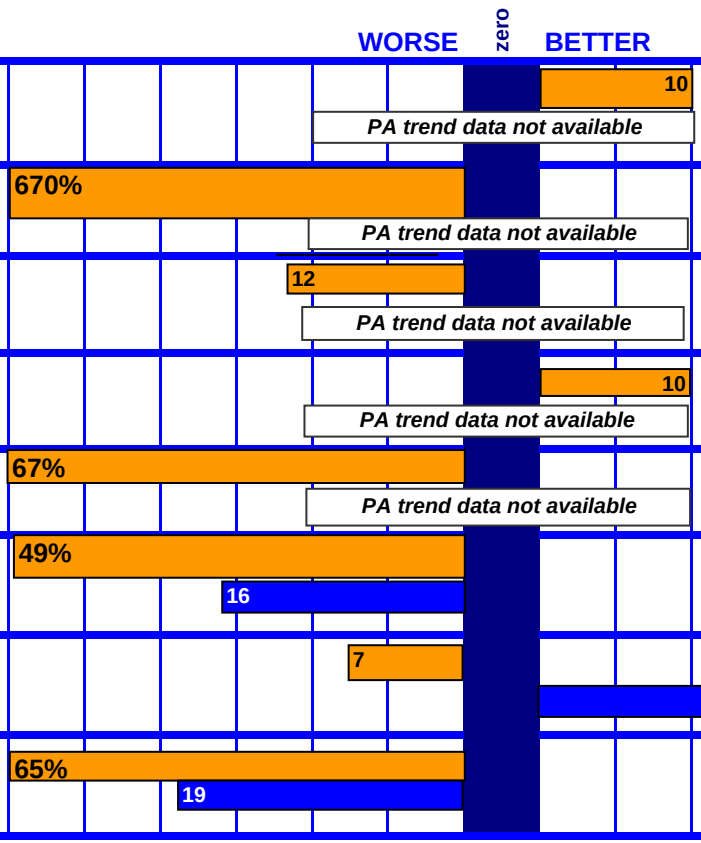
	Indicator		Allegheny County Rate		
			Black	White	B/W Ratio
84	Male Death: 15-19 yrs (per 100,000)	2000-2002	172.2	60.0	2.87
		2003-2005	286.0	54.1	5.29
85	Male Death: 20-24 yrs (per 100,000)	2000-2002	423.6	105.4	4.02
		2003-2005	478.0	112.3	4.26
86	Male Death: 25-29 yrs (per 100,000)	2000-2002	313.4	109.2	2.87
		2003-2005	423.5	112.2	3.77
87	% Below Proficiency: Math - Grade 5	2002	87.7	11.7	7.50
		2006	53.1	20.5	2.59
88	% Below Proficiency: Reading - Grade 5	2002	84.2	35.5	2.37
		2006	62.0	24.8	2.50
89	% Below Proficiency: Math - Grade 8	2002	88.4	23.3	3.79
		2006	65.6	27.1	2.42
90	% Below Proficiency: Reading - Grade 8	2002	80.9	39.3	2.06
		2006	54.0	17.4	3.10
91	% Below Proficiency: Math - Grade 11	2002	73.7	25.0	2.95
		2006	75.8	34.5	2.20
92	% Below Proficiency: Reading - Grade 11	2002	67.4	37.6	1.79
		2006	61.5	22.9	2.69

Crime/Safety Indicators



	Indicator		Trend Data # of Incidents	AC	PA
93	Child Abuse		2003	235	4357
			2005	183	4341
94	Domestic Abuse Protection Petitions		2000	3608	39574
			2004	2912	39997
95	Juvenile Drug Arrests		2002	469	6921
			2006	548	6312
96	Juvenile Property Crime Arrests		2002	966	15610
			2006	697	12289
97	Juvenile Violent Crime Arrests		2002	555	4880
			2006	493	5400
98	Firearm (Handgun sales)		2000-2002	12115	NA
			2003-2005	12622	NA
99	Firearm (License to carry)		2000-2002	9624	NA
			2003-2005	10045	NA
100	School Violence (incidents)		2000-2002	6844	NA
			2003-2005	28590	NA
101	School Violence (offenders)		2000-2002	7520	NA
			2003-2005	18764	NA
102	School Violence - Tobacco Use		2000-2002	926	NA
			2003-2005	708	NA

Crime/Safety Indicators

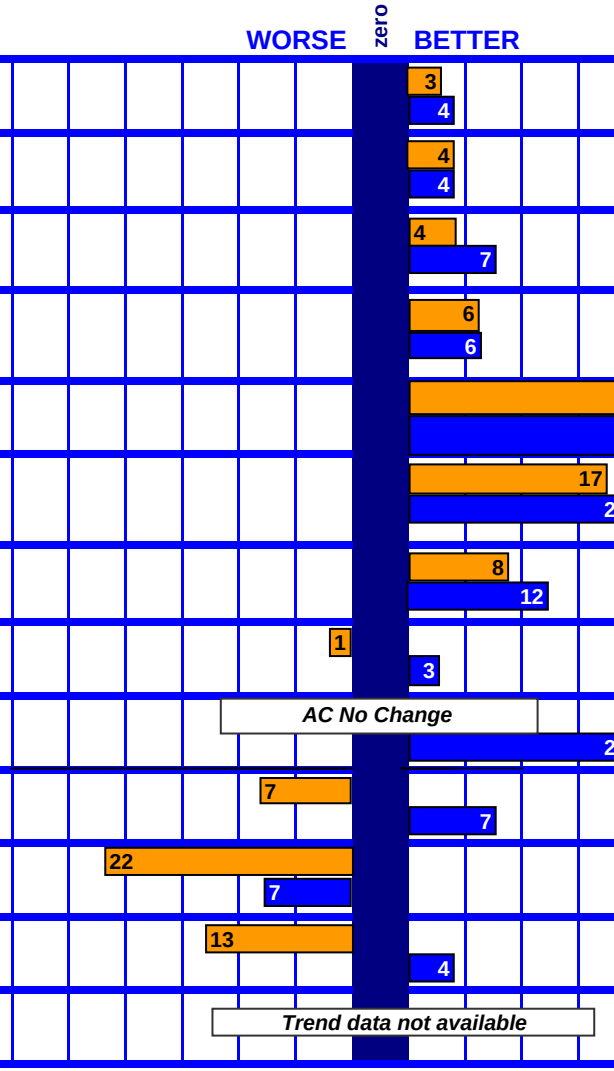


	Indicator	Trend Data # of Incidents			
				AC	PA
103	School Violence - Involving Law Enforcement	2000-2002		1217	NA
		2003-2005		1096	NA
104	School Violence - Arrests	2000-2002		138	NA
		2003-2005		1063	NA
105	Adult Violent Offense Rates per 100,000	2000		339	NA
		2005		378	NA
106	Adult Property Offense Rates per 100,000	2000		2419.4	NA
		2005		2180.3	NA
107	Adult Drug Offense Rates per 100,000	2000		284.2	NA
		2005		474.9	NA
108	Death by Homicide - Black Male (15-19)	2000-2002		127	92
		2003-2005		189	107
109	Death by Homicide - Black Male (20-24)	2000-2002		306	213
		2003-2005		327	170
110	Death by Homicide - Black Male (25-29)	2000-2002		172	145
		2003-2005		282	172

VICTIMS OF CRIMES

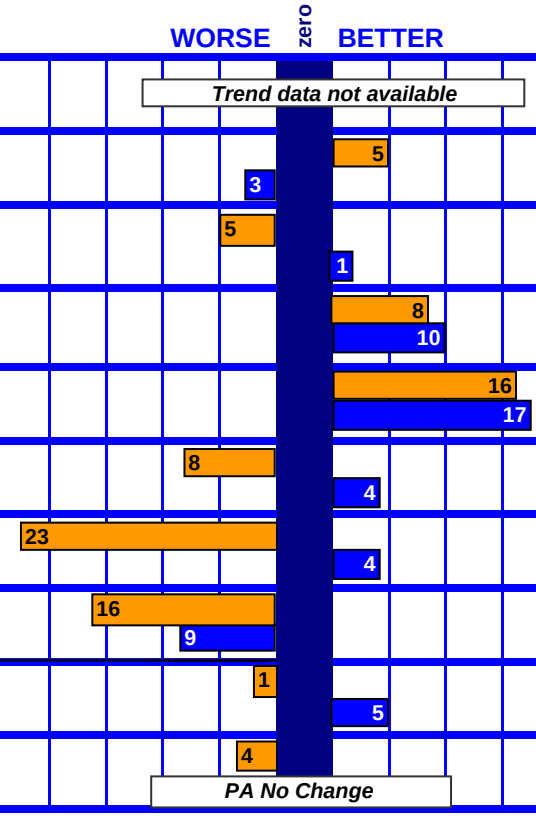
	Most Current Data 2006 Indicator	Rate per 1,000 AC	AC Count
111	All crimes: 18+ yrs	44.8	41,874
112	All crimes: 18-24 yrs	90.1	8,641
113	All crimes: 18-64 yrs	52.2	38,499
114	All crimes: 65+ yrs	17.1	3,375
115	Violent crimes: 18+ yrs	4.5	4,243
116	Violent crimes: 18-24 yrs	14.2	1,366
117	Violent crimes: 18-64 yrs	5.6	4,105
118	Violent crimes: 65+ yrs	0.7	138
119	Property crimes: 18+ yrs	19.4	18,088
120	Property crimes: 18-24 yrs	36.7	3,519
121	Property crimes: 18-64 yrs	22.2	16,383
122	Property crimes: 65+ yrs	8.7	1,705

HEALTHY PEOPLE 2010 INDICATORS (GOAL)



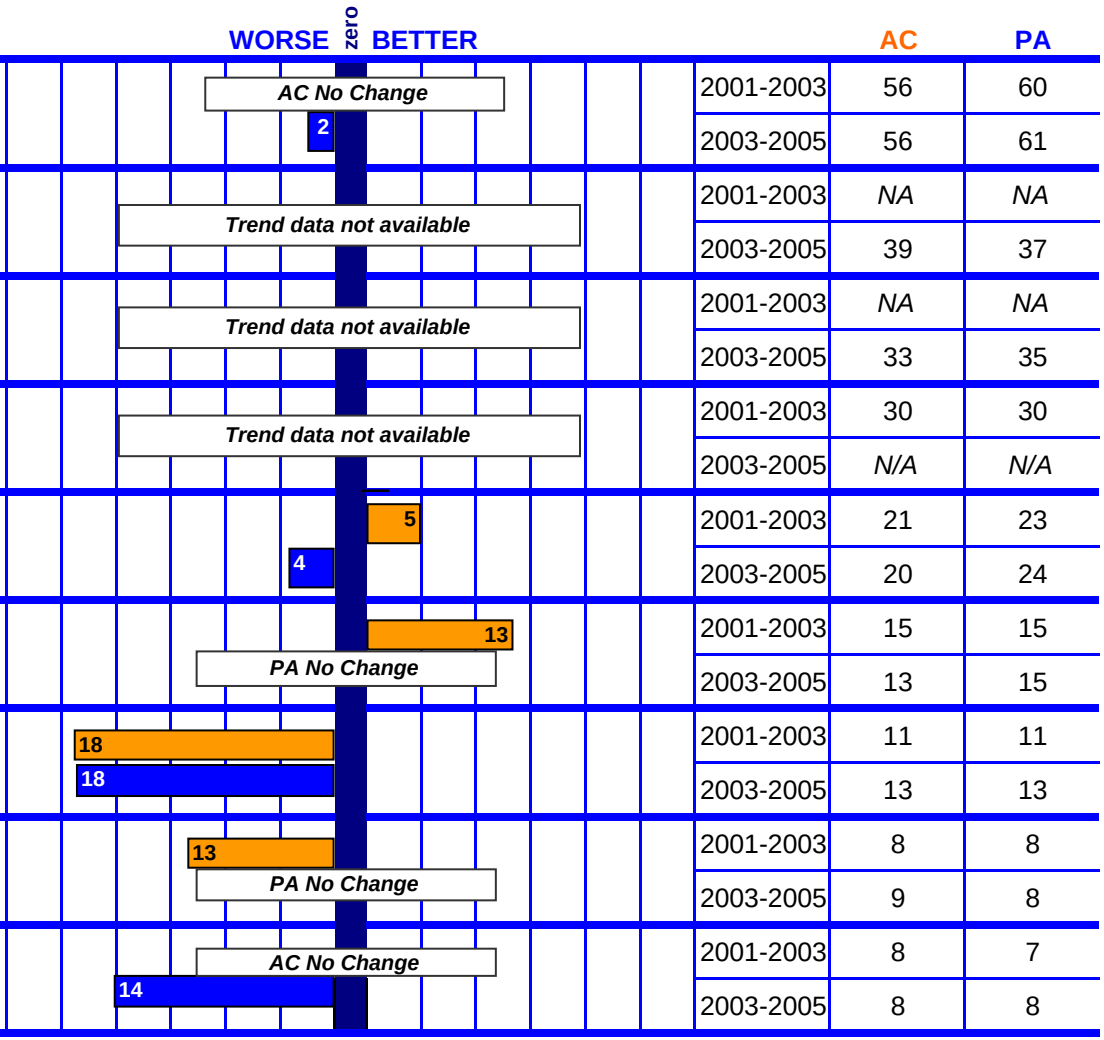
	Indicator		Trend Data Rate per 100,000	AC	PA	Goal
131	Cancer Death	1996-2000		216.4	209.1	159.9
		2000-2004		208.7	200.8	
132	Lung Cancer Death	1996-2000		62.6	56.4	44.9
		2000-2004		60.1	54	
133	Breast Cancer Death	1996-2000		29.5	29.6	22.3
		2000-2004		28.3	27.6	
134	Diabetes Death	1996-2000		78.9	86.3	45
		2000-2004		73.8	80.7	
135	% Schools with Nurse	1996-2000		14.6	37.9	50
		2000-2004		53.8	54	
136	Teen (15-17) Pregnancy	1996-2000		31.4	31.3	43
		2000-2004		26.1	24.9	
137	Coronary Heart Disease Death	1996-2000		214.2	204.7	166
		2000-2004		198.1	180.9	
138	Stroke Death	1996-2000		53.3	56.2	48
		2000-2004		53.8	54.6	
139	HIV Incidence (13+)	1996-2000		9.2	17.5	1
		2000-2004		9.2	14	
140	Firearm Related Death	1996-2000		9.9	10.5	4.1
		2000-2004		10.6	9.8	
141	Unintentional Injury Death	1996-2000		27	33.6	17.5
		2000-2004		33	35.9	
142	Homicide	1996-2000		6.4	5.7	3.0
		2000-2004		7.2	5.5	
143	Hospitalization for Hip Fracture - Females 65+	1999-2003		950.5	980.6	416

HEALTHY PEOPLE 2010 INDICATORS (GOAL)



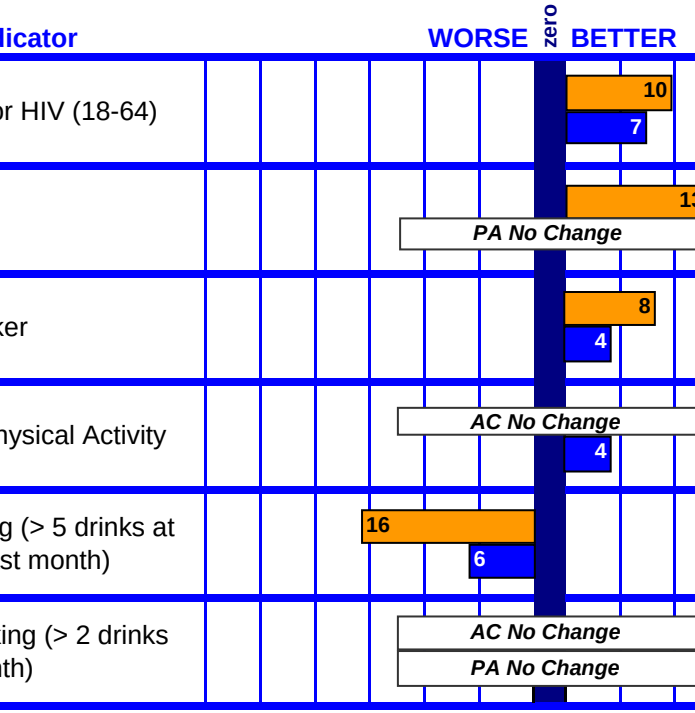
	Indicator	Trend Data Rate per 100,000			
			AC	PA	Goal
144	Hospitalization for Hip Fracture - Males 65+	1999-2003	506.5	514.4	474
145	Maltreatment of children	2000	6	8	10.3
		2004	5.7	8.2	
146	Infant Death (<1 yr)	1996-2000	7.7	7.3	4.5
		2000-2004	8.1	7.2	
147	Child Death (1-4)	1996-2000	26.7	31.1	18.6
		2000-2004	24.5	28	
148	Child Death (5-9)	1996-2000	16.4	17.3	12.3
		2000-2004	13.8	14.3	
149	Child Death (10-14)	1996-2000	15.7	18.8	16.8
		2000-2004	16.9	18.1	
150	Child Death (15-19)	1996-2000	44.3	63.6	39.8
		2000-2004	54.5	61.3	
151	Death (20-24)	1996-2000	83.5	91.2	49
		2000-2004	96.7	99.3	
152	Suicide Rate (Mental)	1996-2000	10.9	11.1	5.0
		2000-2004	11	10.6	
153	Substance Abuse (Cirrhosis Death)	1996-2000	9.4	8	3.0
		2000-2004	9.8	8	

HEALTH INDICATORS (by Condition, sorted by 2005 prevalance)



	Indicator		Trend Data % of total	AC	PA
154	Overweight	2001-2003		56	60
		2003-2005		56	61
155	Poor Physical Health (1or more days in last month)	2001-2003		*NA*	*NA*
		2003-2005		39	37
156	Poor Mental Health (1or more days in last month)	2001-2003		*NA*	*NA*
		2003-2005		33	35
157	Ever told they had Arthritis	2001-2003		30	30
		2003-2005		*N/A*	*N/A*
158	Obese	2001-2003		21	23
		2003-2005		20	24
160	Rate general health as Fair or Poor	2001-2003		15	15
		2003-2005		13	15
161	Ever told they had Asthma	2001-2003		11	11
		2003-2005		13	13
162	Currently have Asthma	2001-2003		8	8
		2003-2005		9	8
163	Ever told they had Diabetes	2001-2003		8	7
		2003-2005		8	8

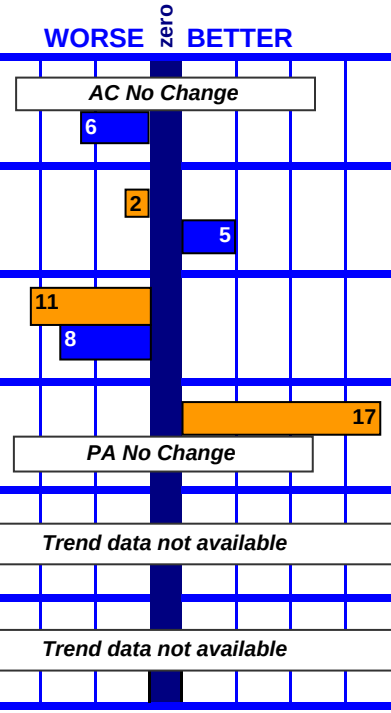
HEALTH INDICATORS (by Behavorial Risk or Preventitive Action)



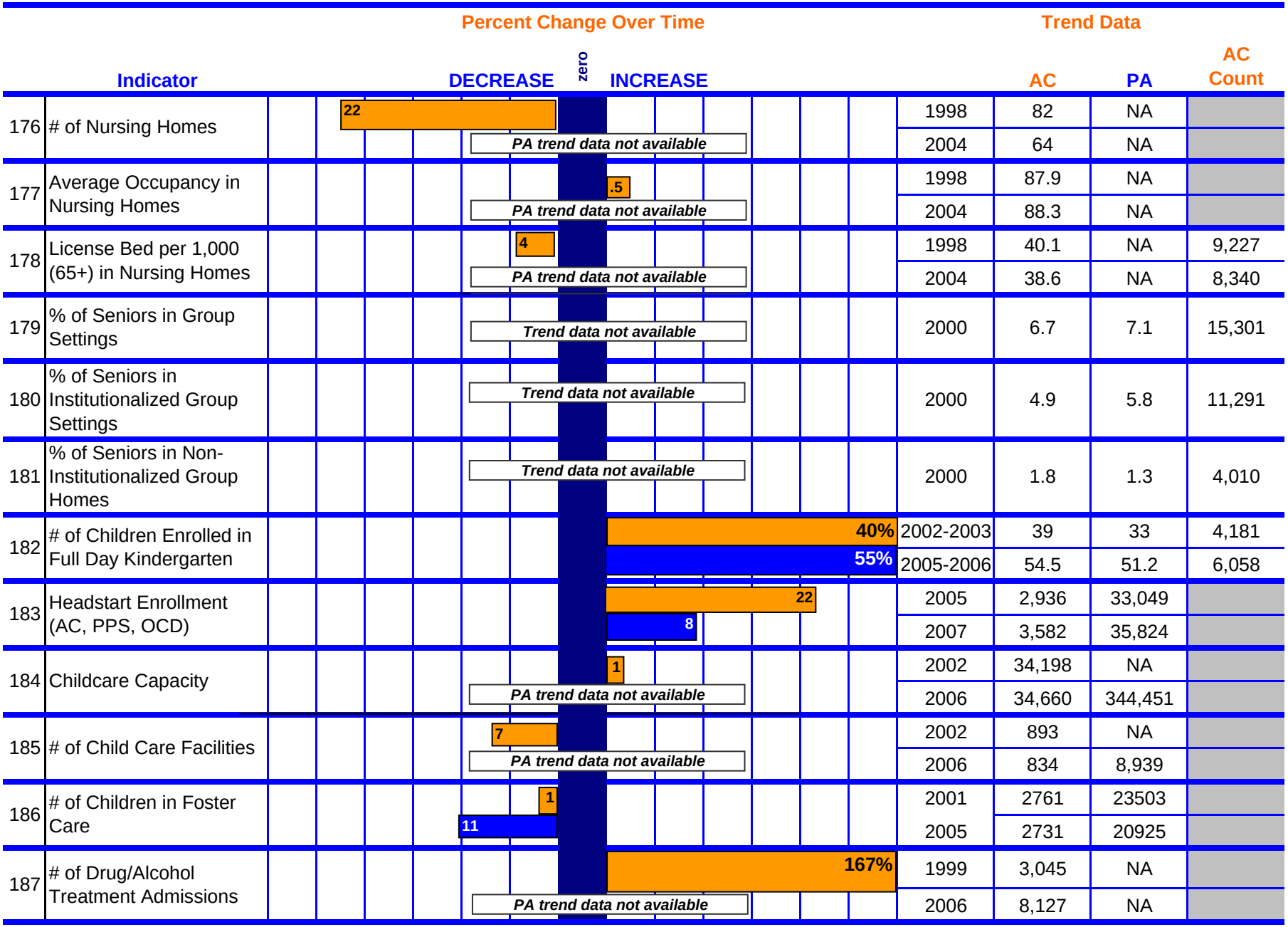
	Indicator	Trend Data % of total		
			AC	PA
164	Ever tested for HIV (18-64)	2001-2003	39	41
		2003-2005	35	38
165	Ex-Smoker	2001-2003	24	25
		2003-2005	27	25
166	Current Smoker	2001-2003	25	25
		2003-2005	23	24
167	No Leisure Physical Activity	2001-2003	23	24
		2003-2005	23	23
168	Binge Drinking (> 5 drinks at time during last month)	2001-2003	19	17
		2003-2005	22	18
169	Chronic Drinking (> 2 drinks daily last month)	2001-2003	7	6
		2003-2005	7	6

HEALTH INDICATORS (by Access to Health Care)

	Indicator	Percent Change Over Time		Trend Data % of total		
		WORSE	BETTER		AC	PA
170	50+ who had flu shot during last year	AC No Change; 6		2001-2003	53	53
				2003-2005	53	50
171	65+ had Pneumonia Vaccination	2	5	2001-2003	66	62
				2003-2005	65	65
172	No Health Insurance	11; 8		2001-2003	9	12
				2003-2005	10	13
173	No PCP	PA No Change	17	2001-2003	12	11
				2003-2005	10	11
174	Need to but cannot see physician due to cost last year	Trend data not available		2001-2003	NA	NA
				2003-2005	9	10
175	Unable to get medication due to cost last year	Trend data not available		2001-2003	NA	NA
				2003-2005	9	10



SERVICE AVAILABILITY/USAGE INDICATORS



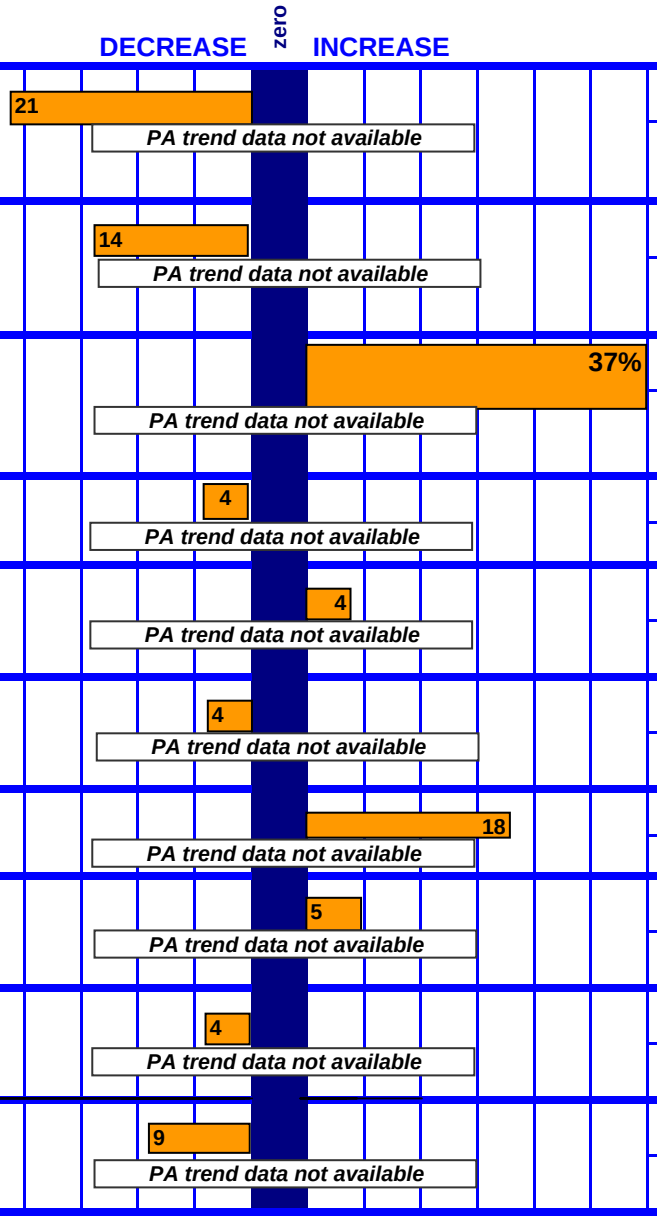
DISABILITY

	Most Current Data 2005	% of Total Population		
	Indicator	AC	PA	AC Count
188	All disability: all ages	15.5	15.9	175,091
189	All disability: 5-15 yrs	5.9	7.5	9,421
190	All disability: 16-64 yrs	11.8	12.5	90,712
191	All disability: 65-74 yrs	26.1	27.9	22,731
192	All disability: 75+ yrs	47.5	48.9	52,227
193	Physical disability: all ages	9.7	9.9	108,982
194	Physical disability: 5-15 yrs	0.6	1.2	964
195	Physical disability: 16-64 yrs	6.6	7.4	51,008
196	Physical disability: 65-74 yrs	20.6	21.5	17,889
197	Physical disability: 75+ yrs	35.6	36.3	39,121
198	Mental disability: all ages	5.4	5.7	60,923
199	Mental disability: 5-15 yrs	5.2	6.1	8,400
200	Mental disability: 16-64 yrs	4.2	4.6	32,714
201	Mental disability: 65-74 yrs	6	6.2	5,184

DISABILITY

	Most Current Data 2005	% of Total Population		
	Indicator	AC	PA	AC Count
202	Mental disability: 75+ yrs	13.3	13.4	14,625
203	Self care disability: all ages	3	3	34,081
204	Self care disability: 5-15 yrs	0.7	1	1,128
205	Self care disability: 16-64 yrs	1.8	2.1	13,510
206	Self care disability: 65-74 yrs	7	5.3	6,085
207	Self care disability: 75+ yrs	12.1	11.8	13,358
208	Go-outside home disability: all ages	5.7	5.5	54,694
209	Go-outside home disability: 16-64 yrs	2.7	3.1	21,066
210	Go-outside home disability: 65-74 yrs	7.7	8.1	6,734
211	Go-outside home disability: 75+ yrs	24.4	22.9	26,894
212	Sensory disability: all ages	4.2	4.5	47,642
213	Sensory disability: 5-15 yrs	0.4	1.4	589
214	Sensory disability: 16-64 yrs	2.4	2.7	18,262
215	Sensory disability: 65-74 yrs	7.1	9	6,214
216	Sensory disability: 75+ yrs	20.5	21.6	22,577

Mental Retardation and Developmental Disability Service Utilization



	Indicator		Trend Data % of total AC	PA	AC Count
217	% w/o funding out of total ***Emergency*** (immediate need) waiting list	2004	50.8	NA	91
		2007	40.3	64	150
218	% w/o funding out of total ***Critical Needs*** (need arising in next 2 Yrs) waiting list	2004	62.5	NA	633
		2007	53.6	71	737
219	% of People w/o Funding out of total ***Planning*** (need arising in next 3-5 yrs) waiting list	2004	56	NA	1,138
		2007	76.6	71.5	1,508
220	Total Registrants (all stages of needs)	2004	NA	NA	6,150
		2007	NA	NA	5,910
221	% Total Registrants in Insitutional Setting	2004	10	NA	616
		2007	10.4	6	615
222	% of Registrants w/o Funding Residing in Community Setting	2004	48.1	NA	2,663
		2007	46.3	54.1	2,450
223	% of Registrants by Age: 0-17 yrs	2004	16	NA	985
		2007	18.8	20.3	1,112
224	% of Registrants by Age: 18-20 yrs	2004	6.4	NA	395
		2007	6.7	9.4	397
225	% of Registrants by Age: 21-64 yrs	2004	70	NA	4,293
		2007	67.4	61.5	3,981
226	% of Registrants by Age: 65+ yrs	2004	7.8	NA	477
		2007	7.1	8.7	420

Appendix B

Helpline Data

United Way of Allegheny County
HelpLine Data
July 1, 2005 – June 30, 2006

The following results were complied from United Way of Allegheny County's HelpLine database. Analysis is divided in two sections: daytime calls and evening/weekend calls. Caller gender, need and zip code were recorded for daytime calls. Caller need was the only field recorded for evening/weekend calls. A total of 17,500 calls were made to the HelpLine between July 1, 2005 and June 30, 2006. The majority of the calls (89%) were made during daytime business hours on weekdays; only 11% of the calls were made on evenings and weekends.

Daytime Calls

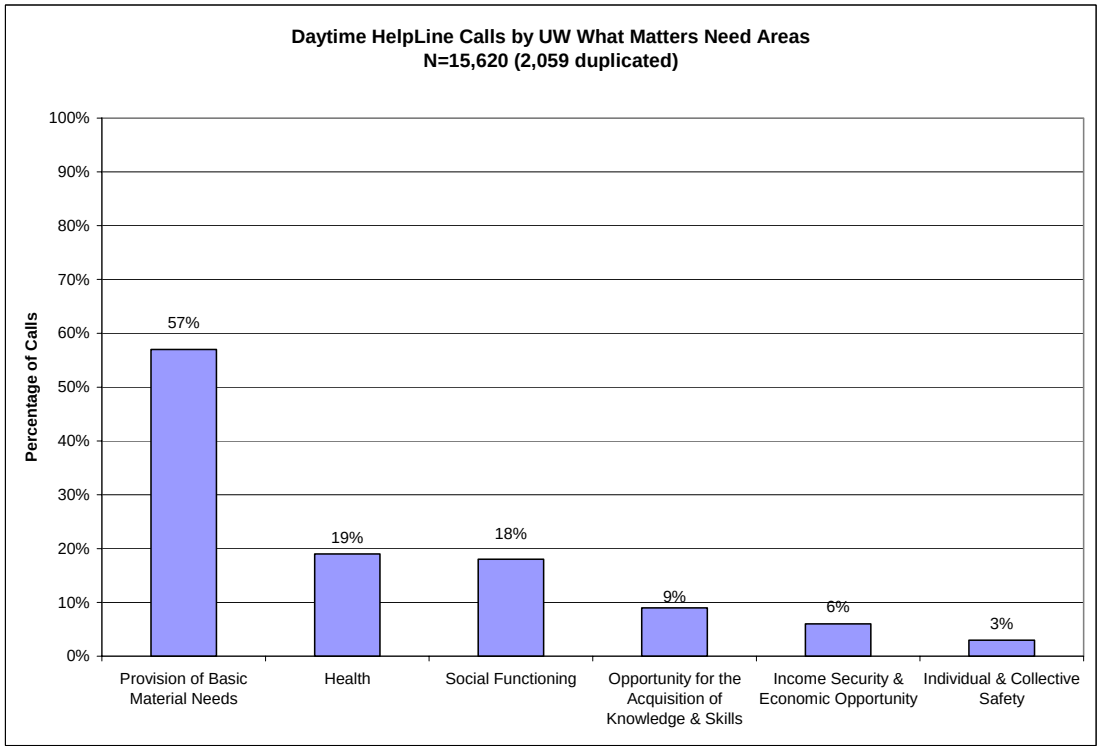
The United Way HelpLine received 15,620 calls during its Monday through Friday business hours.
The majority of callers (80%) were female; only 19% of the calls were made by males. The gender of the caller was unknown in 1% of the cases.

Calls by United Way UWASIS Areas

Calls were grouped into six UWASIS areas: income security and economic opportunity, health, provision of basic material needs, opportunity for acquisition of knowledge and skills, individual and collective safety, and social functioning. Thirteen percent of the calls (2,508) were classified into two UWASIS categories.

Over half (57%) of the calls were for the provision of basic material needs. Nineteen percent of the calls were related to health, 18% to social functioning, 9% to acquiring knowledge and skills, 6% regarding income security and economic opportunity, and 3% for issues pertaining to individual and collective safety (See Figure 1).

Figure 1: UW HelpLine Calls by UWASIS Categories



Provision of Basic Material Needs

As noted above, 57% (8,912) of daytime HelpLine calls were made in the area of basic needs. These calls grouped into 4 categories (see Figure 2): basic material needs (56%, 5,027), housing and home repair needs (40%; 3,603), transportation needs (2%; 214), and crisis disaster needs (1%, 68). See Table 1 below for detailed requests in each of these four subcategories.

Figure 2: Daytime HelpLine Calls by Basic Material Needs Categories

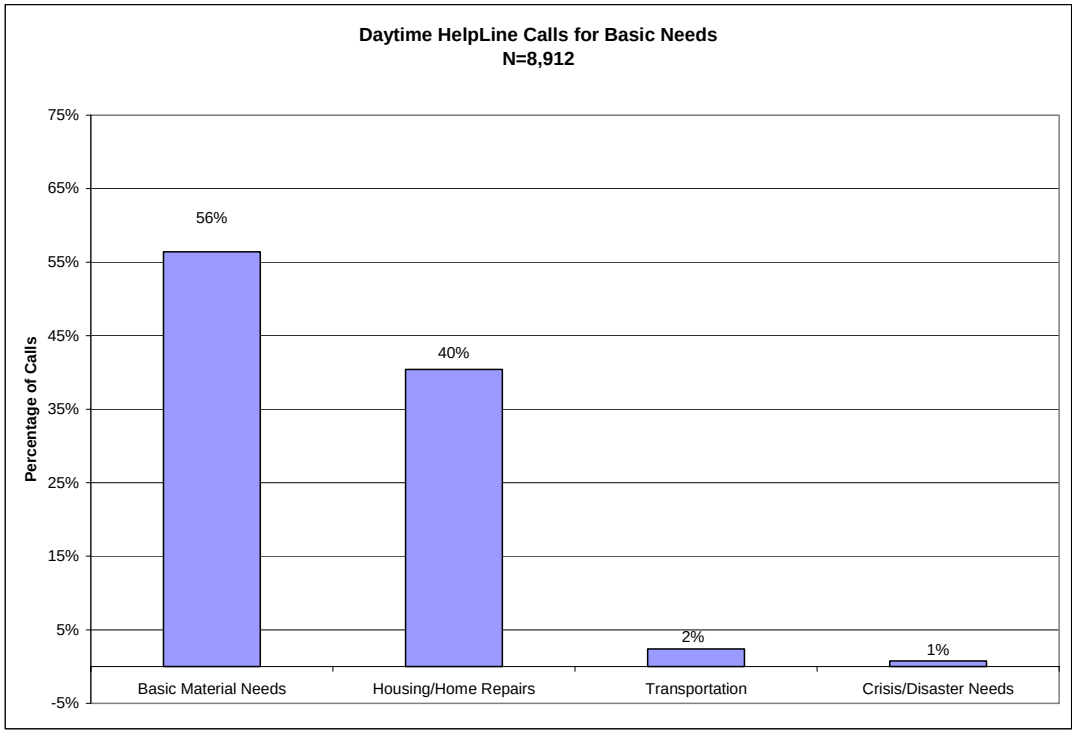


Table 1: Basic Needs Subcategories - Daytime HelpLine Calls

Basic Material Needs Subcategories	Type of Assistance Requested	Percentage of Calls in this Subcategory
Basic Material Needs 5,027	Utilities	44%
	Food / Food Stamps / Food Pantries / WIC	23%
	Appliances / Furniture	13%
	Clothing / Diapers	5%
	Holiday Assistance	5%
	Other	10%
Housing / Home Repairs 3,603 calls	Mortgage Assistance / Rent Assistance	49%
	Shelter	17%
	Housing Search Assistance	14%
	Home Repairs / Weatherization / Safety	8%
	Subsidized Housing	6%
	General Housing	4%
	Bridge Housing / Halfway Housing	2%
	Other Housing Requests	<1%

Table 1, Continued

Basic Material Needs Subcategories	Type of Assistance Requested	Percentage of Calls in this Subcategory
Transportation 214 calls	Car Repairs / Purchase	52%
	Medical Transportation	22%
	Other Transportation	26%
Crisis / Disaster 68 calls	Furniture / Appliances	79%
	Home Repairs	3%
	Food / Clothing	3%
	Other	15%

Health

Nineteen percent of all HelpLine calls (2,971) were made in the Health category. These calls grouped into 15 categories (see Table 2).

Table 2: Health Needs Subcategories - Daytime HelpLine Calls

Health Needs Subcategories	Type of Assistance Requested	Percentage of Calls in this Subcategory
Health 2,971 calls	Behavioral Health – adults and children	55%
	Substance Abuse	16%
	Support Groups / Respite	15%
	General Physical Health Care	11%
	Financial Assistance / Insurance / Medicare / Medicaid	10%
	Medication	9%
	Family Planning / Parenting Education	7%
	Transportation for Health Related Needs	5%
	Mental Retardation / Developmental Disabilities	5%
	Dental Health	3%
	Eye Care	3%
	Home Health Care	2%
	Disease Specific Needs	1%
	Hearing Impaired / Deaf Services	<1%
	Other	11%

Social Functioning

Eighteen percent of all HelpLine calls (2,814) were made in the Social Functioning category. These calls grouped into 8 categories (see Figure 3: legal assistance (19%; 528), youth and family services (17%; 484), volunteerism and community service (14%; 408), community services and development (9%; 264), holiday assistance (9%; 255), senior services (6%, 178), other services (3%; 75), and other social functioning (22%; 622). See Table 3 below for detailed requests in each of these subcategories.

Figure 3: Social Functioning Categories

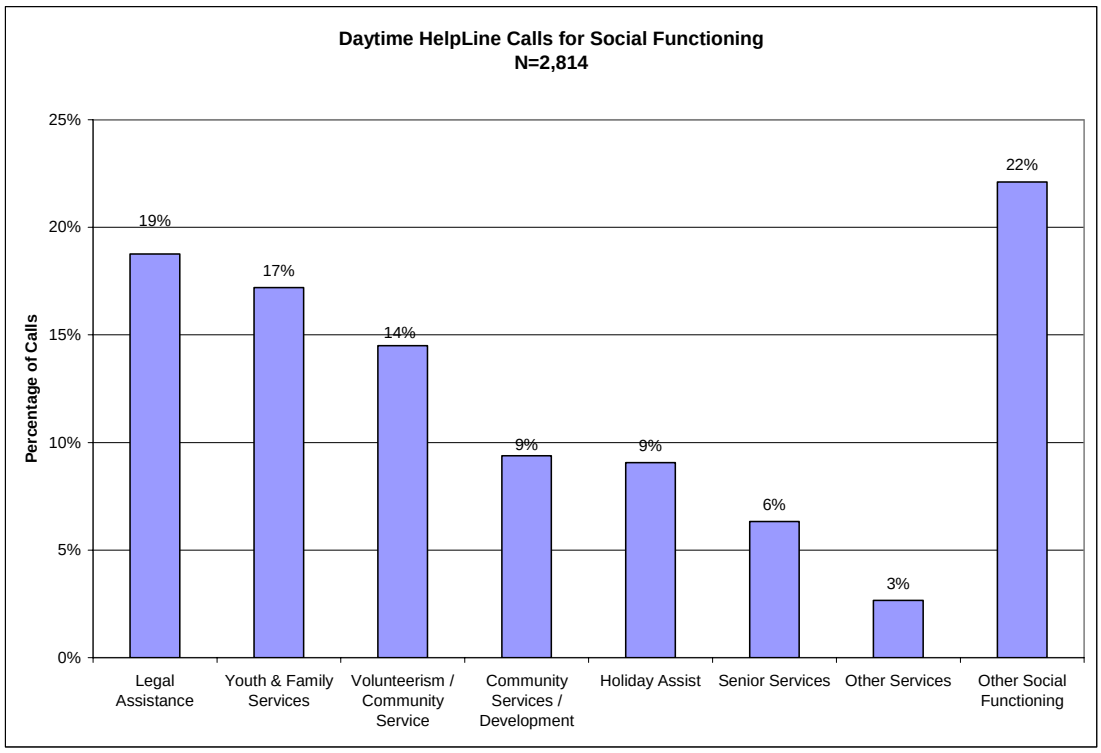


Table 3: Social Functioning Subcategories - Daytime HelpLine Calls

Social Functioning Subcategories	Type of Assistance Requested	Percentage of Calls in this Subcategory
Legal Assistance 528 calls	Legal Assistance / Representation	48%
	Adoption / Custody / Foster Care	12%
	Divorce	8%
	Child Support	8%
	Court Services	6%
	Discrimination	5%
	Environmental Issues / Protection	5%
	Immigration / Refugee	3%
	Emancipation	2%
	Grandparent Rights	2%
Youth and Family Services 484 calls	Child Care	48%
	Family Support	26%
	Mentoring	23%
	Summer Camp	4%

Table 3, Continued

Social Functioning Subcategories	Type of Assistance Requested	Percentage of Calls in this Subcategory
Volunteerism / Community Service 408 calls	Katrina Related Volunteerism / Donations	71%
	General Volunteerism	27%
	General Donations	1%
	Voting	1%
Community Services / Development 264 calls	Documentation (ex: drivers licenses, marriage license)	42%
	Library Services	33%
	Public Transportation	17%
	Business Development	8%
Holiday Assistance 255 calls	General Holiday Assistance	100%
Senior Services 178 calls	General Senior Services	83%
	Congregate Meals	8%
	Social / Recreational Services	7%
	Adult Day Care	3%
Other Services 75 calls	Housekeeping / Chore Services / Shopping Assistance	73%
	Veterans Services	13%
	Translation / Interpretation Services	12%
	Adult Job Training / GED	1%
Other Social Functioning 622 calls	Other Social Functioning Requests	100%

Opportunities for the Acquisition of Knowledge and Skills

Nine percent of all HelpLine calls (1,527) were made in the knowledge and skills category (see Table 4).

Table 4: Knowledge and Skills Acquisition Subcategories - Daytime HelpLine Calls

Knowledge and Skills Subcategories	Type of Assistance Requested	Percentage of Calls in this Subcategory
Knowledge and Skills 1,527 calls	General Information Requests	69%
	Adult Education / Job Skills / GED	9%
	Parenting Classes and Education	8%
	Mentoring	7%
	Education for Children	3%
	General Education	2%
	Summer Camp	1%
	Special Education	1%

Income Security and Economic Opportunity

Six percent of all HelpLine calls (965) were made in the income security and economic opportunity category (see Table 5).

Table 5: Income Security and Economic Opportunity Subcategories - Daytime HelpLine Calls

Knowledge and Skills Subcategories	Type of Assistance Requested	Percentage of Calls in this Subcategory
Income Security and Economic Opportunity 965 calls	Employment Search / Placement	29%
	Adult Education / Job Skills Training / GED	14%
	Money Management / Budget Counseling / Investing	12%
	Welfare	12%
	Social Security	8%
	Taxes	7%
	Financial Assistance Requests	6%
	Unemployment Insurance	4%
	Career Counseling	2%
	Sheltered Employment	1%
	Other Income Security / Economic Opportunity	5%

Individual and Collective Safety

Three percent of all HelpLine calls (489) were made in the individual and collective safety category (see Table 6).

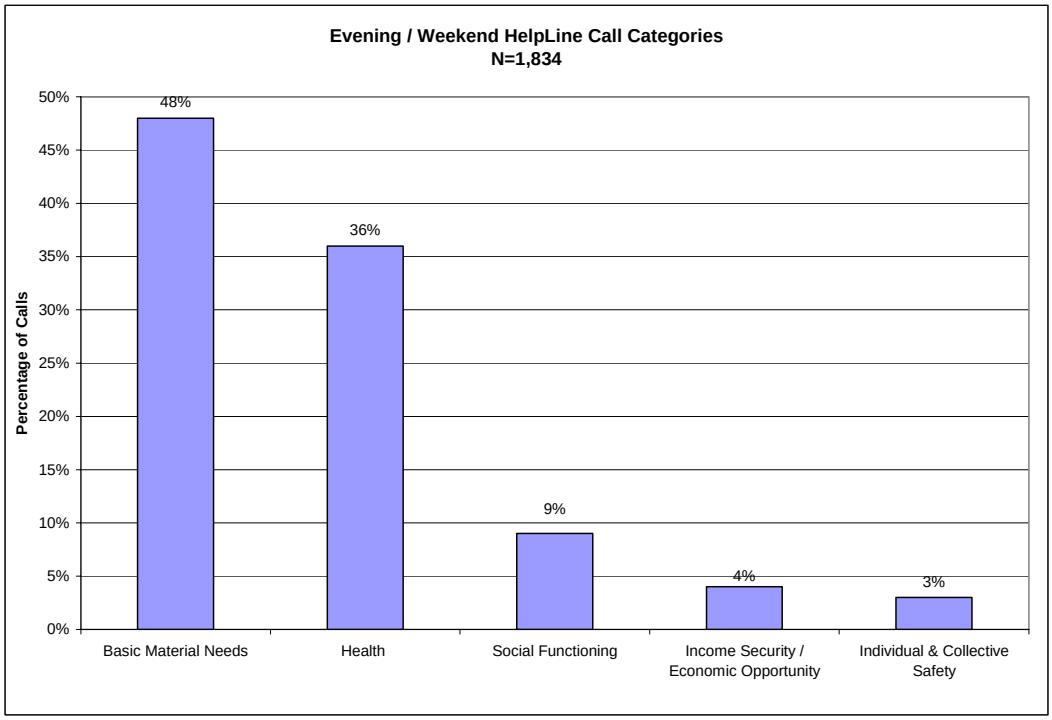
Table 6: Individual and Collective Safety Subcategories - Daytime HelpLine Calls

Individual and Collective Safety Subcategories	Type of Assistance Requested	Percentage of Calls in this Subcategory
Safety 489 calls	Crisis Hotlines / Intake and Referral	41%
	General Information Request	19%
	Domestic Abuse / Violence / Assault	13%
	Child Abuse / Neglect	8%
	After-school :Programming	5%
	Rape / Sexual Assault / Victim Assault	4%
	Animal Control	4%
	Car Seats	3%
	Court Services	2%
	Delinquency	1%

Evening/Weekend Calls

The United Way HelpLine received 1,834 calls during its evening/weekend hours. See Figure 4 for details. As with daytime calls, the majority were in the basic needs category followed by health and social functioning. There were no calls pertaining to knowledge and skills acquisition, however, some calls were regarding income security issues and individual and collective safety.

Figure 4: Evening / Weekend Call Categories



Appendix C

Stakeholder Survey

Between October 2006 and January 2007, a total of 88 community stakeholders provided feedback via the online survey for United Way needs assessment. Of the 57 who provided identifying information, 84% were existing United Way agency partners and the remaining respondents were stakeholders from government, foundation, and other community/business entities.

Of the six areas – Income/Employment, Health, Basic Material Needs, Education/Training, Public Safety, and Social Support – which respondents could choose to provide feedback, all respondents provided information in at least one need area. Most respondents (78%) choose to focus on the one area of their expertise/experience.

Repeated efforts were made by UWAC to increase the total number of respondents across all areas. The number of responses for five of the six need areas are acceptable, ranging from 14 to 37. Only the need area of Public Safety is severely under-sampled, with only 5 respondents.

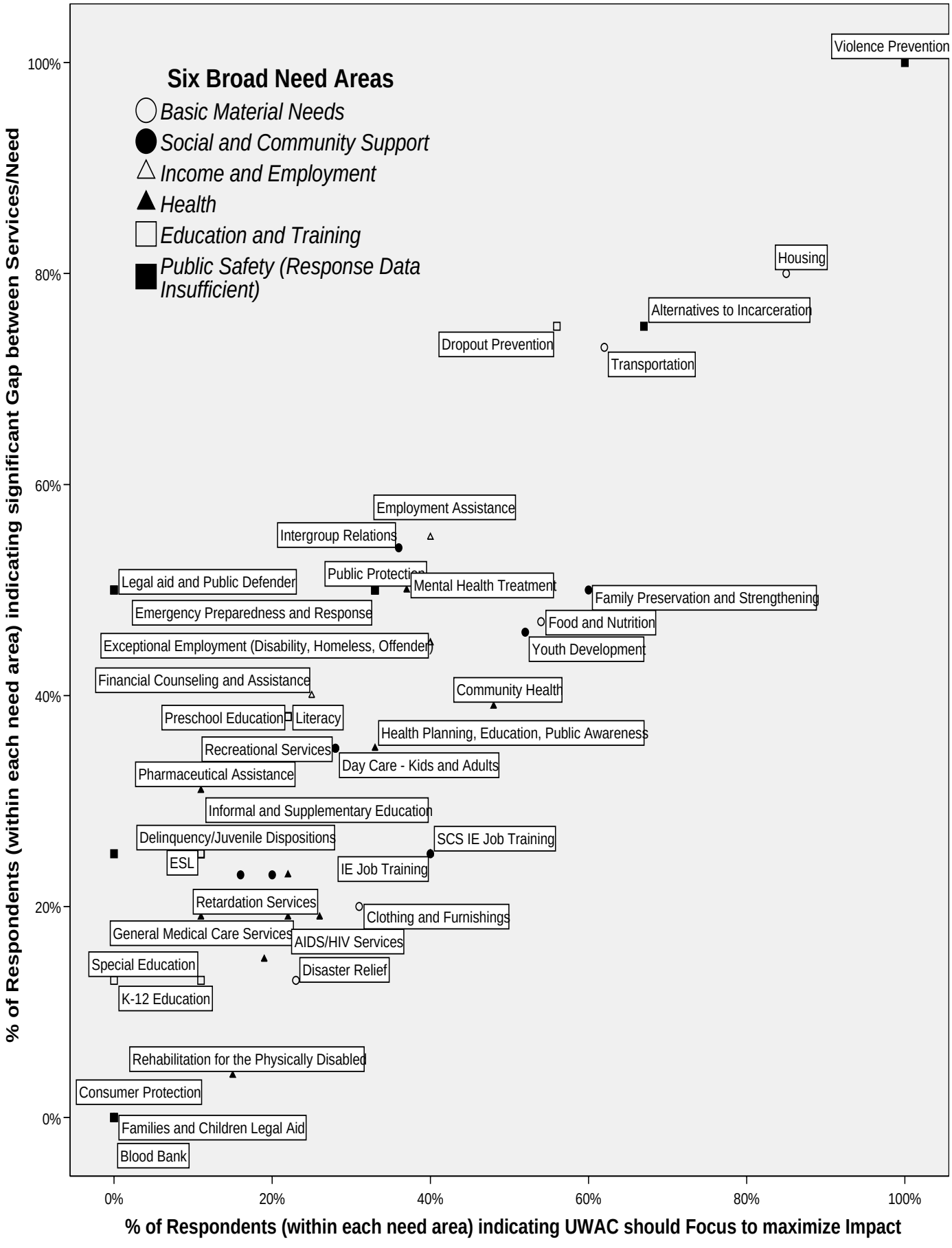

Six Broad Need Areas
Basic Material Needs
Social and Community Support
Income and Employment
Health
Education and Training
Public Safety (Response Data Insufficient)
Violence Prevention
Housing
Alternatives to Incarceration
Dropout Prevention
Transportation
Employment Assistance
Intergroup Relations
Public Protection
Legal aid and Public Defender
Mental Health Treatment
Family Preservation and Strengthening
Emergency Preparedness and Response
Food and Nutrition
Exceptional Employment (Disability, Homeless, Offender)
Youth Development
Financial Counseling and Assistance
Community Health
Preschool Education
Literacy
Health Planning, Education, Public Awareness
Recreational Services
Day Care - Kids and Adults
Pharmaceutical Assistance
Informal and Supplementary Education
Delinquency/Juvenile Dispositions
SCS IE Job Training
ESL
IE Job Training
Retardation Services
Clothing and Furnishings
General Medical Care Services
AIDS/HIV Services
Special Education
Disaster Relief
K-12 Education
Rehabilitation for the Physically Disabled
Consumer Protection
Families and Children Legal Aid
Blood Bank
100%
80%
60%
40%
20%
0%
0%
20%
40%
60%
80%
100%
% of Respondents (within each need area) indicating significant Gap between Services/Need
% of Respondents (within each need area) indicating UWAC should Focus to maximize Impact

Table 1: Critical Needs and Where UW Can Make and Impact

		Adequacy of Current Services		UW Ability to Impact		Rank	
	# Respondents	Inadequate/ Highly Inadequate	Highly Inadequate	Moderate / Significant	Significant	Resource Need / Gap	UW Impact
Basic Material Needs	13	77%	8%	100%	58%	1	1
Social and Community Supports	28	43%	4%	91%	58%	5	2
Income and Employment	20	75%	10%	69%	32%	2	3
Health	27	67%	0%	54%	31%	4	4
Education and Training	9	76%	13%	66%	44%	3	5
Public Safety (small sample)	4	75%	0%	67%	67%	NA	NA

Table 2: Ability to Impact Service Gaps by Service Type within each Need Area

Need Area in Rank Order of % Indicating UW Moderate / Significant Impact	Service Gap	% Indicating Gap	% Indicating UW Can Impact Gap
Basic Material Needs	Housing	80%	85%
	Transportation	73%	62%
	Food and Nutrition	47%	54%
	Clothing and Furnishings	20%	31%
	Disaster Relief	13%	23%
	Other	7%	23%
Social and community Supports	Family Preservation and Strengthening	50%	60%
	Youth Development	46%	52%
	Employment Training	25%	40%
	Intergroup Relations	54%	36%
	Day Care - kids and adults	35%	28%
	Recreational Services	35%	28%
	Family Substitute / Foster Care	23%	20%
	Enrichment and development	23%	16%
	Other	23%	12%
Income and Employment	Employment Training	25%	40%
	Employment Assistance	50%	35%
	Special Employment Assistance to Exceptional Individuals/Groups	40%	30%
	Financial Assistance Services	40%	25%
Health	Community Health Maintenance	39%	48%
	MH Treatment	50%	37%
	Health Planning, Education, Public Awareness	35%	33%
	MR Services	19%	26%
	Crisis Intervention Services	23%	22%
	AIDS/HIV Services	19%	22%
	Long-Term Care	15%	19%
	Rehabilitation for the Physically Disabled	4%	15%
	Pharmaceutical Assistance	31%	11%
	General Medical Care Services	19%	11%
	Blood Bank	0%	0%
	Other	27%	26%

Need Area in Rank Order of % Indicating UW Moderate / Significant Impact	Service Gap	% Indicating Gap	% Indicating UW Can Impact Gap
Education and Training	Dropout Prevention	75%	56%
	Job Training / Job Readiness	50%	33%
	Literacy	38%	22%
	Preschool Education	38%	22%
	Informal and Supplementary Education	25%	11%
	ESL	25%	11%
	Special Education for Exceptional Persons	13%	11%
	Elementary / Secondary Education	13%	0%
	Post-Secondary Education	0%	0%
	Other	25%	33%
Public Safety	Violence prevention	100%	100%
	Alternatives to incarceration	75%	67%
	Public protection	50%	33%
	Emergency preparedness and response	50%	33%
	Legal aid and public defender	50%	0%
	Legal aid for families and children	0%	0%
	Consumer protection	0%	0%
	Alternatives to institutionalization for juvenile offenders	50%	0%
	Delinquency / juvenile court dispositions	25%	0%
	Other	50%	67%

Table 3: Percentage Reporting Underserved Populations by Need Area

		Need Area					
Underserved Population		**Basic Material Needs**	**Social and Community Supports**	**Income and Employment**	**Health**	**Education and Training**	**Public Safety**
Age	Young Children 0 to 4	17%	7%	NA	18%	33%	0%
	Children 5 to 14	33%	30%	NA	29%	**44%**	33%
	Youth 15 to 19	33%	**78%**	42%	46%	**44%**	**100%**
	Young Adults 20 to 24	42%	41%	**47%**	**54%**	**44%**	33%
	Adults 25 to 54	**58%**	22%	**47%**	39%	22%	33%
	Older Adults 55 to 64	50%	26%	37%	36%	22%	67%
	Seniors 65 to 84	42%	19%	16%	39%	22%	33%
	Older Seniors 85 and Over	17%	15%	5%	43%	11%	0%
Income	People in poverty	73%	70%	60%	78%	63%	**100%**
	People above poverty, but low-income	**93%**	**74%**	**70%**	**93%**	**75%**	75%
	People with middle-class income	13%	33%	25%	19%	25%	25%
Gender	Male	73%	**83%**	**80%**	**78%**	83%	**67%**
	Female	**82%**	**83%**	60%	72%	**100%**	**67%**
Race / Ethnicity	Caucasian	40%	52%	47%	38%	67%	33%
	African American	**100%**	**95%**	**77%**	**86%**	**100%**	**100%**
	Hispanic/Latino American	10%	38%	35%	27%	33%	33%
	Other Ethnic Minorities	0%	24%	18%	29%	17%	33%
Disability	People with Physical Disabilities	38%	67%	55%	61%	33%	**100%**
	People with DD/ MR/ MH	**75%**	**78%**	**91%**	**78%**	**100%**	**100%**

APPENDIX D

List of Interviewees

FUNDER LIST	ADDITIONAL ADVISORY
Eden Hall Foundation Sylvia Fields **The Grable Foundation** Chip Burke **The Forbes Fund** Gregg Behr **The Heinz Endowments** Wayne Jones and Carmen Anderson **Jewish Healthcare Foundation** Karen Wolk Feinstein and Nancy Zionts **The Hillman Foundation** David Roger **AC Dept of Human Services** Marc Cherna **The Pittsburgh Foundation** Kevin Jenkins **Richard King Mellon Foundation** Scott Iso	**Seniors Issues** Ann Truxell (Vintage) Mildred Morrison (DHS) **Health** John Lovelace (UPMC) on local issues Bob Nelkin (OCD) on state policy changes Stephen B. Thomas, School of Public Health, Pitt **Housing** Larry Swanson (Action Housing) Sally Petrilli (County Administrator, utilities/crisis assistance) **Data/Needs Assessment** Ralph Bangs, UCSUR Lisa Caldwell, DHS Data warehouse Marian Tresky, DHS MR/DD Shirl Regan, Crime **Port Authority** Lynda Conway **Youth** Robert Nelkin (OCD) Gordon Hodnett (County OBH child interviewer) **General Directions on Needs Assessment** Ray Firth (OCD) Scott Lammie Peggy Joy

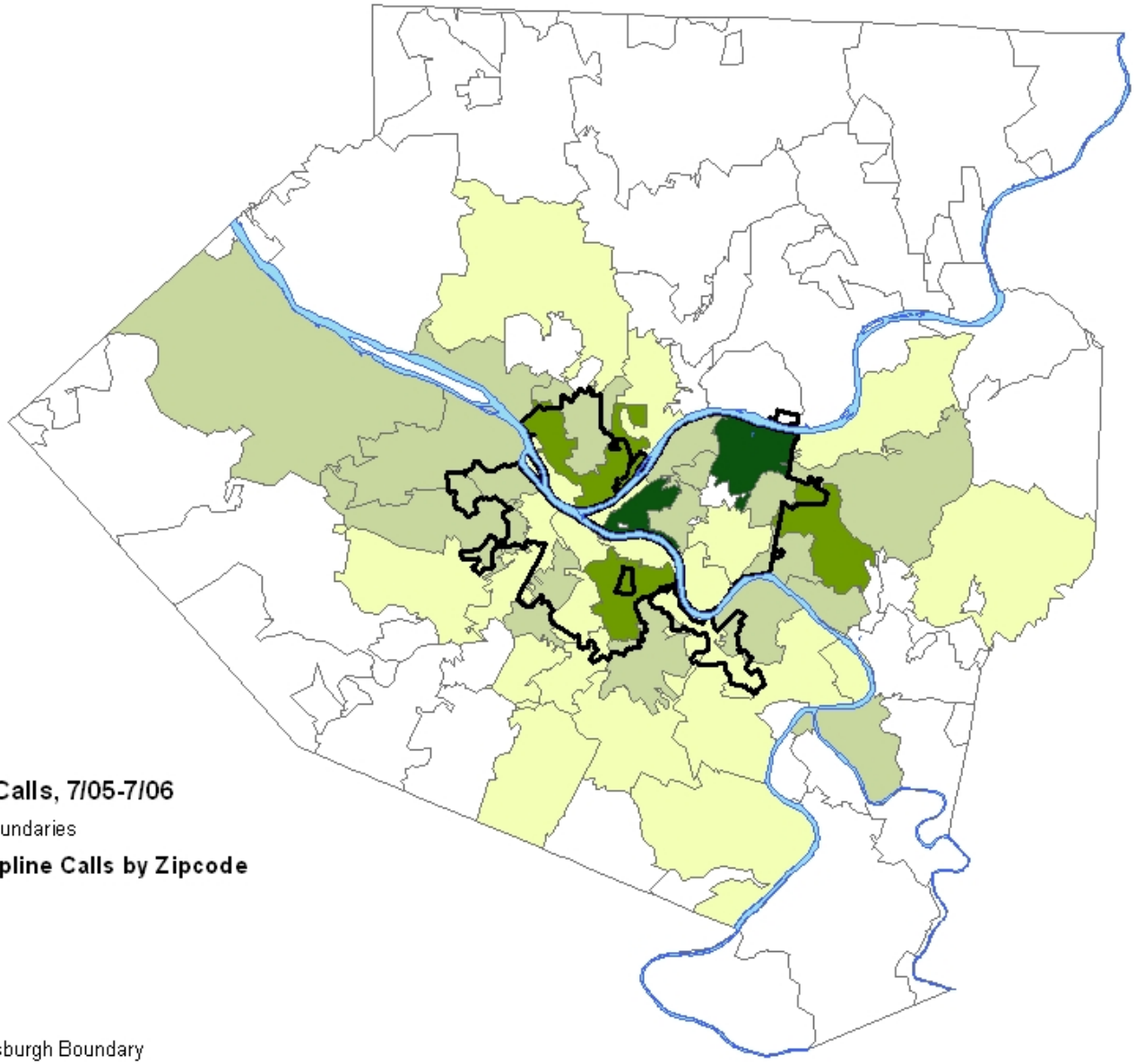
APPENDIX E

Geographical Distribution of Select Indicators

1. United Way **helpline calls** by zipcode
2. **Distressed Areas** based on 2000 Census, by municipalities and Pittsburgh neighborhoods (Distress composite criteria – >27.4% poverty, 37.1% single female head of household, 23.0% drop-outs, and 34.0% idle adult men)
3. Poor and Near-Poor, Families under **185% Poverty**, Census 2000, by census tract
4. People relying on **public transportation** for work, Census 2000, by municipalities
5. **Children** (0 – 17) living in poverty, Census 2000, by census tract
6. **Youth** (18 – 24), rate of poverty, Census 2000, by municipalities
7. **Youth** (18 – 24), number in poverty, Census 2000, by municipalities
8. Changes in **senior** population from 1990 to 2000, Census 1990, 2000, by municipalities
9. Changes in **seniors 85+** from 1990 to 2000, Census 1990, 2000, by municipalities
10. **Seniors** and senior centers, Census 2000, by municipalities
11. **Older adults** (baby boomers 55 - 64) entering into senior years between 2001 and 2010 and senior centers, Census 2000, by municipalities
12. **Disabled seniors** and senior centers, Census 2000, by municipalities

These maps were created with the assistance of Bill Thomas, Office of Information Management, Allegheny County Department of Human Services.

Number of United Way Helpline Calls by Zipcode



Legend

UW Helpline Calls, 7/05-7/06

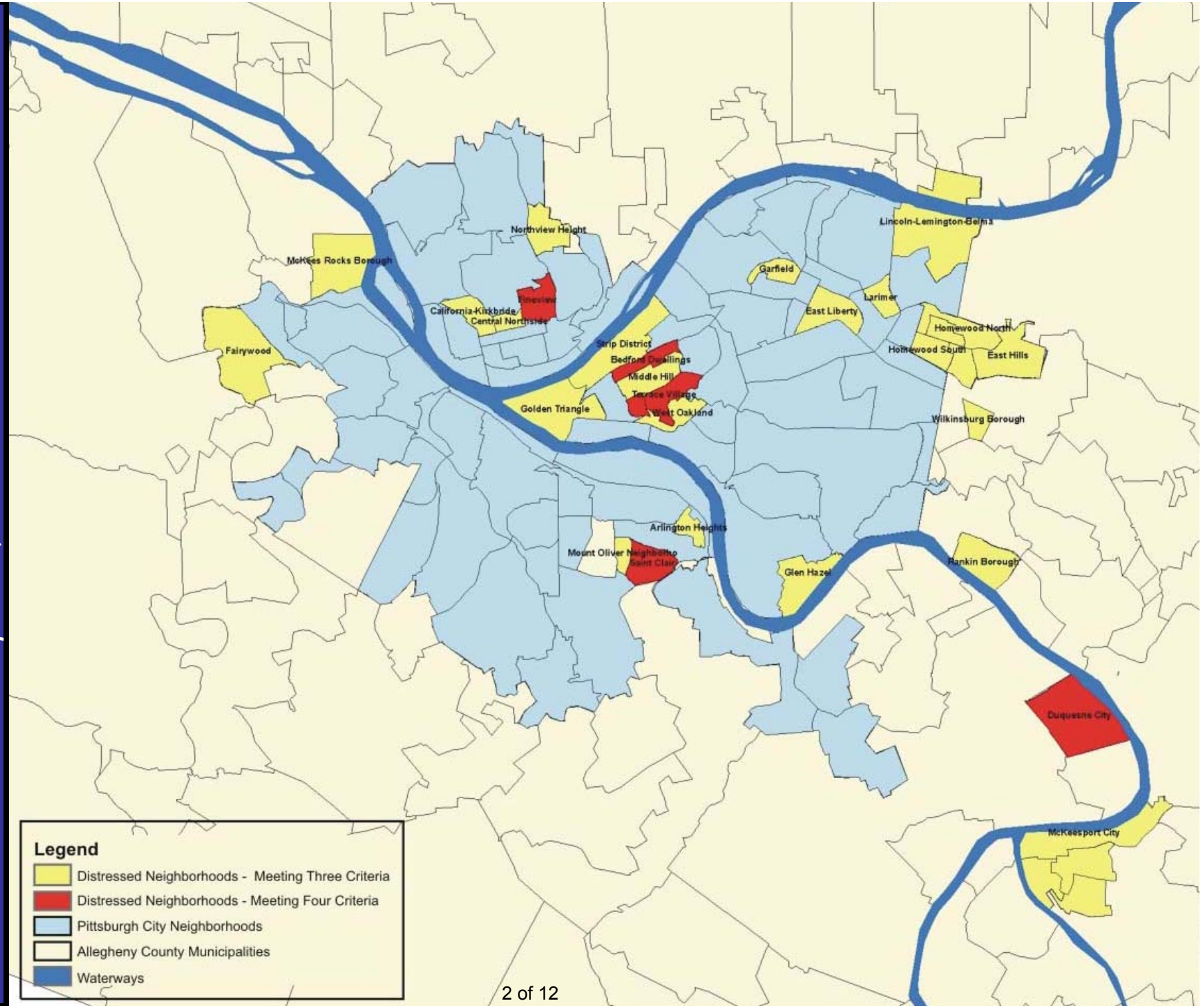
- Zipcode boundaries

Number of Helpline Calls by Zipcode

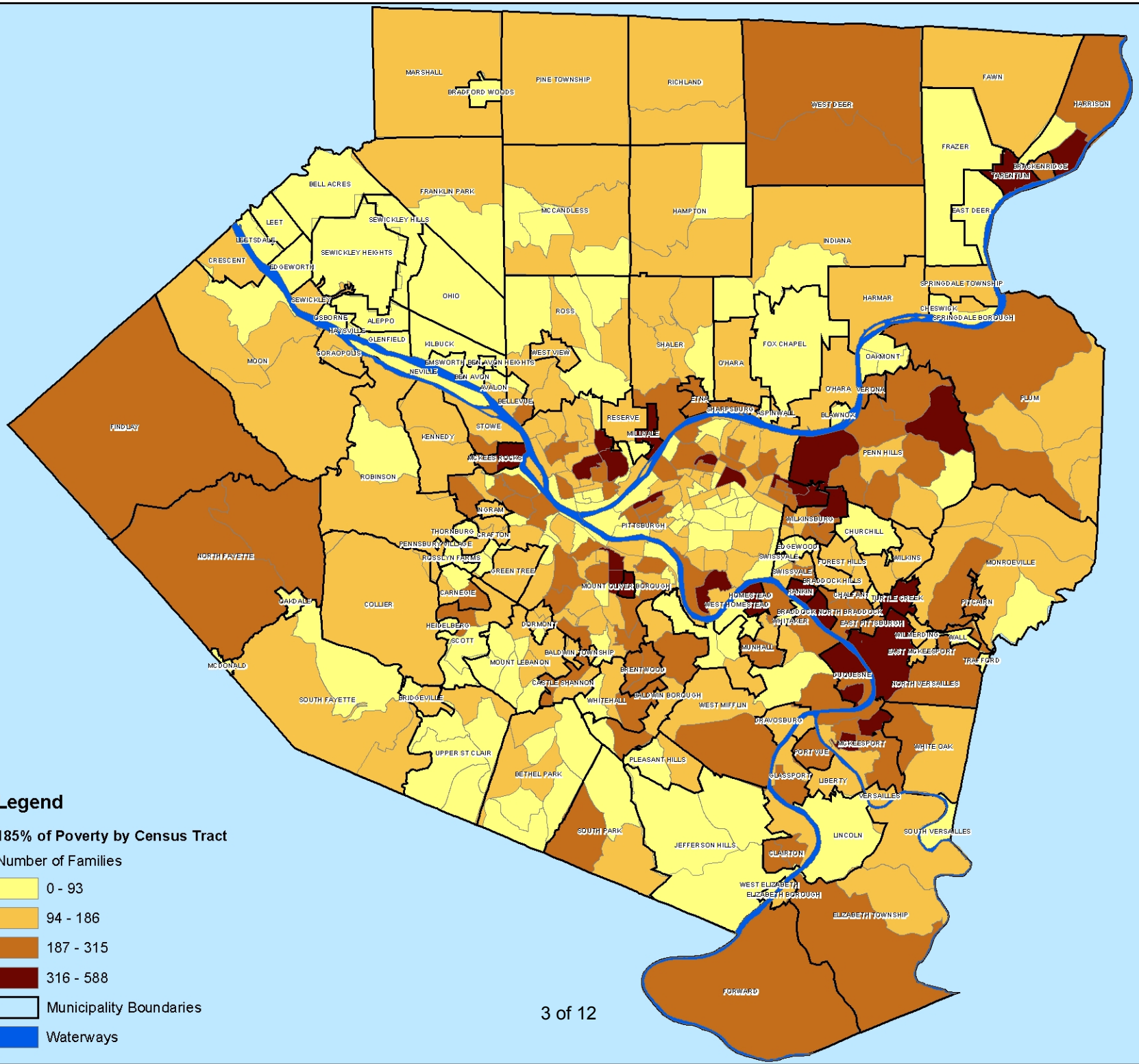
- 100-199
- 200-499
- 500-999
- 1000+
- City of Pittsburgh Boundary
- Waterways

Distressed Areas

27.4% poverty, 37.1% single/female head of household
23.0% drop-outs, 34.0% idle adult men



Number of Families Below 185% of Poverty



Legend

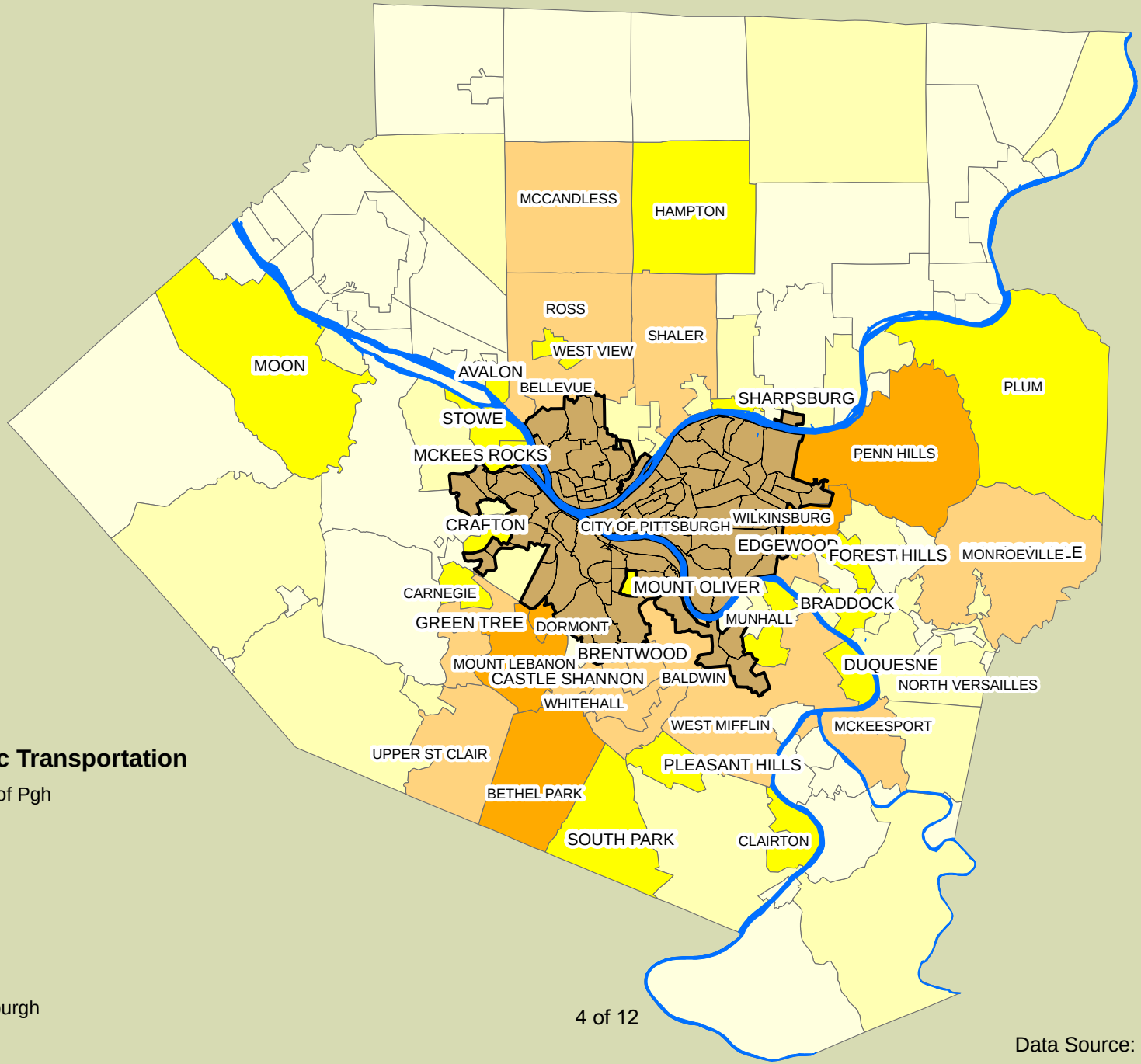
185% of Poverty by Census Tract

Number of Families

- 0 - 93
- 94 - 186
- 187 - 315
- 316 - 588
- Municipality Boundaries
- Waterways

Data Source: Census2000, PADATA
Date Modified: 2/01/06
Created By: DHS/OIM

Total Number Users of Public Transportation
Allegheny County, PA. 2000



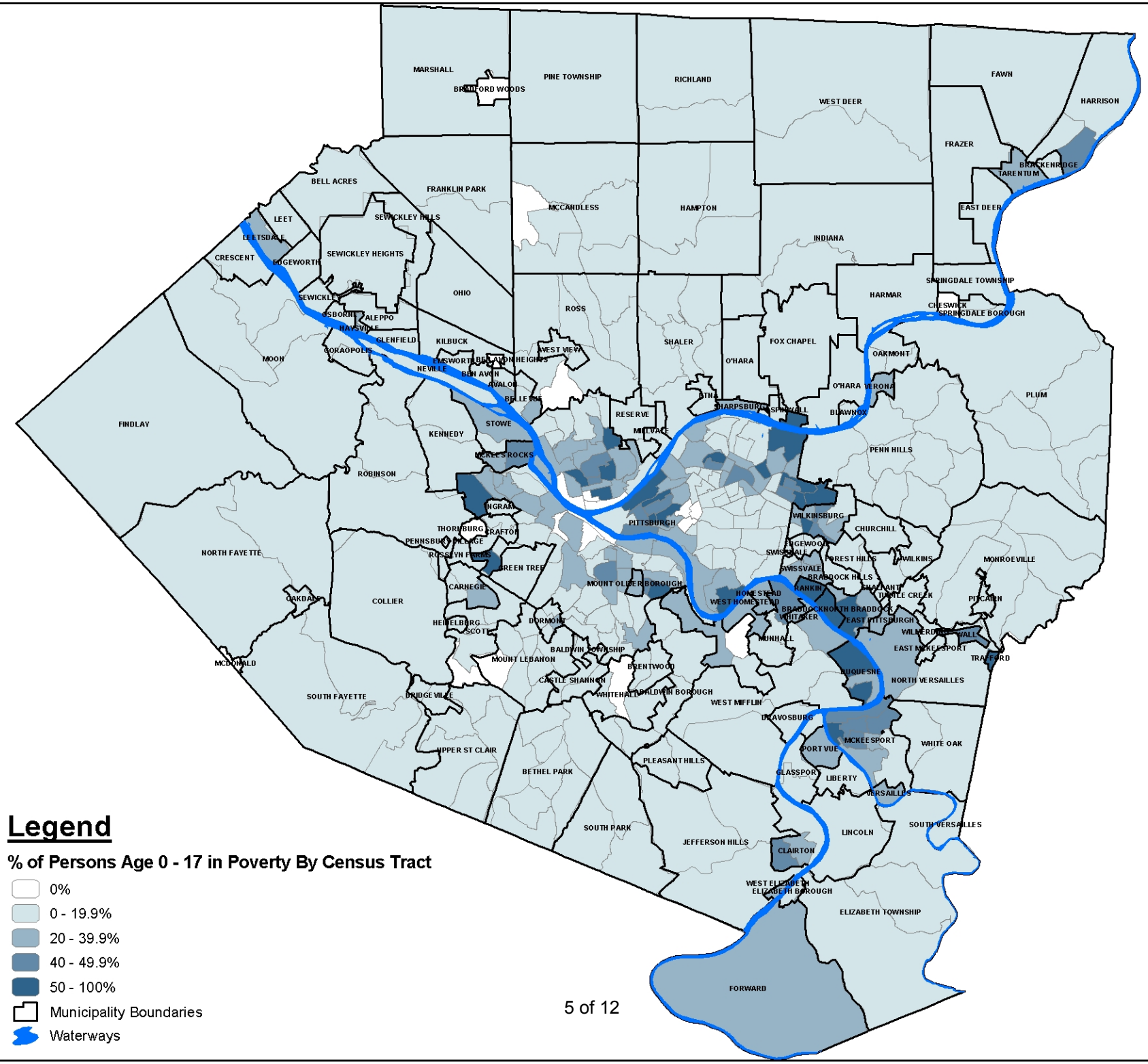
Legend

Users of Public Transportation

- 29062, City of Pgh
- 1001-2500
- 501-1000
- 251-500
- 101-250
- 0-100
- City of Pittsburgh
- Waterways

Data Source: US Census

Poverty Count By Census Tracts: Persons Age 0 - 17 Years



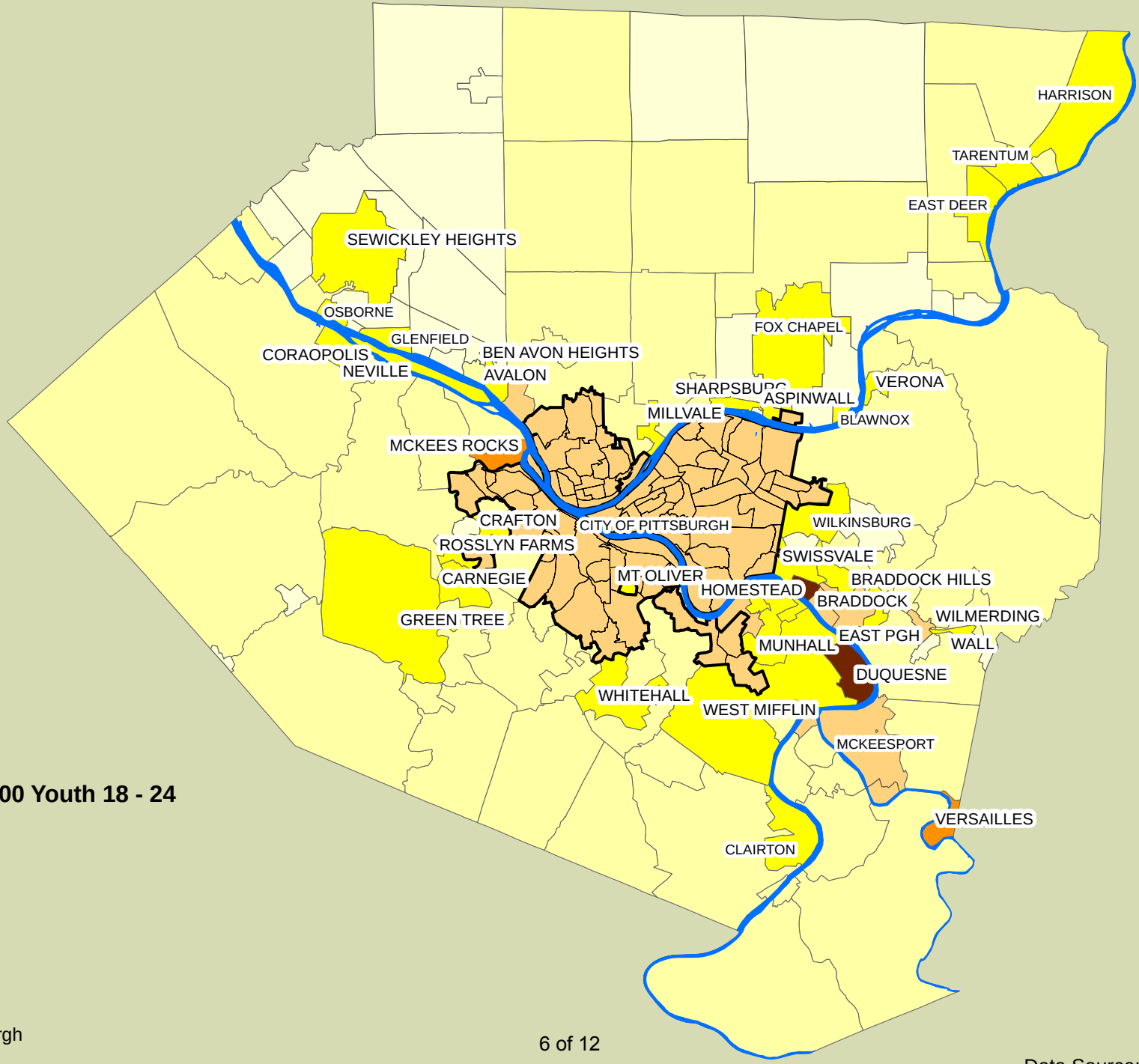
Legend

% of Persons Age 0 - 17 in Poverty By Census Tract

- 0%
- 0 - 19.9%
- 20 - 39.9%
- 40 - 49.9%
- 50 - 100%
- Municipality Boundaries
- Waterways

Data Source: 2000 Census; PADATA
Revised: 8/30/05
Created By: DHS/OIM/GIS

Allegheny County Youth (Age 18-24) Poverty Rate, 2000



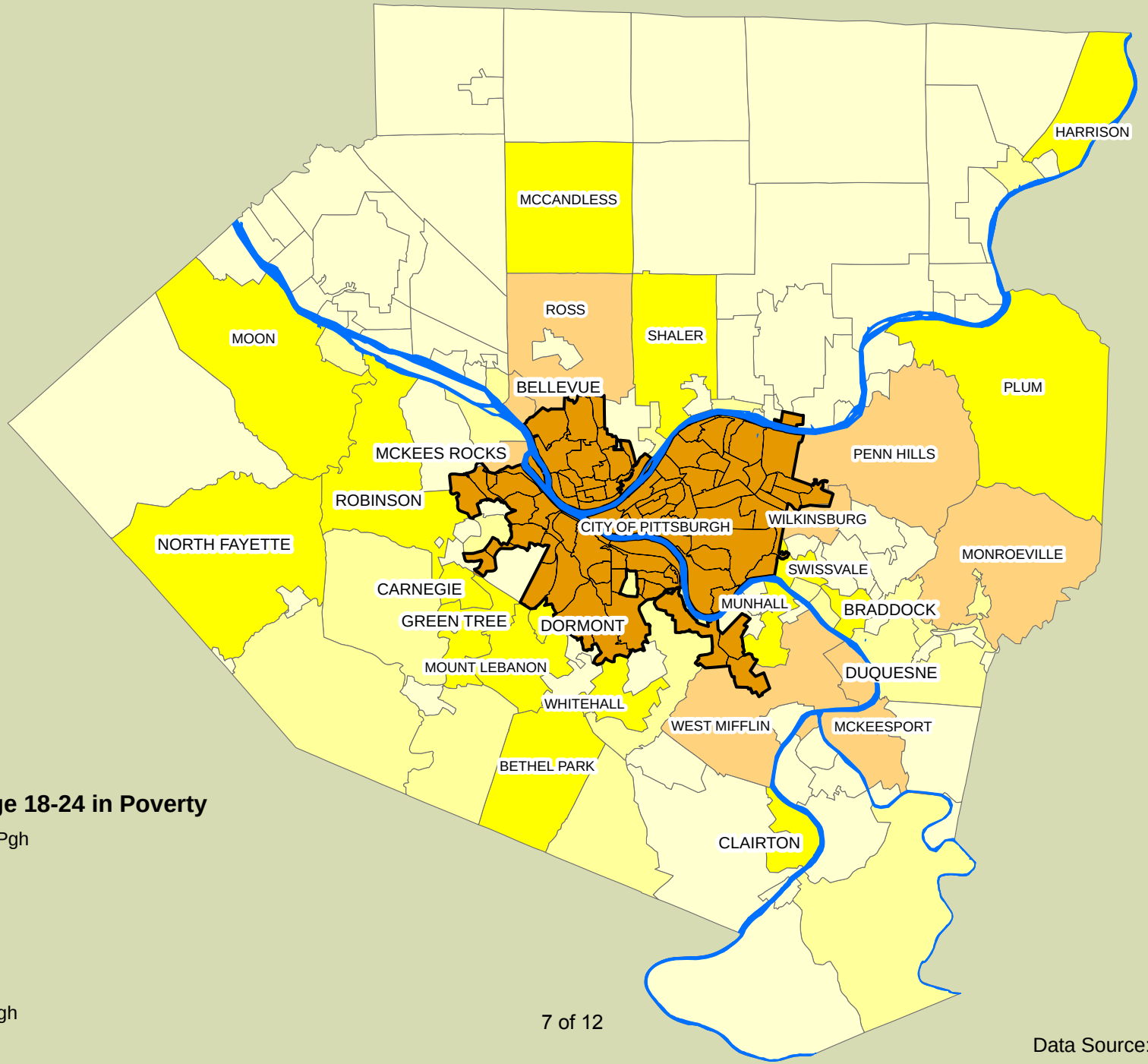
Legend

Poverty Rate 2000 Youth 18 - 24

- 0% - 5%
- 6% - 15%
- 16% - 25%
- 26% - 35%
- 36% - 45%
- 46% - 51%
- City of Pittsburgh
- Waterways

Data Source: US Census 2000

Total Population Age 18-24 in Poverty
Allegheny County, PA. 2000



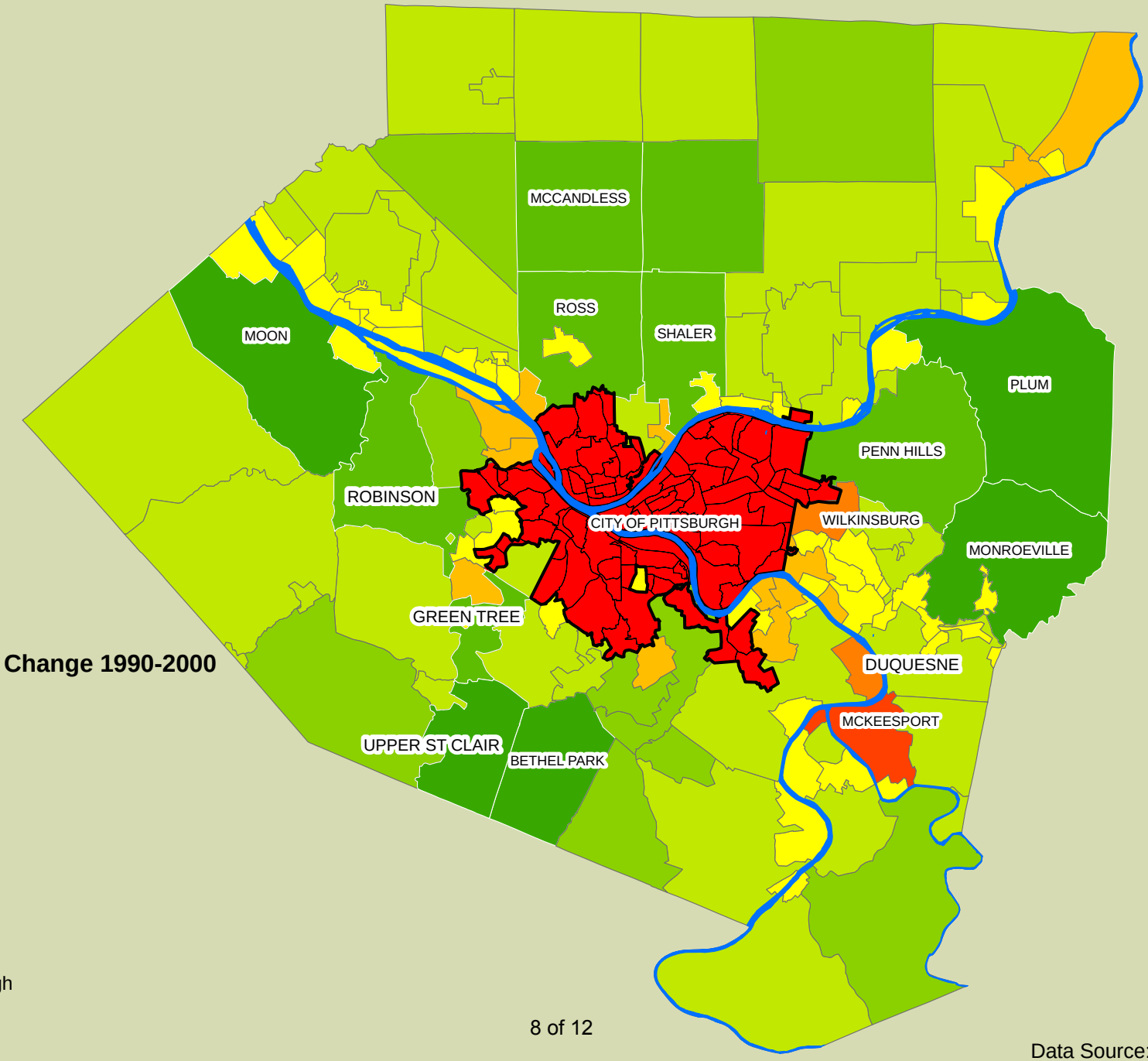
Legend

Total Number Age 18-24 in Poverty

- 15029, City of Pgh
- 201-515
- 101-200
- 51-100
- 0-50
- City of Pittsburgh
- Waterways

Data Source: US Census 2000

Senior Population Change by Total Count Between 1990 & 2000



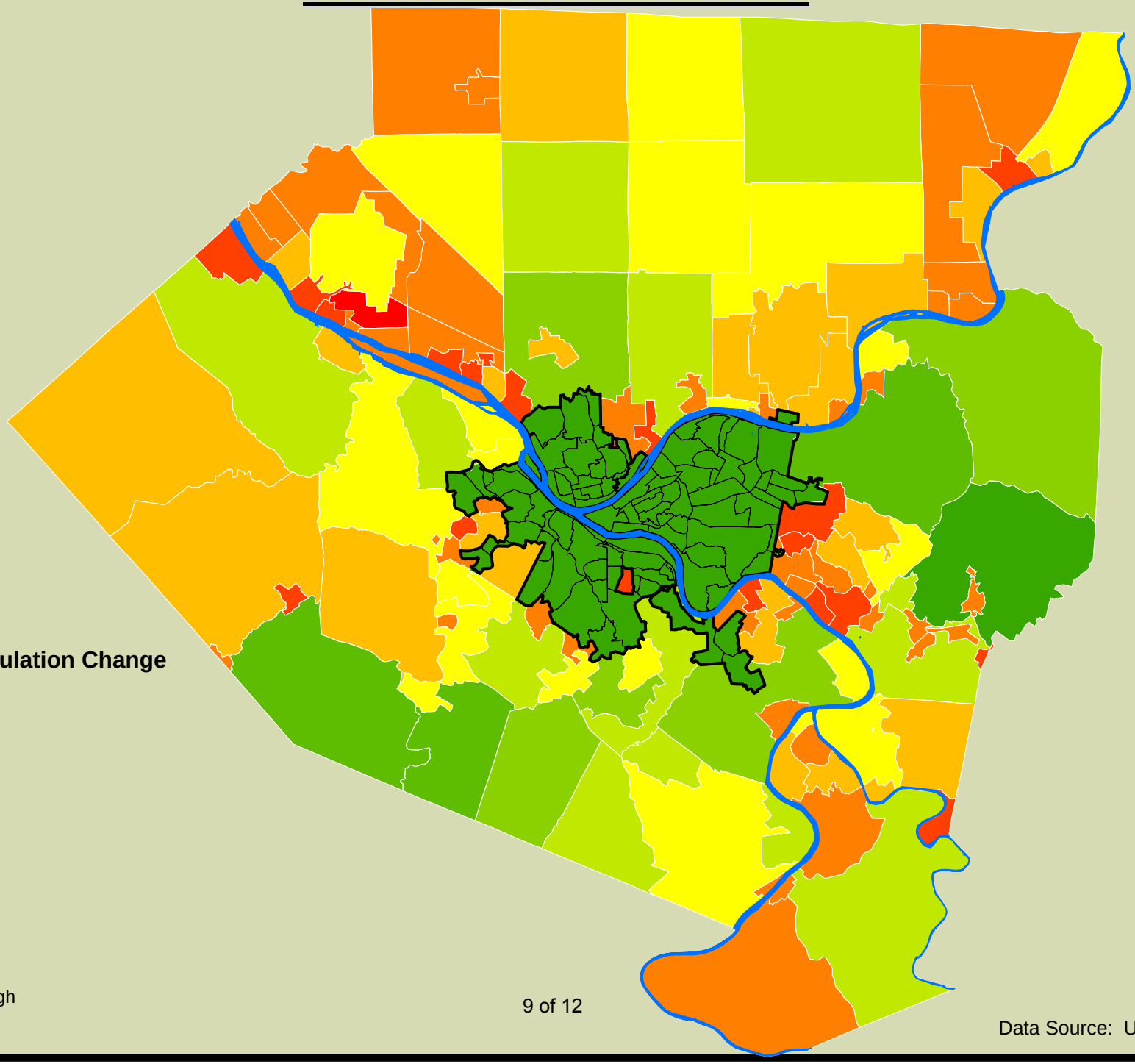
Legend

Senior Population Change 1990-2000

- 1001-1791
- 501-1000
- 251-500
- 1-250
- -249 - 0
- -499 - -250
- -999- -500
- -1006 - -1000
- -11302, City of Pgh
- City of Pittsburgh
- Waterways

Data Source: US Census 2000

Seniors 85+ Year Population Change by Total Count Between 1990 & 2000



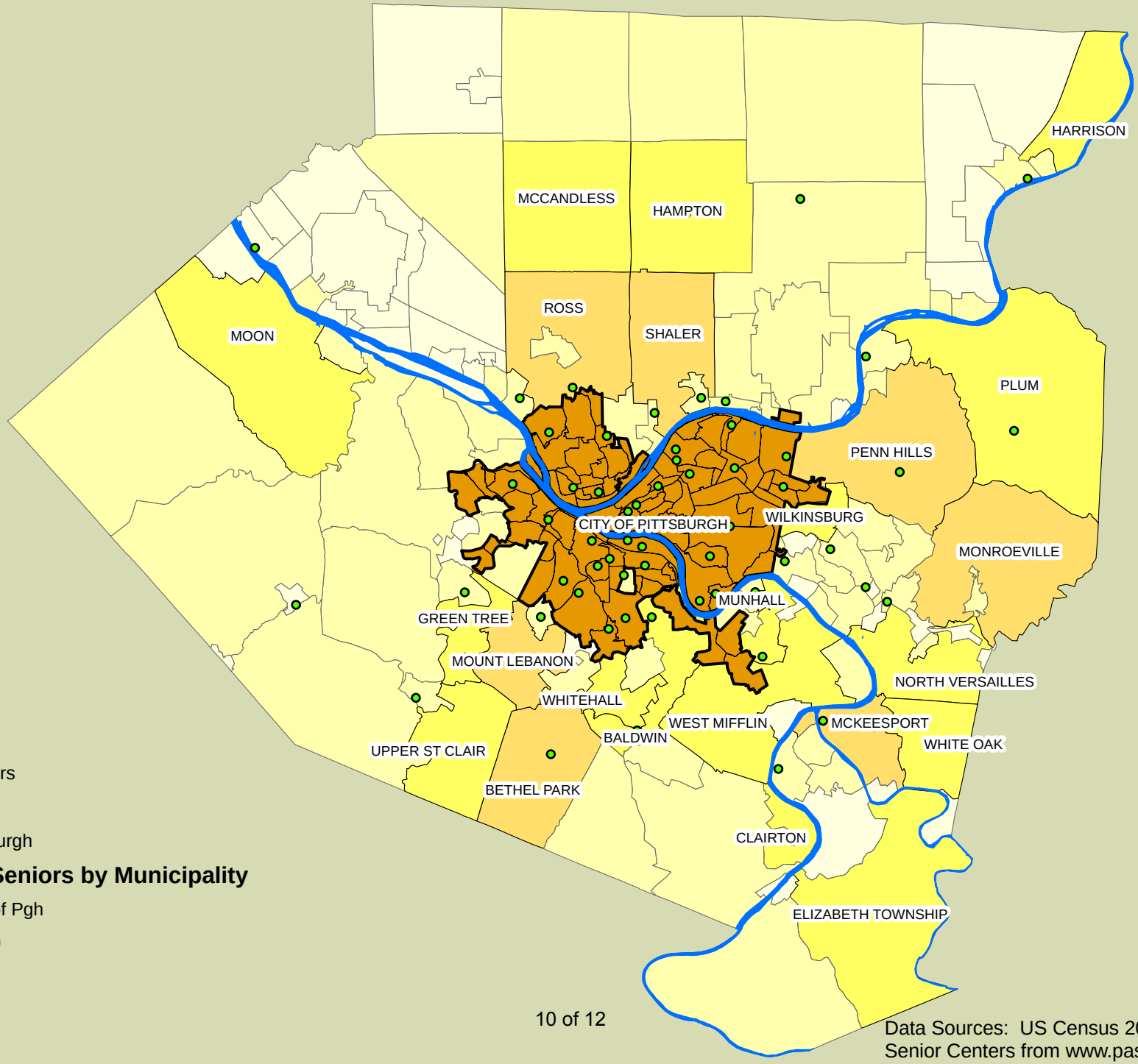
Legend

Seniors 85+ Population Change

- 401-565
- 301-400
- 201-300
- 101-200
- 51-100
- 21-50
- 1-20
- -41-0
- -42.000000
- City of Pittsburgh
- Waterways

Data Source: US Census 2000

Total Population Age 65+, Allegheny County, PA. 2000



Legend

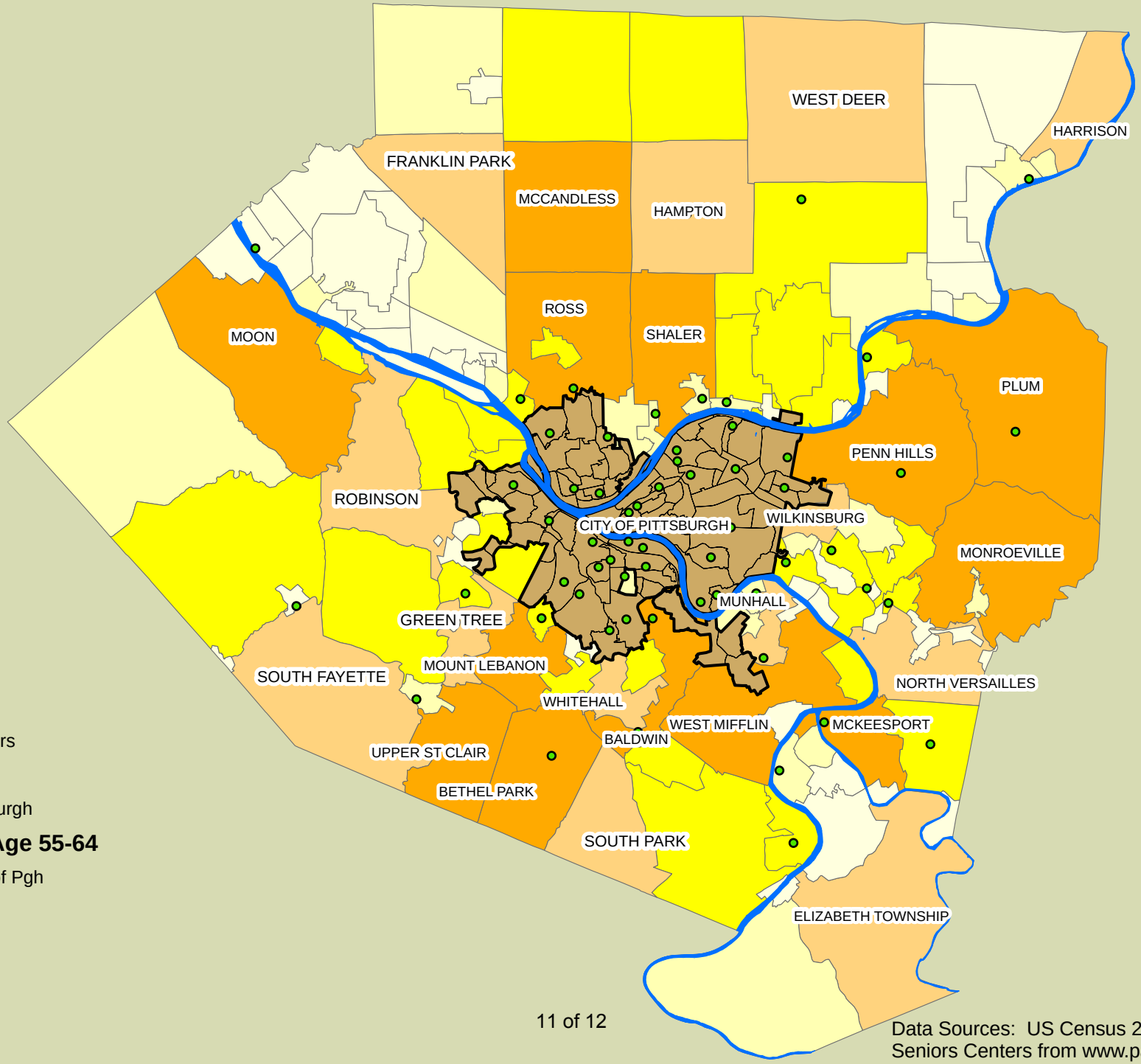
- Senior Centers
- Waterways
- City of Pittsburgh

Total Number Seniors by Municipality

- 55034, City of Pgh
- 5001 - 10000
- 2001 - 5000
- 501 - 2000
- 6 - 500

Data Sources: US Census 2000;
Senior Centers from www.paseniorcenters.org

Total Population Age 55-64, Allegheny County, PA. 2000



Legend

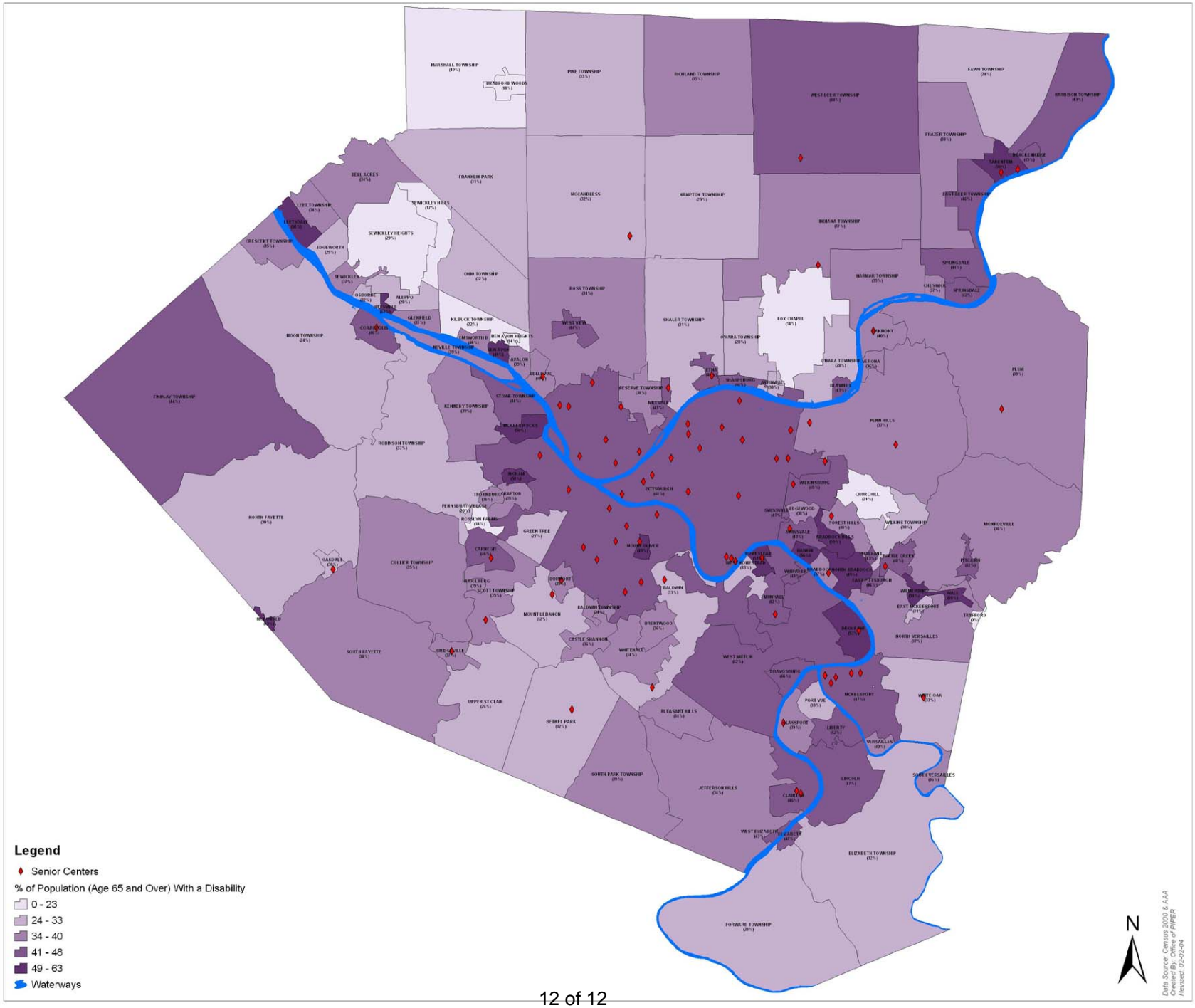
- Senior Centers
- Waterways
- City of Pittsburgh

Total Number Age 55-64

- 26748, City of Pgh
- 2001-4780
- 1001-2000
- 501-1000
- 251-500
- 0-250

Data Sources: US Census 2000;
Seniors Centers from www.paseniorcenters.org

Allegheny County Municipalities:
Percent of Population With a Disability -- Age 65 & Over



APPENDIX F

Data Sources

Population Estimates

PA Department of Health, EpiQMS online data system. Population estimates source is Pennsylvania Data Center.

Census 2000 Summary File 1 (SF1) 100-Percent Data.
P12 Sex by age, Universe total population. P12A Sex by age (white only), P12B Sex by age (Black only)

2005 American Community Survey
B01001 Sex by Age, Universe total population. B01001A Sex by age (white only), B01001B Sex by age (Black only)

Economic Indicators

Census 2000 Summary File 3 (SF3) Sample Data.
P34 Sex by employment status for the population 16 years and over, P150A Sex by employment status for the population 16 years and over (white only), P150B Sex by employment status for the population 16 years and over (black only)
PCT49. Poverty status in 1999 by sex by age Universe: population for whom poverty status is determined
P53. Median household income 1999 (dollars) Universe Households
P152A. Median household income 1999 (dollars) Universe Households (white only)
P152B Median household income 1999 (dollars) Universe Households (black only)

Survey 2005 American Community Survey
B23001. Sex by age by employment status for the population 16 years and over Universe population, B23002A Sex by age by employment status for the population 16 years and over (white only), B23002B Sex by age by employment status for the population 16 years and over (Black only)
B17001. Poverty status in the past 12 months by sex by age Universe: population for whom poverty status is determined
B19013 Median household income in the past 12 months (in 2005 inflation adjusted dollars Universe Households B19013A Median household income in the past 12 months (in 2005 inflation adjusted dollars Universe Households (white only), B19013B Median household income in the past 12 months (in 2005 inflation adjusted dollars Universe Households (black only)

US Bureau of Labor Statistics http://stats.bls.gov/cps/home.htm, unemployment by areas

Basic Needs

Pennsylvania Department of Public Welfare
http://listserv.dpw.state.pa.us/ma-food-stamps-and-cash-stats.html
Table 1. Unduplicated Number of Persons Eligible for Cash Assistance and Medical Assistance, State Total and Allegheny County.

Census 2000 Summary File 1 (SF1) 100-percent data
H14 Tenure by race of householder Universe: Occupied housing units
PCT65 Means of transportation to work for workers 16 years and over Universe: workers 16 years and over, PCT65A Means of transportation to work for workers 16 years and over (white only), PCT65B Means of transportation to work for workers 16 years and over (black only)
H45 Tenure by vehicles available by age of householders Universe Occupied housing units
P23. Households by presence of own children of people 65 years and over, household size and household type Universe: Households

Census 2000 Summary File 3 (SF3) Sample data
H71 Age of householders by gross rent as a percentage of household income in 1999 Universe: specified renter occupied housing unit
H96 Age of householder by selected monthly owner costs as a percentage of household income in 1999 Universe: Specified owner-occupied housing units

Survey 2005 American Community Survey
B25003. Tenure by race of householder Universe occupied housing units
B08105 Means of transportation to work Universe workers 16 years and over B08105A Means of transportation to work Universe workers 16 years and over (white only), B08105B Means of transportation to work Universe workers 16 years and over (black only)
B25045 Tenure by vehicles available by age of householder Universe: occupied housing units
C11005. Households by presence of people under 18 years by household type
B24072 Age of householders by gross rent as a percentage of household income in 1999 Universe: specified renter occupied housing unit
B25093 Age of householder by selected monthly owner costs as a percentage of household income in the past 12 months Universe: Specified owner-occupied housing units
B11007 Households by presence of own children of people 65 years and over, household size and household type Universe: Households

Pennsylvania Department of Education, Division of Food and Nutrition, Building Data Report (Lunches Only) For October 2000 to October 2005

Allegheny County Department of Human Services, Overview of Point in Time Surveys of Homeless Population, http://www.county.allegheny.pa.us/dhs/CS/PointInTime.pdf December 2000-January 2006

Pennsylvania Public Utility Commission, Utility Consumer Activities Report and Evaluation 2001 and 2006

RealtyTrac™ (http://www.realtytrac.com/), 2006 U.S. Foreclosure Market Report,

Infant/Maternal Health

Pennsylvania Department of Health, Bureau of Health Statistics and Research, Epidemiologic Query and Mapping System, Resident Live Births: Pennsylvania Certificate Dataset
http://app2.health.state.pa.us/epiqms/Asp/selectparams_Tbl_Birth.asp?Queried=0

Children's Health Indicators

Pennsylvania Department of Health's Division of School Health database via the *Request for Reimbursement and Report of School Health Services (Annual Report)*
http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=180&Q=237716

Healthy People 2010 Indicators

Pennsylvania Department of Health, Bureau of Health Statistics and Research,
http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&Q=229393

Health Indicators

Pennsylvania Department of Health, Bureau of Health Statistics and Research, Behavioral Risk Factor Surveillance System (BRFSS)
http://app2.health.state.pa.us/epiqms/Asp/Selectarams_BRFSS_Tbl_State.asp?Queried=0

Education Indicators

Pennsylvania Department of Education
Assessments and Testing, PSSA annual reports
http://www.pde.state.pa.us/a_and_t/cwp/browse.asp?a=3&bc=0&c=27525&a_and_tNav=|633|&a_and_tNav=|

Public Secondary School Dropouts in Pennsylvania Annual reports

Elementary Enrollment Reports

U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), selected years, 2002–2005 Reading Assessments and Math Assessments.

Census 2000 Summary File 1 (SF1) 100-percent data
P38 Armed Forces status by school enrollment by by education attainment by employment status for the population 16 to 19 years Universe: Population 16 to 19 years
P37 Sex by educational attainment for the population 25 years and over Universe: population 25 years and over, P37A Sex by educational attainment for the population 25 years and over (white only), P37B Sex by educational attainment for the population 25 years and over (black only)

Survey 2005 American Community Survey
B14005 Sex by school enrollment by education attainment by employment status for the population 16 to 19 years Universe: Population 16 to 19 years
B15002 Sex by educational attainment for the population 25 years and over Universe: population 25 years and over, B15002A Sex by educational attainment for the population 25 years and over (white only), B15002B Sex by educational attainment for the population 25 years and over (black only)

Crime/Safety Indicators

Child Maltreatment 2004, US Dept of Health and Human Services, http://www.acf.hhs.gov/programs/cb/stats_research/index.htm

Administrative Office of Pennsylvania Courts Data extracted on Tuesday, January 23, 2007, Cases Filed-- refer to the number of petitions filed with the prothonotary during the year. http://www.courts.state.pa.us/index/aopc/research/indexresearch.asp

Pennsylvania Juvenile Court Dispositional Report Data, 2002 and 2006. Shippensburg, PA: Juvenile Court Judges' Commission, Center for Juvenile Justice Training and Research

Uniform Crime Report, Federal Bureau of Investigations Table 1: Crime in the United States, Table 5: Crime in the United States by State: Pennsylvania, Table 8: Pennsylvania Offenses known to law enforcements

Pennsylvania Department of Education, violence and weapons possession in Pennsylvania's schools Annual report.

Pennsylvania Department of Health, Bureau of Health Statistics and Research, Epidemiologic Query and Mapping System, Residents Death Pennsylvania Certificates of Death http://app2.health.state.pa.us/epiqms/Asp/SelectParams_Tbl.asp?Queried=0

Service Availability/Usage Indicators

Census 2000 Summary File 1 (SF1) 100-percent data
PCT21 Relationship by household type (including living alone) for the population 65 years and over
P38 Group quarters population by sex by age by group quarters type Universe: Population in group quarters

United States Department of Health and Human Services, Adoption and Foster Care Analysis and Reporting System (AFCARS) data, http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars

Pennsylvania Department of Education, Elementary Enrollment Reports

Pennsylvania Department of Public Welfare, Pennsylvania Head Start Association, Head Start enrollment

Allegheny Department of Human Services

Disability

Survey 2005 American Community Survey
B18001 Sex by age by number of disabilities for the civilian non-institutionalized population 5 years and over Universe: civilian non-institutionalized population 5 years and over
B18002 Sex by age by disabilities status for the civilian non-institutionalized population 5 years and over Universe: civilian non-institutionalized population 5 years and over
B18003 Sex by age by sensory disabilities for the civilian non-institutionalized population 5 years and over Universe: civilian non-institutionalized population 5 years and over
B18004 Sex by age by physical disabilities for the civilian non-institutionalized population 5 years and over Universe: civilian non-institutionalized population 5 years and over
B18005 Sex by age by mental disabilities for the civilian non-institutionalized population 5 years and over Universe: civilian non-institutionalized population 5 years and over
B18006 Sex by age by self-care disabilities for the civilian non-institutionalized population 5 years and over Universe: civilian non-institutionalized population 5 years and over
B18007 Sex by age by go-outside-home disabilities for the civilian non-institutionalized population 5 years and over Universe: civilian non-institutionalized population 5 years and over

Mental Retardation and Developmental Disability Service Utilization

Allegheny County Dept of Human Services, Office of Mental Retardation/Developmental Disabilities, Pennsylvania Dept of Public Welfare HCSIS (Home and Community Services Information System