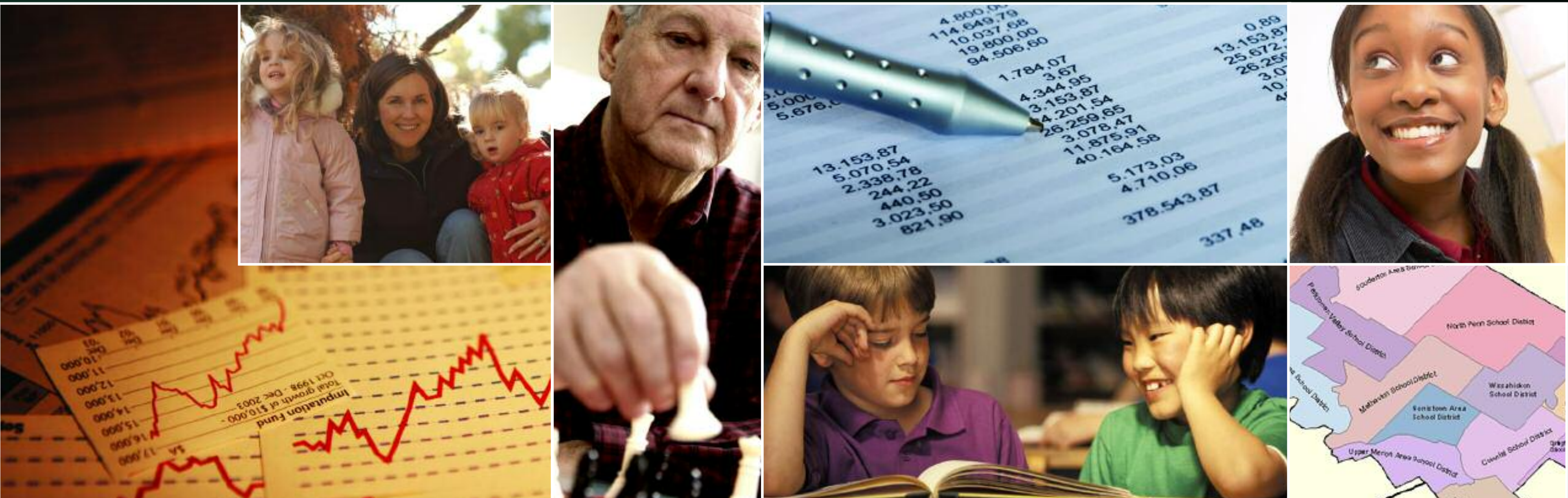
An Independent Assessment of the Health, Human Services, Cultural and Educational Needs of Montgomery County



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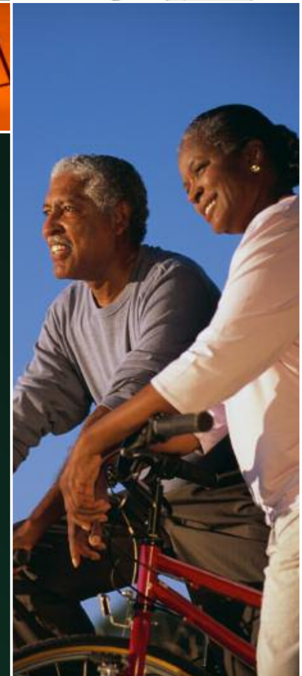

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PREFACE

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

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

We are most appreciative of the help provided by many people and organizations in the completion of this project. More than 300 individuals took time out of their busy schedules to participate in key informant sessions and focus groups, and they provided much insightful input. While many of the participants in the regional collaboratives assisted, we would like to especially express our appreciation to Linda Bean, ICN Coordinator (Central Regional Collaborative); Virginia Coombs, VNA Community Services, Inc. (Eastern Collaborative); Mary Miller, Performance Essentials (Western Regional Collaborative); Ella Roush, Roush Associates (North Penn Regional Collaborative); and Gail Wright, Main Line Health (Southeastern Regional Collaborative).

In addition, while concerns about protecting the confidentiality of the participants prevents us from listing them by name and organization, we are equally indebted to those who assisted in hosting the focus group sessions for the homeless families and individuals, African Americans, Hispanics, and at-risk young adults. We would like to also express our appreciation to Joseph Roynan, Montgomery County Human Services Director and Stacey L. DeWaelsche in the Department of Health's Division of Statistical Support for their assistance.

The project also makes use of information supplied by Pennsylvania Department of Health's Bureau of Health Statistics and Research, the Governor's Office of Health Care Reform and the Metropolitan Indicators Project, jointly supported by Temple University and the William Penn Foundation, and we greatly appreciate their assistance with this effort.

The production of this report has been, in its broadest sense, a community affair. Thanks to all those in that community who assisted. We look forward to continuing this effort together to improve the health and quality of life in Montgomery County, its regions, and its communities.

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North Penn United Way

North Penn Community Health Foundation

The Philadelphia Foundation

The Phoenixville Community Health Foundation

United Way of Southeastern Pennsylvania

United Way of Western Montgomery County

INTRODUCTION

The coalition of philanthropic organizations funding this project wished to conduct a comprehensive health and social service needs assessment of Montgomery County. The goals of the project were to provide an independent assessment that could (1) assist the funders in establishing priorities, (2) provide information to others concerned about the health and quality of life issues in Montgomery County, and (3) stimulate more effective strategies for achieving quality of life and health improvement goals for Montgomery County and its five regions (West, North Penn, East, Central, and Southeast).

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

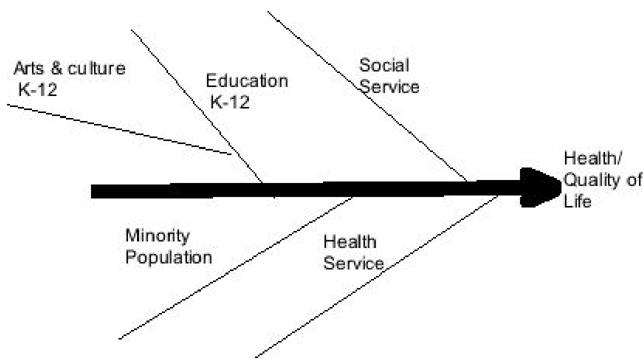
Rigor. We have used the most complete, current, and rigorous evidence possible to identify these priorities. This included "triangulation," or demonstrating how information from many different statistical and qualitative sources points in the same direction, adding to the persuasiveness of those recommendations.

Voice. The voices of community members and service providers were incorporated into this product. We used their personal stories to add a vividness and sense of urgency to the analysis and recommendations. Those stories also connect the statistical analysis to the concerns of those needing help and those attempting to provide it.

Ownership. We involved those individuals and groups who will be responsible for implementing the project's recommendations in these activities. We hoped this would help create a sense of ownership in the recommendations, make them more realistic and harder to dismiss, and build a constituency for their implementation.

In conducting the assessment, in addition to addressing concern about the general health and social service needs of Montgomery County residents, we considered three special areas of concern to the funders: (1) the unmet educational needs of the pre-K–12 school-aged population, (2) the arts and cultural needs of the K-12 school-aged population, and (3) the special needs of the county's relatively small but growing new immigrant and minority populations. We envisioned all of the concerns to be addressed in the assessment from the perspective of a quality improvement process, in which all of the areas of concern contribute significantly to the overall goal. As illustrated in the cause and effect, or "fishbone," diagram presented in **Figure 1**, these special areas of concern represent less proximate "causes" contributing to an "effect" on the overall quality of life and health of Montgomery County residents. Linking these areas of special concern to the overall goal of this project reinforced their importance and strengthened the overall effort.

Figure1.



Completing this project involved four separate tasks, which yielded the four sections of this report:

1. A systematic review of previous efforts to assess the diverse needs of Montgomery County residents and innovations in addressing such needs that have been undertaken in other counties and communities.

2. A statistical assessment of key indicators.

3. A qualitative assessment that distills the insights of providers and citizens in Montgomery County communities.

4. A synthesis of the information from the first three sources that identifies the key priorities and recommendations for addressing them.

We also considered these areas of concern as they affect the five regions of the county and their corresponding regional collaboratives. The information included in this full report is thus presented in five separate reports focusing on each of the collaboratives' regions: Western, North Penn, Eastern, Central, and Southeastern. These regional collaboratives evolved from the Family Service System Reform (FSSR) initiative begun by the Pennsylvania Department of Welfare in 1995. The initiative's goal was to support community collaborative efforts to reform public systems serving children and their families by identifying local needs and engaging local community leaders in efforts to integrate and improve services. That goal, broadened to include all segments of the population and a system encompassing all health and human services, still guides this effort. In 2003, a two-tiered process was formally established in Montgomery County, adding five decentralized regional collaboratives to the central, county-wide one. The genealogy of these regional collaboratives is different by region, in some cases absorbing pre-existing and competing local efforts. There appears to be little consensus about what the long-term role of the collaboratives should be in coordinating and managing services. Some see it remaining as an informal, ad hoc way of sharing information in order to better coordinate care for individual clients; others envision it becoming more of a policy-, planning-, and resource- allocating body. The five regional collaborative boundaries were partly borrowed from the boundaries of the regional offices for the county's Department of Aging and Adult Services and also assured that all school districts and municipalities were included within the boundaries of a single region. A map of these regions and the townships that compose them is presented in **Figure 2.** Among the goals of this report are to assist the regional collaboratives in clarifying and focusing their initiatives, and to assist the funders with a strategic plan for the support of these initiatives.

Figure 2. Montgomery County Service Regions

REVIEW

The basic health and human service needs of communities do not differ that much from one community to another. As will be described in this section, recent reports indicate that the residents of Montgomery County and its regions face many of the same health and social service challenges as other places in the United States. One need not waste time reinventing needs that have already been identified and ways of addressing those needs that already exist. Therefore, in beginning this assessment, it is important to answer three key questions:

1. What is different about Montgomery County and its regions that might make its needs and the strategies for addressing those needs different from those of most other communities in the United States?

2. What can we learn from previous studies of health and social service needs in Montgomery County?

3. What approaches to addressing those needs that have been proposed or attempted in other communities might be worth considering in Montgomery County and its five planning regions?

What Is Different About Montgomery County?

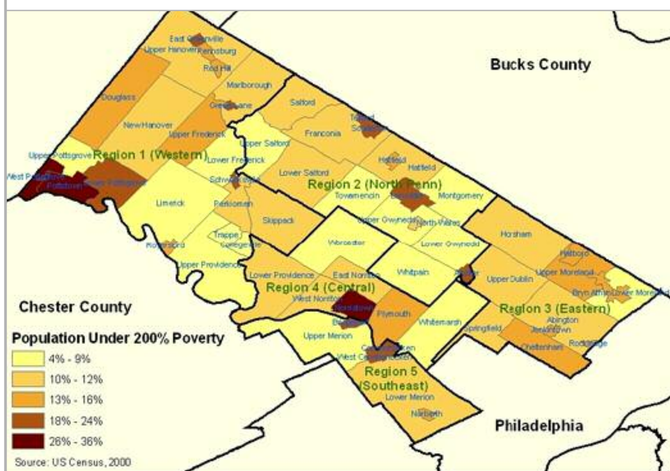
Just as in all geographic areas, the major challenge in shaping an effective strategy to improve the health and quality of life of Montgomery County residents is the complexity of the task. Subtle differences in the way an area has developed and the external pressures that have influenced that development create distinctive threats and opportunities. For example, driven by relatively low housing prices and an attractive arts and cultural scene, there has been a significant migration of individuals involved in such pursuits from New York City to the Philadelphia metropolitan area.[ii] At the same time, reflected in the dramatic increases in housing prices in the city of Philadelphia, even in sections that once seemed abandoned to urban blight, is a marked reverse migration of suburban "empty nesters" back into the city. This reflects the lure and attractiveness of these changes. A growing academic literature on complexity theory acknowledges the multifaceted, often unpredictable, interrelationship between events that produce such changes. In a popular book distilling some of these ideas, Malcolm Gladwell talks about how small things can produce a "tipping point" and lead to a cascading sequence of events that make a big difference in communities.[iii] Has the Philadelphia region reached a tipping point? What small things—arts and culture initiatives, tax changes, educational interventions, environmental conservation, health promotion, and the like—could produce a cascading larger positive effect on the health and quality of life of Montgomery County residents?

Montgomery County itself is a patchwork quilt of diverse townships, each reflecting the historical shifts in the external forces that have shaped its development. A century ago, the county consisted of rural townships, a few river borough manufacturing centers strung out along the Schuylkill River (Pottstown, Royersford, Norristown, Bridgeport, and Conshohocken), and a few other early suburban commuter townships strung out along the major rail lines.[iv] The older river towns remain, and the boroughs situated along the two major rail lines have grown to become part of the mature suburban townships, such as Lower and Upper Merion, Abington, and Cheltenham, connected by employment to Philadelphia. Most of the rural townships have been transformed into suburban ones by the automobile and the expansion of major highway arteries in the region, beginning after World War II. The most recent spurt of this suburban

growth has taken place in Limerick and Upper Providence: the relatively lower housing costs and the completion of Route 422 as a four-lane highway, linking it to King of Prussia, the Pennsylvania Turnpike, and the Schuylkill Expressway, spurred recent rapid growth in this area.

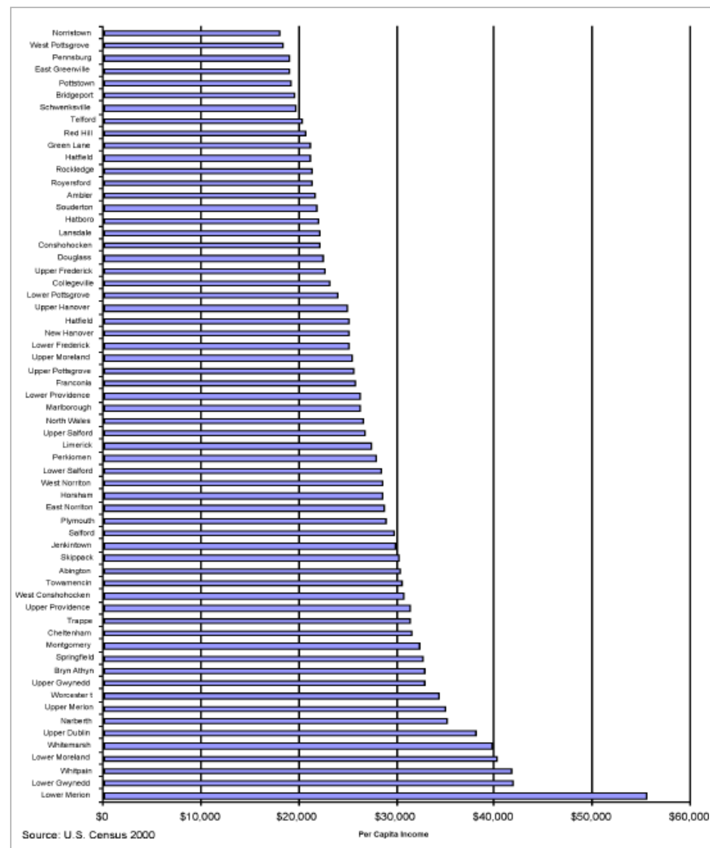
The growth and development of Montgomery County has been shaped by the suburban migration from Philadelphia, hollowing out the urban core of the metropolitan area and leaving a poorer, sicker, and predominantly ethnic minority population behind. While in Montgomery County only 6.6 percent of the population between 18 and 65 have a disability, one of the lowest rates of any county in the country, Philadelphia has the highest rate, 20.4 percent.[v] While only 6.1 percent of children in Montgomery County live below the poverty level, one of the lowest rates in the country, 35.7 percent of the children in Philadelphia live below the poverty level, one of the highest rates in the country.[vi] However, the same hollowing-out pattern that has taken place in Philadelphia has occurred in Norristown and Pottstown. As illustrated in **Figure 3**, this pattern is reflected in the differences among the townships in Montgomery County, with higher proportions of individuals with low incomes concentrated in Pottstown and Norristown, which are surrounded by more affluent townships. The inner suburbs bordering on Philadelphia also tend to have a somewhat higher proportion of persons living below 200 percent of poverty.

Figure 3. Montgomery County Minor Civil Divisions by Percent of Population Under 200 Percent of Poverty



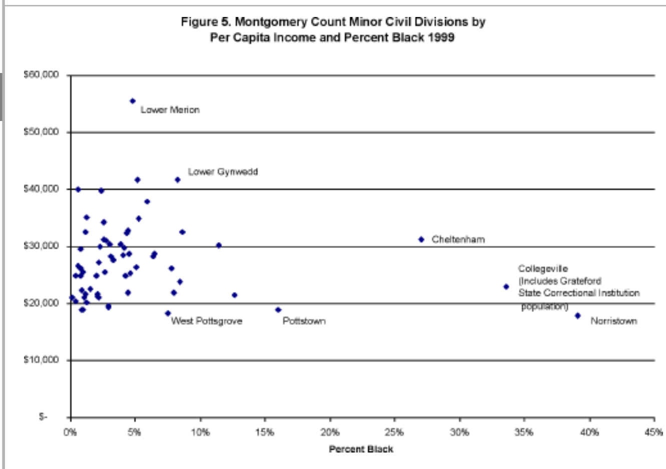
The overall affluence of Montgomery County masks substantial variation. As indicated in **Figure 4**, there is a threefold difference in per capita income between the lowest per capita income borough (Norristown) and the highest (Lower Merion).

Figure 4. Montgomery County Minor Civil Divisions: Per Capita Income in 1999



That overall affluence also masks substantial variation by race and ethnicity. Nationally, in 2003, the median income for Hispanic households was 69 percent of that of white non-Hispanic households, and the median income of black households was 62 percent of that of white non- Hispanic households.[vii] Wealth or median net worth, critical in meeting health, housing, and other needs, is even more unevenly distributed, with white non-Hispanic householders having a net worth 10 times that of Hispanics and blacks ($67,716 vs. $6,766 and $6,166 respectively).[viii] As illustrated in **Figure 5**, these differences in affluence are reflected in the distribution of Montgomery County's black population across its townships. The township with the highest proportion of black residents, Norristown,

has the lowest per capita income. The township with the highest per capita income, Lower Merion, has one of the lower proportions of black residents.



In the Philadelphia metropolitan area as a whole, the uneven distribution of the population by ethnicity results in the 12th highest degree of black residential segregation (.720) and 7th highest degree of Hispanic residential segregation (.601) in metropolitan areas in the United States.[ix] This degree of residential segregation in the Philadelphia metropolitan area has declined only slightly in the last two decades. Within Montgomery County, the segregation of black residents by township is less extreme, or about .375.[x]

Overall, as indicated in Figure 6, on most demographic indicators, Montgomery County is quite similar to the other suburban counties in the Philadelphia metropolitan area and, in terms of level of education and affluence, compares favorably to other counties in the United States with a population of at least 250,000.[xi] It has high median household incomes and education levels, a lower proportion of the population living in poverty, fewer foreign-born residents, more owner- occupied and higher housing costs, and longer commuting times to work. (See Appendix III, Figure A for a more detailed table.)

Figure 6. Comparison of Montgomery County to Other Counties in the Metropolitan Area and Within the United States 2003

	Mont-gomery	Percentile Position Relative to Rank 232 Other U.S. Counties	Range U.S. Counties	Phil.	Bucks	Chester	Delaware
Median Household Income	$ 59,706	78.5%	($89,289-$24,926)	$ 33,062.00	$ 60,723.00	$ 65,598.00	$ 54,718.00
Percent of People Below Poverty Level	5.2%	8.6%	(38.1%-1.7%)	22.3%	5.8%	7.1%	9.0%
Percent of Age 25+ Adults with at least a BA Degree	41.7%	88.4%	(57.45-11.9%)	19.9%	33.5%	42.5%	33.5%
Percent Foreign Born	8.7%	47.2%	(50.0%- .8%)	10.5%	6.4%	6.8%	7.3%
Percent of People 5 years and over who speak language other than english at home	11.4%	39.9%	(78.2%-.6%)	18.9%	7.0%	9.9%	7.9%
Percent Owner Occupied Housing	72.4%	76.3%	(86.0% -18.2%)	60.1%	77.6%	75.0%	71.8%
Median Housing Value Owner Occupied	$ 202,909	65.9%	($664,180 - $63,509)	$ 72,716	$ 215,312	$ 223,498	$ 161,138
Median Monthly Housing Costs Owner Occupied with Mortgage	$ 1,550	76.3%	($2564 - $830)	$ 910	$ 1,521	$ 1,599	$ 1,353
Mean Travel Time in Minutes to Work	26.8	74.2%	(41.7-16.3)	29.4	26.6	26.6	26.4
Source: U.S. Census American Community Survey 2003							
http://factfinder.census.gov/home/saff/main.html?_lang=en							

In summary, in comparing Montgomery County's ranking with the other 232 counties in the United States with more than 250,000 persons,

- Montgomery County has relatively more households with children and substantially more very old people:[xii]
  - 35.9 percent have children under 18 (100th)
  - 2.2 percent have persons over the age of 85 (9th)
  - While only 6.6 percent have persons between the age of 18 and 65 with a disability (220th) that percent rises for over 65 persons to 36.6 percent (136th).
  - The "dependency ratio," or the proportion of those under 18 and over 65 to those in between is 61.4 percent (76th).
- Montgomery County is relatively ethnically homogeneous and stable:
  - 83.8 percent of persons are white non-Hispanics (43rd).
  - 7.2 percent of persons are black (143rd).
  - 4.9 percent are Asian (63rd).
  - 81.7 percent are living in the same state they were born in (23rd).
  - 8.8 percent are foreign born (125th) and only 3.8 percent of those over age 5 report any difficulty speaking English (170th).
- Montgomery County is relatively affluent, well educated and has few poor people:
  - Median household income in 2004 was $80,210 (24th).
  - 17 percent of those over the age of 25 have advanced degrees (22nd).
  - Only 5.3 percent of persons live below the poverty level (213th) and only 6.1 percent of children (217th) do so.
  - While housing in Montgomery County is relatively expensive, it does not absorb an excessive proportion of household income, more are home owners, more have longer tenure in their homes, and the homes tend to be older.
  - 77.8 percent of housing is owner occupied (27th).
  - Median housing value of owner-occupied housing was $230,492 (72nd).
  - 27.8 percent (169th) of owner-occupied homes spend and 41 percent (181st) of renters spend more than 30 percent of their income on housing costs.
  - 21.4 percent (61st) of housing was constructed before 1940, and only 34.6 percent (221st) have occupied their current homes since 2000.
- A relatively large proportion of Montgomery County's population aged 16 to 65 is employed, has lengthy commutes; few rely on public transportation:
  - 76.7 percent (15th) of the 16-65 population is employed.
  - Mean travel time to work is 28.1 minutes (51st).
  - 4.6 percent (58th) rely on public transportation for the commuting.

What Can We Learn From Previous Assessments?

If the unexamined life is not worth living, life in Montgomery County is certainly worthwhile. More than 30 recent reports have examined health and social service needs in the Philadelphia metropolitan area, Montgomery County, and regions within it or developed plans for addressing the needs of residents of Montgomery County. (See Appendix I for a summary of the conclusions and recommendations offered by each of these efforts.) Taken as a whole, these reports suggest that the "pockets of need" and "targets of opportunity" that the funders of this project wish to identify flow from the cascading effects of regional change.

Local communities often react by struggling to patch together ways to meet the health and social needs of their members. Five recurring, interrelated themes are reflected in the majority of these reports.

1. **Environment**
   Almost all of the previous reports acknowledge the central role that the environment plays in improving health and providing a high quality of life. In its 25-year plan, the Delaware Valley Regional Planning Commission talks about a vision for the region that includes "a clean and sustainable environment with protected scenic landscapes, open space and reduced development on rural and agricultural lands and a fully connected network of bike and walking trails that tie Montgomery County into an 'East Coast

Greenway' and into all of the rich historic, cultural and artistic landmarks of the region."[xiii] Pennsylvania Advocates for Nutrition and Activity have a similar vision of a school environment that exposes children to only healthy foods and assures regular exercise through physical education classes and participation in after school programs.[xiv] Such visions are a far cry from the concerns raised by Norristown residents, who spoke about the risk their youth are exposed through guns, drugs and violence.[xv] It is a far cry from the concerns of the angry residents of Pottstown describing the environmental hazards they perceive surrounding their community.[xvi] The environment of Montgomery County is not insulated from the rest of the metropolitan area. The growth of the recent immigrant Asian community and the challenges it presents in providing services in the North Penn region reflect the regional and global migration patterns.[xvii] As noted in the Pottstown Area Assessment, effective criminal enforcement rarely eliminates drug and related crimes: they just migrate, metastasizing outward from Philadelphia to older urban centers of Montgomery County and then to its more recently developed suburban communities.[xviii]

2. Information

People lack the information they need. Funders do not have the information to determine where to use their resources most effectively.[xix] Allied health training programs do not have adequate information to forecast demand for their product in the region.[xx] Often Montgomery County service providers do not know where to get help for the patients and clients they see and these individuals and their family members are even more often at a loss.[xxi]

3. Transportation

Just knowing where things are (services, recreational opportunities, art and cultural events) does not mean you can get to them. The urban sprawl in the Philadelphia metropolitan area over the past four decades has swallowed up more open land per population growth than in almost any other metropolitan area in the nation.[xxii] Public transportation requires population density to be a financially viable option to the automobile.xxiii In Montgomery County, access to services, like the New Orleans disaster plan, relies on the automobile, but those most in need of services are those people more likely to lack access to one. This has created a challenge in providing services to the elderly, the mentally ill, and other special- needs populations and in assuring access to after- school programs and cultural events.[xxiv] The transportation challenge has been further exacerbated by the dramatic shift from inpatient care to community-based and ambulatory care.

4. Coordination

Just getting people to the place where they can receive a service is not sufficient. Families and individuals often have complex, interrelated needs; and the services to address those needs have to be coordinated. This is a major challenge. The Philadelphia metropolitan area, with its fragmented local government structure, has the most fragmented service delivery system in the nation.[xxv] Collaboration is an informal way of coordinating fragmented services in spite of their formal organizational boundaries and differing funding streams. Almost every plan and report included in Appendix I stresses the importance of collaboration. (Indeed, this study is the embodiment of such collaboration, with 10 funders collaborating to support the project and five regional collaboratives assisting in its completion.)

Three factors add to the fragmentation of services. First, there are two systems of services. The private system, which includes private psychiatry, schools, assisted living, and the like, serves those that can afford to pay privately out of pocket or through insurance coverage. A public and voluntary system serves those who cannot. Second, in both the private and public system, the massive shift away from institutional care to ambulatory and home services has exacerbated the coordination problems. Services are easier to coordinate within a single institutional setting. The coordination challenges this shift poses are particularly noted in Montgomery County's Office of Aging and Adult Services and the Montgomery County Mental Health Services reports.[xxvi] Third, the

private charitable sector which could potentially help to bridge these coordination problems is equally fragmented. As reflected by the private foundations supporting this project, many have defined their missions to a small geographic area or addressing specific purposes, which makes it difficult to pool their resources to address more fundamental county-wide problems.

5. **Equity**
   Reflected in most of these reports and most of the concerns about the environment, information, transportation, and coordination is an understated but passionate concern about fairness. While every one should have equal opportunities, the current opportunities are not equal. Part of the vision of the Delaware Valley Regional Planning Commission's 25-year plan is a region where "barriers to opportunity for all residents are removed through increased distribution of affordable housing throughout the region, enhanced resources and equalized quality of education in all school districts, and expanded transportation choices and reverse commute opportunities are provided to regional employment centers for all workers."[xxvii] Assessments in the North Penn, Phoenixville, and Pottstown areas point out the disparities in health and access by income and the need to address them.[xxviii] The county Health Department's report, Maternal and Child Health Needs, highlighted some of the disparities in birth outcomes in a county that, as whole, has an impressive track record, and pointed to the need to focus attention on minority women in Pottstown and Norristown.[xxix] Disparities in access to information, transportation, coordination of services and a healthy environment contribute to income inequalities and racial and ethnic disparities in health within the county. The disparities highlight both the difficulties and the opportunities. Fix the disparities, and you fix the system and improve the health and quality of life of everyone.

What Approaches To The County's Problems Might Be Considered?

For the broad problem areas suggested by the project's steering committee and within the time and resource constraints imposed on the project, we searched for interventions that have been proposed or implemented elsewhere. These inquiries included a search of Web sites of relevant organizations, the Lexis-Nexis and Ovid National Library of Medicine electronic literature databases available through Temple University's library system and, in some cases, e-mail and telephone exchanges with national experts.

The results of these searches are summarized in **Appendix II.** We provide in that appendix (1) a brief description of the nature of the problem and its relative impact on the health and quality of life of a community; (2) a description of the strategies and interventions that have been proposed or implemented in addressing the problem; (3) an assessment of the accomplishments, limitations, cost effectiveness of the various approaches that have been proposed or tried; and (4) sources for additional information (Web sites, phone contacts, key publications).

It was beyond the scope of this project to do a complete, rigorous, in-depth review and evaluation in each of these topical areas. Part of such review and evaluation, however, already exists in the literature connected to the Healthy People 2010 initiative. This national effort has been based on more than 25 years of such systematic reviews by state and federal public health, professional and academic experts. It has shaped the research and demonstration agendas of federal and state agencies and private foundations.

Figure 7 summarizes the overall vision and strategy of the national Healthy People 2010 initiative. The Healthy People 2010 initiative has two overarching goals: (1) to increase years of healthy life and (2) to eliminate disparities in health. Increasing years of healthy life means not just increasing life expectancy but fundamentally enhancing the quality of those years of life. Eliminating disparities means eradicating the differences in years of healthy life achieved by subpopulations differentiated by income, race and ethnicity. These overarching goals are broken down into 28 focus areas and 467 specific measurable objectives. The Healthy People 2010 Web site

Figure 7. Healthy People 2010 Framework

[http://www.healthypeople.gov/] provides access to an extensive list of resources for exploring the research and evaluation literature on each of these focus areas.

There is considerable overlap between the focus areas and objectives of the Healthy People 2010 initiative and the topics in our own review effort. The overarching goals of the Healthy People 2010 initiative are essentially the same as those envisioned by this project for Montgomery County and its collaborative regions. However, Healthy People 2010 focuses on tracking and measuring progress in clinical outcomes. As with any "outcome focused" approach, how those outcomes are achieved in terms of the flow of resources through organizational structures and processes are left largely unarticulated.

In this review, we focus more on how to bring about the outcomes. Specifically, we focus on how changing the flow of resources, structures or processes could improve the environment, reduce behavioral risks, and improve access to services. This "whole community catalogue of tools for change" is presented in Appendix II, and we discuss it in the final section of this report, the summary of the findings and recommendations for action.

Following The Money

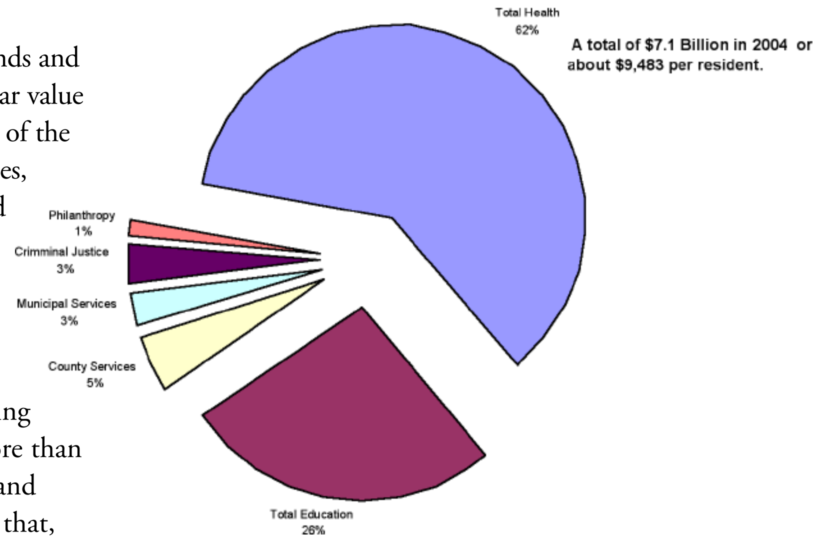
Previous assessments describe a bewildering labyrinth of services that often make it difficult to meet the real needs of residents and may add to the cost of providing those services. In making sense of it, as Mark Felt (alias "Deep Throat") suggested more than three decades ago, one must "follow the money." How much money flows into addressing social, health, and quality of life needs in Montgomery County? A lot.

While developing precise numbers is beyond the scope of this project, **Figure 8** provides a rough picture. In 2004, Montgomery County expended more than $4 billion on health care for its residents; almost $2 billion on its schools; $300 million on police, courts and prisons; about a $500 million on other miscellaneous county and municipal services; and about $100 million in private philanthropy. Altogether this amounts to more than $7 billion, or more than $9,000 for every county resident. (For an explanation of how these numbers were derived, see **Appendix VIII**.)

Less than 1.5 percent of this total is accounted for by program and services expenses of private charitable organizations such as those funding this project. This presents a special challenge in determining how best to

use these relatively limited resources. Moreover, the $7 billion dollar estimate in total expenditures probably underestimates the real value since it does not account for the informal systems of care: parents care for children, adult children care for parents, and friends and neighbors help each other. It is hard to put a dollar value on such activities, but they are an important part of the "social capital" of neighborhoods and communities, helping to substitute for more formal services and making a large difference in the quality of life and health of people.

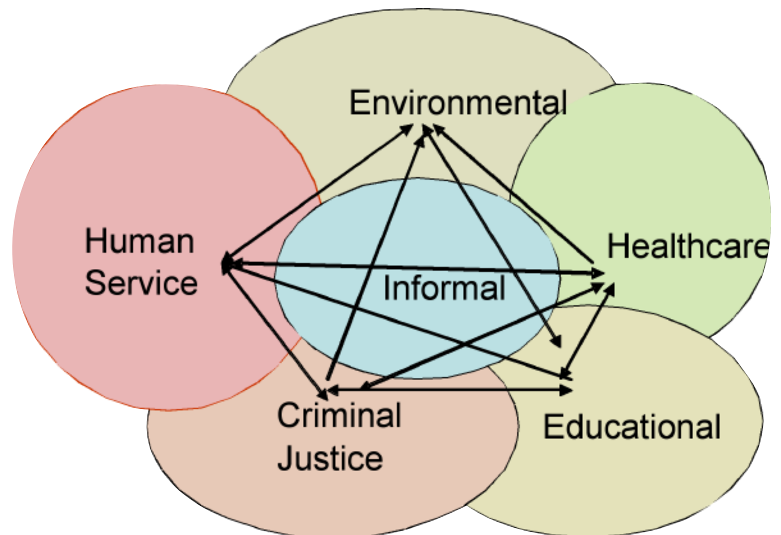
Figure 8. Quality of Life Expenditures in Montgomery County



All of these systems overlap and are inter-connected, as illustrated in **Figure 9**. The good news is that when all of these systems are working together as a whole they can produce much more than the sum of their parts in improving the health and quality of life of a population. The bad news is that, in responding to the parochial pressures of their funding streams and their own institutional isolation, they often do not. The result is poor coordination and too many people with needs slip through the cracks between service providers. This results in health status and quality of life of a population that is much less than the sum of these parts.

In the following section, we supply a brief statistical assessment of what can be measured about the performance of each of these systems. In the subsequent section, we provide a qualitative assessment of the performance of each of these systems through the insights and observations of front-line service providers and consumers.

Figure 9. Systems Addressing the Needs of Montgomery County Residents



QUANTITATIVE ASSESSMENT

Environmental System

For our purposes, the "environment" includes all those characteristics of Montgomery County that shape the context in which the healthcare, educational, criminal justice, and social service systems operate. These include the physical environment, demographics, and social and cultural characteristics that shape the needs for services within the healthcare, educational, criminal justice and social service systems.

Physical Environment

As the maps presented in **Figures 10** through **15** illustrate, Montgomery County abuts all four of the other southeastern Pennsylvania counties that are part of the Philadelphia metropolitan area and shares much of the same physical environment with these neighbors.[xxx] A smaller proportion of its land area is preserved for farms, parks, and forest than in any other suburban county in southeastern Pennsylvania (**Figure 10**). Some of its land area is located within 100-year flood plains (**Figure 11**). A large proportion, particularly in the eastern part of Montgomery County, is covered with impervious surfaces, which can have an adverse impact on the supply and quality of drinking water and cause flooding (**Figure 12**). Almost all of the minor civil divisions in Montgomery County fall in the midrange in terms of air quality risks (**Figure 13**). The County also has a number of hazardous waste sites and facilities releasing toxic chemicals (**Figures14 and 15**).

Figure 10. Protected Land in Montgomery County

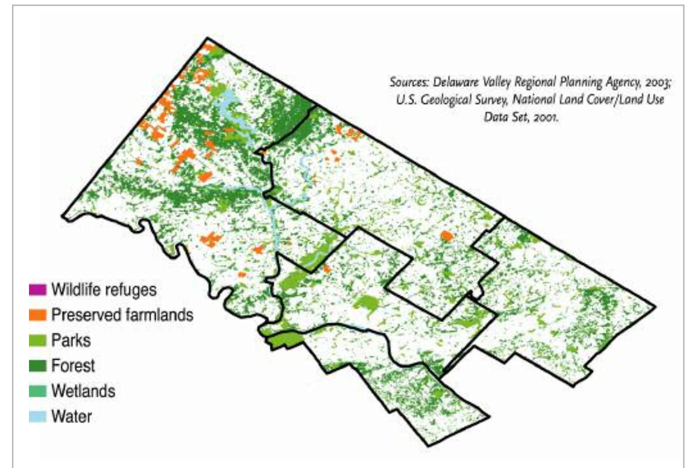


Figure 11. Percentage of Land in 100-Year Flood Plain (MIP)

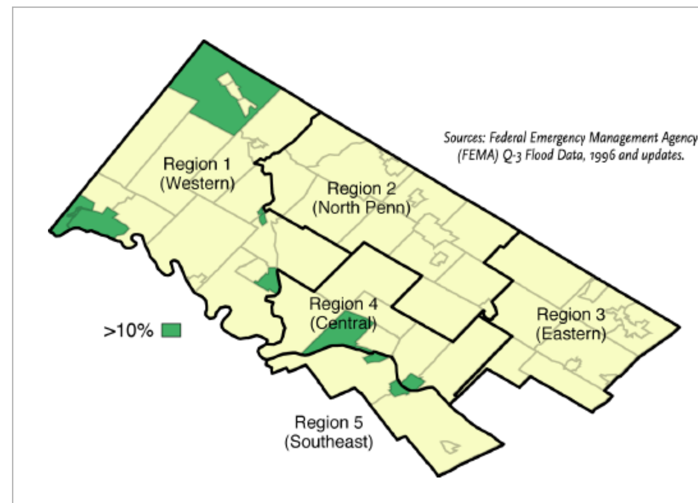


Figure 12. Percentage of Land Covered by Impervious Surfaces (MIP)

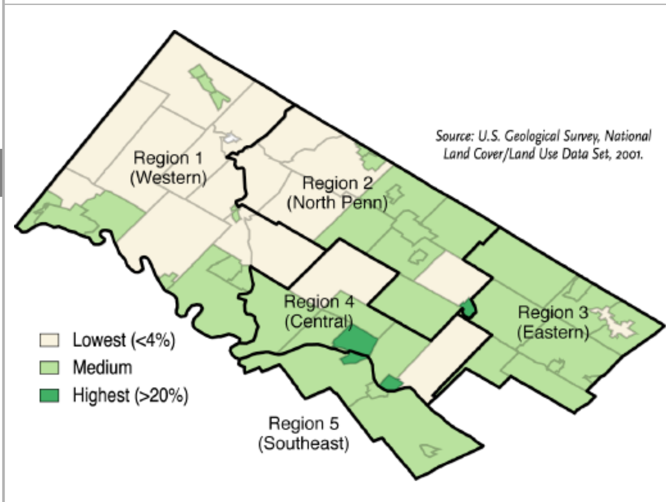


Figure 13. Airborne Risk Levels: Risk Screening Environmental Indicator (RSEI) Scores (MIP)

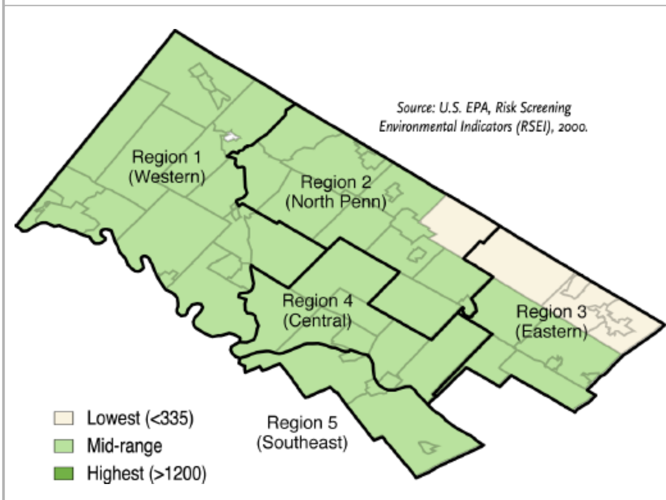


Figure 14. Hazardous Waste Handlers, Generators, and Transporters and Superfund Sites (MIP)

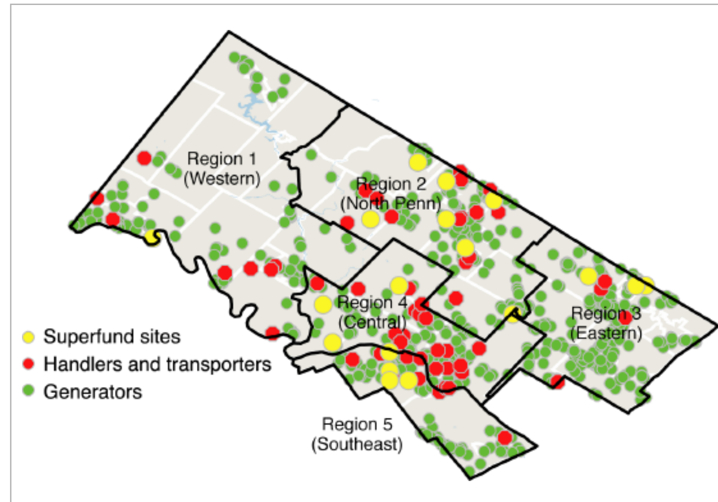
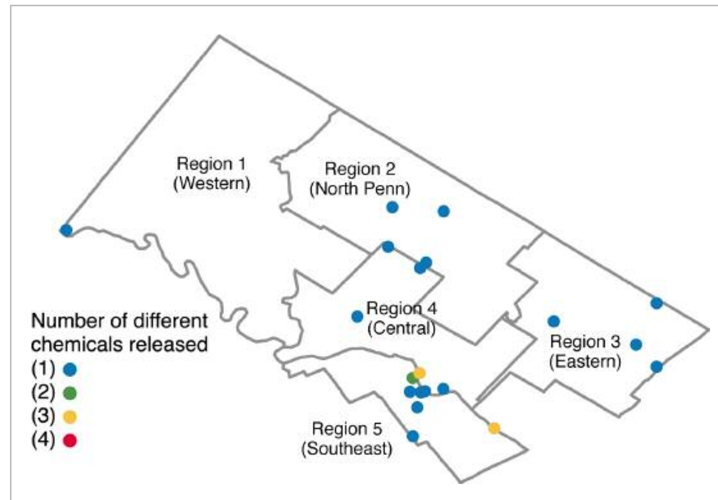


Figure 15. Facilities Releasing Some Combination of Benzene, Dioxin, Lead, Mercury, and PCBS (MIP)



While Montgomery County ranks high among U.S. counties on many indicators of quality of life, it fares poorly on measures of environmental quality. Its environmental pollution problems are primarily concentrated in the older manufacturing centers along the Schuylkill River and along the county's rail corridors. Seventeen superfund sites are located within the county, the largest number of any county in Pennsylvania.[xxxi] Montgomery County ranks among the top 20 percent worst or dirtiest counties in the United States in chemical releases and waste generation. In terms of health effects, it ranks in the top 10 percent of counties in air releases of recognized carcinogens and air releases of suspected cardiovascular or blood, developmental, kidney, neurological, and reproductive toxicants.[xxxii]

In terms of the pollution impairment of its watersheds, it ranks in the top 10 percent of the dirtiest or worst counties in the United States.[xxxiii]

In addition, Montgomery County falls far short on one key environmental indicator: the percent of the population served by public water systems receiving optimally fluoridated water. No investment in health appears to provide a better return. Every dollar invested in fluoridation produces the equivalent benefit in oral health of about $38 in direct dental services. Montgomery County lags far behind the nation and state in making such investments. Of the population served by public water systems, 66 percent of the United States and 54 percent of Pennsylvania

receive optimally fluoridated water. In contrast, of the 41 water systems in Montgomery County, only the Borough of Pottstown's municipal water system fluoridates its water. In other words, about 5 percent of county's population receives fluoridated water. The county includes 17 large public purveyors of water, 11 water authorities, four privately owned companies, and two municipal departments where such investment would provide the best return.[xxxiv] Dental decay is the most common chronic health condition. For children, it affects school performance, and for adults, it may limit employment opportunities. It is less likely to be covered under their private health insurance, and payment is so restrictive under the Medicaid program that few dentists participate. In many cases, the only hope for receiving care is to travel to the clinics operated by the dental schools in Philadelphia.

Demographics

A key component shaping the environment of a county is the people that inhabit it. Montgomery County's demographic shifts are changing the environment of the county and the concerns of its residents. (For a more detailed description of the demographic characteristics of the county and its sub-regions, see **Appendix III**.)

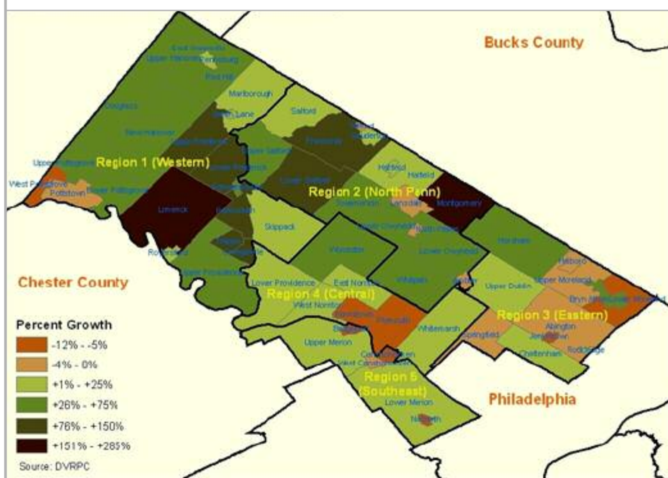
- **Growth and Suburbanization.** In the last decade, the county's overall population grew by more than 10.3 percent, more than triple the rate of the growth of Pennsylvania as a whole, continuing its shift from a predominantly rural county to a suburban one. With a total population of more than 750,000, it has a larger population than Alaska, North Dakota, Vermont, Wyoming, or the District of Columbia. With more than 1,553 persons per square mile, its population density is the fourth highest in Pennsylvania.
- **Growth in the county's population has been concentrated in the 45-64 and the 75-plus age groups, which have distinctive needs for services.** Since 1990, the county has had a 23 percent growth in the over-75 population and a 53 percent growth in the 45 to 65 age group. Selective migration to the county of these age groups has added to these age group bulges that were shaped by depression-era declines and post–World War II increased birth rates.
- **Increasing diversity.** While still predominantly white (87 percent white in contrast to 77 percent white in the United States as a whole), the county is becoming more racially and ethnically diverse. Its population is more reflective of the diversity in the Philadelphia metropolitan area and the United States as a whole, with the percent of African Americans of the total population growing from 5.8 percent to 7.6 percent. The percentage of Asians has grown from 2.4 percent to 4.1 percent and Hispanics from 1.2 percent to 2.1 percent. These census figures understate the growth of the Asian and Hispanic populations in Montgomery County since the new immigrants and undocumented workers tend to be undercounted.
- **Rising educational levels.** Increased education is associated with increased income, changed expectations and increased interest in arts and culture. More than 44 percent of Montgomery County residents over 25 years or older in Montgomery County now have a bachelor's degree or higher.
- **Increasing affluence in the midst of growing poverty.** In 2004 the average family income Montgomery County was $102,853 and its median income was $80,210, the 24th highest of any county in the nation and the second highest in Pennsylvania. More than 8 percent of families reported incomes over $200,000. Yet in 2004, the percent of individuals in the county living in poverty has grown since 1990 from 3.6 percent to 5.3 percent, and the percent of children under the age of 18 living in poverty has grown during this same period from 3.3 percent to 6.1 percent.
- **Increasing housing costs.** Increasing housing costs have created a growing burden for families of all income levels. Median housing values in the county jumped 45 percent in the last four years to $230,491 in 2004. Households that have to allocate more than 30 percent of their income for housing are considered financially burdened. In 2004, 41 percent of renters and 27.8 percent of owners in Montgomery County were expending more than 30 percent of their income on housing. A large percentage of housing in the county, 77.8 percent, is owner-occupied, generally considered an indicator of community health. However a large percent, 21.4, of the county's housing stock was built before 1940,

presenting additional energy costs to heat and additional maintenance costs and safety concerns for their typically older and lower-income home owners.

- Automobile use. In spite of all the efforts to find alternative solutions, Montgomery County residents continue to rely overwhelmingly on their own automobiles in their commute to work. In 2004, 81.5 percent of those who work commute in their own automobile alone. This represents a slight increase in the proportion of commuters driving alone since 2000. The average commute is 28.1 minutes, slightly longer than in 2000.

These changes have affected some areas of the county more than others. As indicated in **Figure 16**, growth has been concentrated in the northern and western sections of the county, with declines in some of the older urban areas.

Figure 16. Population Changes in Montgomery County 1980 to 2000



Regional Variations

The five regions each have distinctive variations on these more general county themes. These differences, in brief, are the following:

Western Region

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

North Penn Region

- **Growth.** North Penn represents the other major growth area with an increase in population of 19 percent between 1990 and 2000, almost double the rate of growth of the county as a whole. The over-85 population grew by 44.1 percent, more rapidly than in any other region, while growth in the under-five population lagged at 7.5 percent.
- **Diversity.** The Asian population more than doubled in this region between 1990 and 2000 and now encompasses 6.8 percent of the region's population. Asians are the region's largest minority group, composed mainly of Indians, Koreans, and Chinese.
- **Relative affluence and declining childhood poverty.** Child poverty rates declined, and adult poverty rates increased, while the overall median household income grew to $62,206, higher than any of the five regions.

Eastern Region

- **A stable and aging population.** Overall population growth between 1990 and 2000 was 2.4 percent, slower than the state as a whole. The population under age five declined 10.7 percent, while the over-75 population increased almost 24 percent.
- **Increasingly diverse.** While the white population in the region declined 4.4 percent, the black population increased 55 percent and the Asian population grew 58 percent. African Americans now account for 9.6 percent of the region's population, and Asians represent 4 percent, with Koreans accounting for about half of these.

• **Educated and affluent.** With the exception of the Southeastern region, the Eastern region has the highest percent, 42 percent, of persons over 25 with a bachelor's degree or higher. The Eastern region has the second highest median household income, $61,205, among the county's five regions. However, the proportion of individuals and families in poverty, while small, has increased.

Central Region

• **Modest growth.** The population in the Central region has grown by 5.2 percent between the last two censuses, about half the rate of the county as a whole. The population between 25 and 40 remained unchanged and the population under age five declined by 1.1 percent, perhaps reflecting migration driven by the search for employment of young families.

• **Most modest means.** The Central region has the lowest median household income of $58,000 and the highest percent of families and individuals in poverty (4.7 percent and 6.9 percent, respectively), and, while these rates have increased in the last decade, they are still significantly lower than rates for the state as a whole.

• **Most diverse.** The African American population grew 38.8 percent, representing 12.3 percent of the region's population. Hispanic population grew almost twofold, representing 3.5 percent of the region's population. Mexicans make up more than half of the region's Hispanic population.

Southeastern Region

• **Mature population.** The Southeast region grew only 3.3 percent, matching that of Pennsylvania as a whole. There was a 4.9 percent decline in the population under age five, a 5.5 percent decline in the 25–40 year old population matched by a 14.5 percent increase in the 75–84 population, and a 45.3 percent increase in the over-85 population.

• **Affluent and most educated.** The region has the highest percent of people over 25 with a bachelor's degree or a higher professional degree: 59 percent. Twenty percent of the households have incomes of $150,000 or more, more than twice the percent in any other region of the county. Yet, about 5 percent of individuals in the Southeast region, in all age groups, are living in poverty and that rate has increased since 1990.

• **Growing diversity.** The Asian population has doubled in size, and the small Hispanic population has increased 39 percent. The majority of the Asians are either from India or China, and Asians account for 4.7 percent of the population of the region. The African American population grew 12 percent, and African Americans account for 4.3 percent of the region's population.

The distribution of the population by race and poverty among these five regions and the townships and municipalities within them mirror the concentration of poverty and racial and ethnic minorities across the Philadelphia metropolitan area as a whole. As noted above, the index of dissimilarity (sometimes referred to as the "segregation index") is the most commonly used indicator of the unevenness in the distribution of subgroups. An index of 1.00 indicates that two subpopulations are completely separated or segregated. An index of .00 indicates that the two populations are evenly distributed across different geographic areas or fully integrated. These numbers represent the proportion of these ethnic groups that would have to be relocated in order to achieve an even distribution of these minorities across a metropolitan area.

For the Philadelphia metropolitan area in 2000 that index was .720 for blacks and .628 for Hispanics, essentially unchanged since 1980. For blacks, the index of dissimilarity is the 12th highest, and for Hispanics, the index is the 7th highest in the nation. As indicated in **Figure 17**, the index is less for the minor civil divisions within Montgomery County. Blacks are the most concentrated or segregated, and Hispanics and low-income persons are somewhat less so. However, the concentration of blacks, Hispanics, and low-income persons in a few municipalities and school districts pose special challenges in addressing the language problems and the perception of separate and unequal treatment.

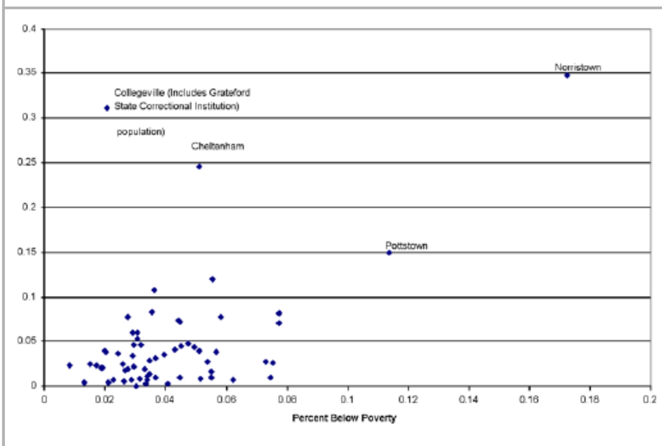
Figure 17. Montgomery County Measures of Concentration of Ethnic Minorities and Poverty

	Index of Dissimilarity	County Percent	MCD Range High	MCD Range Low
Percent Black	0.375	7.5%	35.8%	0.0
Percent Hispanic	0.263	2.2%	10.8%	0.5%
Percent Below Poverty	0.227	4.4%	17.3%	0.8%
Percent Below 2 Times Poverty	0.196	12.9%	36.5%	6.4%

Source: U.S. Census 2000

Figure 18 illustrates the distribution of blacks and poverty by minor civil division, with Norristown the clear outlier on both measures. Blacks tend to be concentrated in the county's minor civil divisions with higher poverty rates. Collegeville is an aberration because Graterford State Prison is located there: its 3,404 prisoners, 71 percent of whom are black, are included in Collegeville's total population of 8,032. The differences in incomes and poverty by minor civil divisions reflect differences in the local resources available to address needs within the county for schools and other municipal services.

Figure 18. Distribution of Poverty and Race in Montgomery County



Arts, Cultural, and Recreational Resources

One of the strengths of the Philadelphia area's environment and of Montgomery County is the rich array of arts, cultural and recreational opportunities available to residents. As illustrated in **Figure 19**, the Philadelphia metropolitan area includes a rich, diverse concentration of more than 860 arts, cultural and recreational associations. An incomplete list is presented in **Appendix IV**.

Researchers have concluded that children who participate in arts and culture programs in their schools derive benefits ranging from enhanced academic performance to improved attitudes, attendance patterns, self-discipline, and interest in school.[xxxv] The arts can provide creative, positive outlets even for youngsters who are not succeeding in other school subjects. Often, cultural performance involves collaborative work with others, teaching cooperation and social skills. Hands-on participation appears to carry greater benefits than more passive modes of learning about culture.

Respondents to the Philadelphia indicators project survey found strong support for providing the opportunity for children to play a musical instrument and participate in other arts activities. That support was strongest in urban centers such as Norristown. Yet, as indicated in Figure 20, these were the same school districts in which certified teachers of music and art were less likely to be providing instruction.

Public libraries are the most broadly available cultural resource and are the only cultural resource without any financial barriers to use. As indicated in **Figure 21**, Montgomery County is well supplied with such libraries with high circulation rates, extended programming, and outreach to their communities, particularly in the Eastern portion of the county.

Figure 19. Arts and Cultural Organizations in Montgomery County and the Philadelphia Metropolitan Area

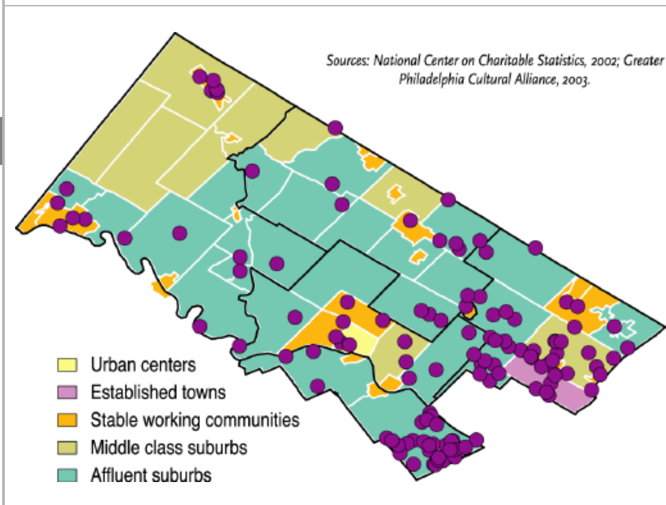


Figure 20. Schools with Certified Music and Arts Instruction

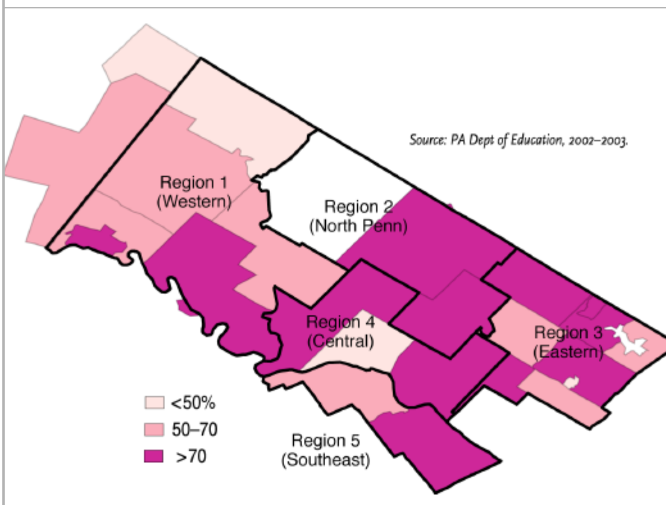
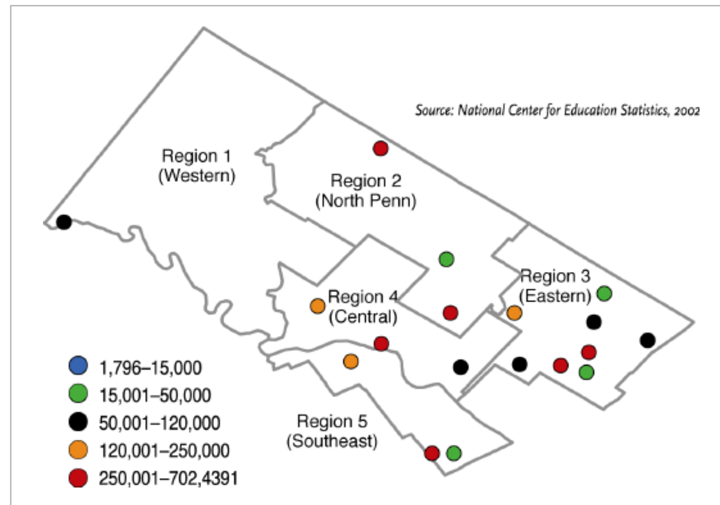


Figure 21. Libraries and Total Annual Circulation in Montgomery County and the Philadelphia Metropolitan Area



Healthcare System

The healthcare system plays a central role in both the economic vitality of the county and in the health of its residents. Seven health care related organizations—Merck & Company, Inc., Abington Memorial Hospital, Glaxo Smith-Kline Beecham Corporation, Wyeth Pharmaceuticals Inc, Main Line Health, and Aetna—are among the top 10 employers within the county.[xxxvi] We will briefly summarize those resources, how people in Montgomery County use those resources and its performance in terms of both the cost and health of the Montgomery County population. (See more detailed tables in **Appendix V.**)

Resources

Facilities. Figure 22 shows seven acute care hospitals with a total of 1,885 beds, or a bed population ratio of 2.51 beds per 1,000 population, well below state and national ratios. Pennsylvania Health Care Cost Containment Council hospital discharge data indicates that many residents in Montgomery County rely for much of their care on hospitals outside the county, mostly in Philadelphia.

Figure 22. Acute Hospitals in Montgomery County and the Philadelphia Metropolitan Area

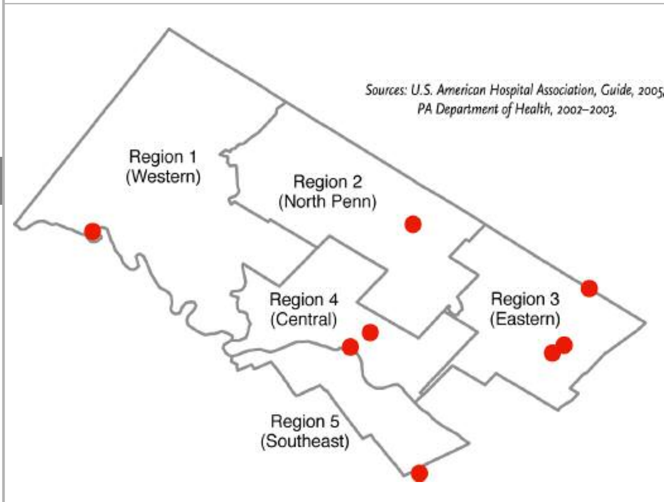
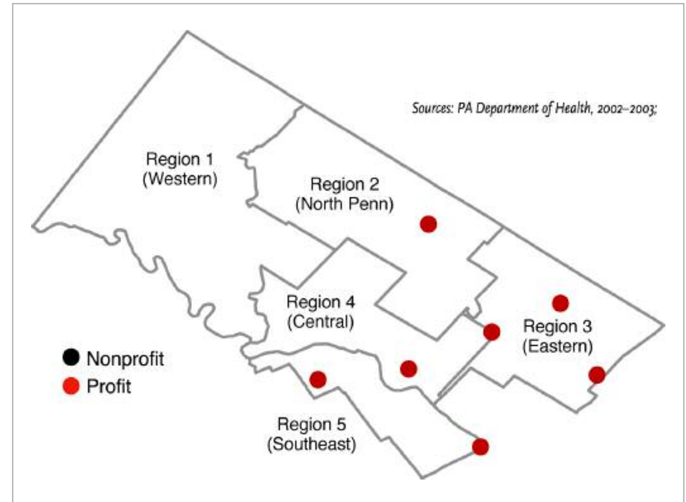


Figure 23. Ambulatory Surgical Centers in Montgomery County and the Philadelphia Metropolitan Area



In contrast, Montgomery County appears to be a "net importer" of long-term care patients. There are more than three times as many nursing home beds as hospital beds in the county. There are 6.86 nursing home beds/100 population over 65, substantially higher than state or national rates. State efforts to reduce Medicaid costs by expanding the waiver program to provide care for nursing home eligible residents in alternative settings and to restrict eligibility for nursing home services will present challenges to home care agencies and adult homes that serve the low income, frail elderly. The recent growth in senior living housing developments and private assisted living facilities adds to this abundance of resources. It has also contributed to growing staffing difficulties. The lack of local affordable housing and the problems posed by longer distance commutes in the county make it difficult to recruit and keep low- and moderate-income aides and personal care attendants that account for the bulk of the staffing in these facilities.

As indicated in **Figure 23**, there has also been a growth in private ambulatory surgery, concentrated in the Eastern, more affluent portions of the county. The elimination of Certificate of Need controls in Pennsylvania in 1998 contributed to a rapid expansion of profitable procedure driven services in the affluent suburban ring around Philadelphia. In the case of cardiovascular diagnostic and surgical services, this has produced a precipitous decline in average volume and raised growing concerns about the impact on quality and costs.

Healthcare Workforce

Montgomery County has a substantially higher physician-to-population ratio and registered nurse ratio than Pennsylvania or the nation as a whole. Reflecting the resource richness of the area, there are higher rates of medical specialists and lower rates of licensed practical nurses (LPNs). As indicated in **Figure 24** and **Figure 25**, there is an ample supply of primary care physicians and specialists concentrated in the Eastern end of the county. As indicated in **Figure 26**, there are only two areas identified as medical shortage areas, census tracks in Pottstown and in Norristown. Even though the county's ratio of registered nurses (RNs) to population is higher than the state ratio, Montgomery County hospitals compete with other hospitals in the region for nurses. Fifty percent of RNs employed in Montgomery County hospitals, in contrast to 35 percent of RNs statewide employed by hospitals, are part-time. A high proportion of part-time nurses employed by hospitals generally indicates a shortage. The Pennsylvania Center for Health Careers forecasts a Montgomery County shortage of 1,090, or an 11 percent shortage of RNs and a shortage of 120, or a 7 percent shortage, of LPNs in the year 2010. Most experts believe that the combined effects of the aging of the nursing workforce and the needs of an aging population will potentially greatly increase this shortage after 2010.

Figure 24. Primary Care Practitioners Per 100,000 Population

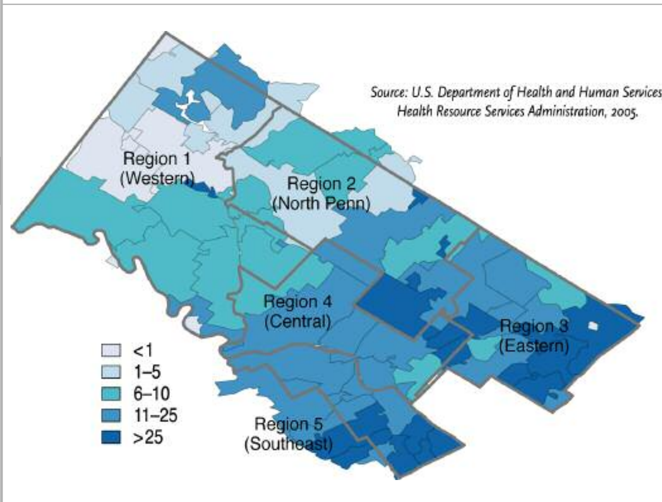


Figure 25. Medical Specialists Per 100,000 Population

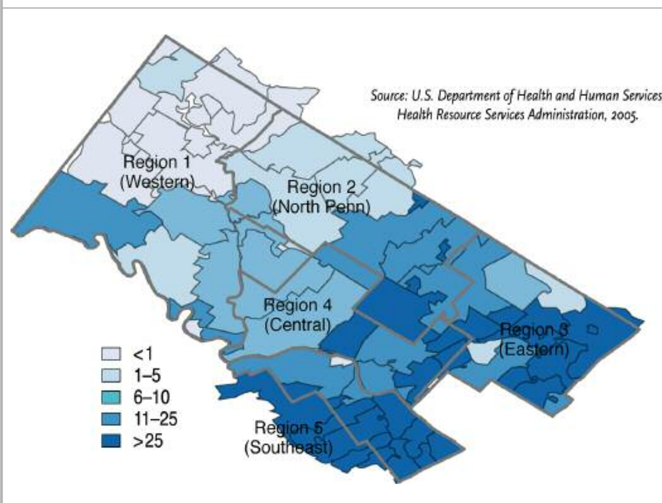
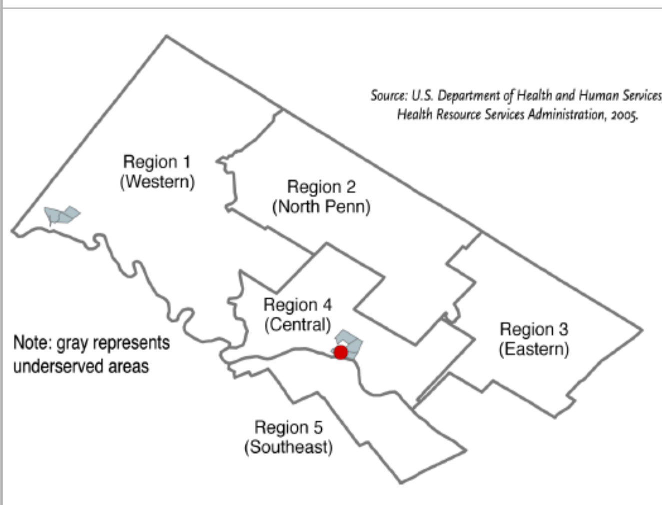


Figure 26. Federally Designated Medical Shortage Areas



Access

Access to preventive, primary and acute care helps shape the health of a population. Financial barriers loom large. In Pennsylvania, low-income persons are 15 times more likely to be without health insurance, 10 times as likely to say that they did not seek care in the past year because of cost than those in the highest income category, and more than three times as likely not to have a personal healthcare provider.[xxxvii] About 23 percent of adults in Montgomery County or 131,000 persons in Montgomery County failed to visit a dentist in the last year. Low and moderate income adults are disproportionately represented in the population lacking regular dental care.

Just as elsewhere in the country, a fragile, patchwork balance exists that is threatened by rising costs and the subsequent erosion of private employer, Medicare and Medicaid coverage. The United States lacks the arrangements that assure universal coverage that exist in other developed nations. The concern is that, as the proportion of uninsured and underinsured increases, costs will be shifted to the insured, accelerating their costs, and increasing the proportion of the population that is uninsured. Nine percent of Pennsylvanians under the age of 65 are uninsured, in contrast to 17 percent in the nation as a whole.[xxxviii] Younger adults and those with lower incomes are generally more likely to be uninsured. Forty-four percent of uninsured Pennsylvanians are working on a full-time basis. Two programs, Children's Health Insurance Program (CHIP) and Adult Basic Coverage (ABC), have been developed to help fill this gap for low- and moderate- income individuals who no longer have access to insurance through employment and cannot afford the cost. As of October 2004, 6,235 children in Montgomery County were enrolled in CHIP. At the end of 2004, 1,668 adults in Montgomery County were enrolled in ABC, and 3,163 were on the waiting list for this program, which, unlike CHIP, has budgeted a limited number of slots.

County enrollment in the Medical Assistance program (HealthChoices) was 37,198. About 10.5 percent of the county's under-65 population is covered by Medical Assistance. A larger proportion of residents of Montgomery County are covered by private health insurance either through employment or through their own payments than in Pennsylvania as a whole.

Lack of access to early prevention and treatment can often result in more costly expenditures from hospitalizations. The Pennsylvania Health Care Cost Containment Council (PHC4) found that hospitalizations that were potentially avoidable through adequate preventive and primary care (for example, those for asthma, diabetes complications) accounted for 10 percent of the under-65 admissions and incurred about $2.8 billion in charges.[xxxix] For Montgomery County residents under the age of 65, if the pattern were essentially the same, this would mean as many as 6,385 preventable admissions and as much as $233 million in charges.

The lack of discharge planning and access to adequate care after discharge can contribute to costly hospital readmissions. If, as indicated in **Figure 27**, readmissions rates for Montgomery County residents were similar to the rates for the state as a whole, more than 14,000 readmissions with total charges of more than $540 million would have taken place in 2004.

In short, all of the components of the health system interact. Inadequate access to high quality primary care and inadequate access to high quality post hospital discharge care could potentially result in unnecessary charges for hospital care in Montgomery County of as much as three quarters of a billion dollars per year ($223 million in preventable admissions plus $540 million in readmissions). Such events are more likely to take place for persons who lack insurance coverage that could be provided for a fraction of this amount. The system wastes a lot of money.

Health Behavior

Figure 28 provides estimates based on the statewide Centers for Disease Control's 2004 Behavioral Risk Factor Surveillance System (BRFSS) conducted by the Pennsylvania Health Department. We have selected 23 key indicators of health, access and behavior and have used the estimation process suggested in their report for estimating local area rates.[xl] Both income and age influence these estimates so we have used the values reported in the 2000 census by minor civil division in the county to adjust the estimates for these categories in the statewide behavioral risk factor survey. (See Appendix V for more detailed tables and a description of the methodology.)

Figure 27. Montgomery County Admissions by Major Diagnostic Category and Charges for the Hospital in Calendar Year 2003

MDC	Description	Admisions	Ave. Charge	Readmissions PA Rate	Montco Est.	Montco Est. Charges Read.
01	Nervous System	6,729	$ 40,162	0.137	922	$ 37,024,263
02	Eye	372	$ 19,806	0.094	35	$ 692,576
03	Ear, Nose, Mouth & Throat	1,355	$ 24,566	0.093	126	$ 3,095,684
04	Respiratory System	10,122	$ 41,365	0.175	1,771	$ 73,271,893
05	Circulatory System	20,338	$ 46,661	0.175	3,559	$ 166,073,498
06	Digestive System	9,334	$ 37,114	0.153	1,428	$ 53,002,578
07	Hepatobiliary System & Pancreas	2,941	$ 40,020	0.186	547	$ 21,891,981
08	Musculoskeletal System	9,827	$ 38,703	0.099	973	$ 37,653,104
09	Skin, Subcutaneous Tissue & Breast	2,552	$ 26,200	0.123	314	$ 8,224,075
10	Endocrine System	3,460	$ 28,185	0.166	574	$ 16,188,337
11	Kidney & Urinary System	3,740	$ 35,145	0.189	707	$ 24,842,595
12	Male Reproductive System	592	$ 28,095	0.093	55	$ 1,546,798
13	Female Reproductive System	1,822	$ 29,887	0.058	106	$ 3,158,339
14	Obstetrics	10,475	$ 15,998	0.046	482	$ 7,708,636
15	Newborns & Select Neonates	9,970	$ 13,585	0.036	359	$ 4,875,928
16	Blood, Blood Forming Organs, Immunolog Disorders	1,005	$ 30,666	0.262	263	$ 8,074,664
17	Bone Marrow Related, Poorly Diff. Neoplasms	1,080	$ 58,514	0.457	494	$ 28,880,170
18	Infectious & Parasitic Diseases	1,930	$ 47,888	0.174	336	$ 16,081,748
19	Mental Diseases & Disorders	6,318	$ 14,767	0.130	821	$ 12,128,728
20	Alcohol/Drug Use & Induced Organic Mental Disorder	1,253	$ 10,649	0.108	135	$ 1,441,065
21	Injuries, Poisonings & Toxic Effects of Drugs	1,452	$ 26,388	0.128	186	$ 4,904,368
22	Burns	65	$104,969	0.077	5	$ 525,370
23	Miscellaneous Other Health Factors/Unknown	1,401	$ 37,559	0.137	192	$ 7,208,962
24	Multiple Significant Trauma	151	$ 85,974	0.091	14	$ 1,181,369
25	Human Immunodificiency Virus (HIV) Infections	59	$ 50,563	0.283	17	$ 844,250
	Total	**108,343**		**0.133**	**14,421**	**$ 540,520,979**

Source: Derived from PHC4 Analysis for the Governor's Office of Health Care Reform 2005

While we have corrected for age and income differences, other local factors not taken into account may influence these values. Our estimates suggest the following:

- Over one third of adult county residents were not well mentally or physically at least one day in the last month, affecting their work or other usual activities.
- About one fourth of adult residents of the county have physical, mental or emotional problems that limit their activities.
- The health of adult residents of Montgomery County is adversely affected by their own behavior: about one quarter have no leisure time physical activities, one quarter currently smoke, one quarter are obese, and almost one quarter binge drink.
- Twenty-three percent of adults in Montgomery County failed to see a dentist in the last year, and that failure is higher in the lower-income areas of the county, such as Norristown and Pottstown.
- In spite of much local and statewide effort to promote and improve access to preventive care and screening, about one quarter of women over 40 failed to receive the recommended mammogram screening for breast cancer, more than 20 percent of males over 50 have never had a digital rectal exam, 40 percent of adults over 50 have never had a sigmoidoscopy or colonoscopy examination, almost two thirds of the adults in the county failed to get a flu shot last year, and more than two thirds have never had a pneumonia vaccination.
- Reflecting the relationship between income and performance, the Southeast region does best on most of these indicators, and the Norristown and Pottstown boroughs do the worst.

Figure 28. Synthetic Estimates of Health, Access to Care and Behavioral Risks in Montgomery County in 2004 with State and National Comparisons

	Norristown Borough	Pottstown Borough	Region 1 Western	Region 2 North Penn	Region 3 Eastern	Region 4 Central	Region 5 South East	Montgomery County	Pennsylvan-ia
A. Health Status									
1. Percent adults health rated fair or poor	24%	25%	17%	16%	16%	18%	15%	16%	16%
2. percent adults 1+ days in past 30 physical health was not good	45%	44%	39%	37%	38%	40%	37%	38%	36%
3. Percent adults 1+days in past 30 mental health was not good	44%	41%	38%	36%	35%	38%	34%	36%	34%
4. Percent adults currently have asthma	20%	19%	15%	13%	12%	14%	12%	13%	9%
5. Percent of adults ever told had diabetes	18%	18%	13%	11%	12%	13%	10%	12%	8%
6. Percent adults have had 0-5 permanent teeth removed due to tooth decay or gum disease	83%	81%	86%	84%	82%	83%	84%	84%	79%
7. Percent limited in activities due to physical, mental or emotional problems	26%	27%	20%	19%	20%	21%	18%	20%	18%
B. Health Care Access									
1. Percent no health insurance (18-64)	27%	26%	18%	15%	15%	18%	14%	16%	15%
2. Percent no personal healthcare provider	22%	20%	16%	14%	13%	16%	13%	14%	11%
3. Percent needed to see a doctor but could not due to medical cost in past 12 months	21%	20%	14%	12%	12%	14%	10%	12%	11%
4. Percent visited a dentist in past year.	73%	73%	76%	77%	77%	76%	77%	77%	68%
5. Percent had teeth cleaned in past year	72%	73%	76%	77%	77%	76%	78%	77%	70%
6. Percent had flu shot in past year	38%	41%	35%	35%	37%	37%	36%	36%	32%
7. Percent who have ever had vaccination against pnenumococcal disease	33%	34%	26%	25%	28%	28%	26%	27%	25%
8. Percent women age 40+ who had a mammogram in the past two years	74%	74%	76%	77%	77%	76%	77%	77%	73%
9. Percent of women who have had pap test within past three years	83%	81%	85%	84%	83%	83%	83%	84%	81%
10. Percent of men 50+ who ever had digital rectal exam	75%	76%	77%	78%	79%	78%	79%	78%	84%
11. Percent of adults 50+ who ever had sigmoidscopy or colonoscopy	55%	57%	57%	58%	59%	57%	59%	58%	45%
C. Behavioral Risks									
1. Percent adults who currently smoke	33%	31%	27%	24%	24%	27%	23%	25%	23%
2. Percent binge drinking one or more times in past month (5+ drinks on one occasions)	30%	28%	26%	24%	23%	25%	24%	24%	18%
3. Heavy Drinker (Male > 2 per day, Female > 1+ per day)	20%	19%	16%	14%	14%	16%	13%	14%	9%
4. Percent of adults with no leisure time physical activity in past month	31%	31%	24%	22%	23%	25%	21%	23%	24%
5. Percent of obese adults	32%	32%	28%	27%	27%	28%	25%	27%	24%
Related Population Estimates									
Total Adult Population 18+	23,567	16,301	104,606	124,640	163,489	100,136	76,639	569,510	9,358,833
Total Adult 18-64	19,797	12,769	88,797	101,797	125,969	80,927	60,137	457,627	7,439,668
Total Adult Female	12,314	8,711	53019	65886	88030	51835	41497	300267	4,928,731
Total Adults 50+	8,103	6,482	35,587	49,079	71,985	39,431	33,435	229,517	3,847,172
Total Male 50+	3,415	2,716	16,317	21,745	31,264	17,465	14,867	101,658	1,696,069
Total Female 40+	6,937	5,395	30,503	41,429	59,025	32,402	26,375	189,734	3,115,315

Sources: CDC Behavioral Risk Factor Surveillance System 2004 and U.S. Census 2000, See Methodological Appendix for explanation of Synthetic Estimation Process
Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of , Health and Human Services, Centers for Disease Control and Prevention

Birth and Death Outcomes

Many deaths and poor birth outcomes are preventable through reducing behavioral risk and increasing rates of prevention and early detection. **Figure 29** summarizes all of the available death rate comparisons among the regions in Montgomery County related to Healthy People 2010 focus areas reported by the Pennsylvania Department of Health.

Cancer, stroke, heart disease, and diabetes death rates are age adjusted rates per 100,000 population standardized to the 2000 United States population. Infant death rates are deaths per 1,000 births. Regional rates significantly higher than the county rate are highlighted in yellow and those significantly below the county rate, highlighted in green. (More details, including the confidence intervals surrounding each of these rates, are supplied in **Appendix V**.) The table identifies the following potential areas of opportunity for improvement:

- For the most common cause of death in the county, heart disease, death rates are higher in the Central and Western regions than the county as a whole. Improved diets, increased regular exercise, and reduced smoking rates could potentially reduce these differences.
- Overall cancer death rates as well as colon and lung cancer death rates are higher in the Central region than the county as a whole. Reduced smoking rates, increased screening, and reduction of environmental risks could potentially reduce these differences.
- Stroke, the third most common cause of death, has higher age adjusted death rates in Montgomery County than in the state as a whole. The North Penn region has higher rates than the county rates. Diet, exercise, and screening for high blood pressure could play a role in reducing these rates.

Figure 29. Death Rate Comparisons 1999-2003 for Montgomery County and Its Regions

	Western	95 % CI*	North Penn	95 % CI*	Eastern	95 % CI*	South Eastern	95 % CI	HP 2010 Goal
Focus Area #3: Cancer	196.0	185.31 - 206.74	182.7	174.01 - 191.47	189.9	182.75 - 197.05	182.5	171.91 - 193.02	159.9
Breast Cancer	26.6	21.40 - 31.70	27.0	22.57 - 31.42	30.0	26.19 - 33.87	29.1	23.49 - 34.67	22.3
Prostate Cancer	34.0	26.16 - 41.74	34.7	28.38 - 40.94	31.2	26.51 - 35.82	24.8	18.69 - 30.94	28.8
Cervical Cancer	1.7	0.33 - 2.97	2.1	0.78 - 3.34	1.7	0.78 - 2.64	1.1	-0.14 - 2.24	2.0
Melanoma	2.2	1.08 - 3.29	3.3	2.16 - 4.50	2.7	1.83 - 3.53	2.5	1.27 - 3.71	2.5
Colon Cancer	20.7	17.22 - 24.21	17.6	14.86 - 20.25	18.7	16.51 - 20.92	19.9	16.43 - 23.32	13.9
Lung Cancer	53.0	47.45 - 58.60	44.2	39.85 - 48.48	48.8	45.12 - 52.39	41.6	36.52 - 46.59	44.9
Focus Area #12: Stroke	63.0	56.86 - 69.23	67.2	62.08 - 72.30	54.6	50.96 - 58.25	58.2	52.44 - 63.86	48.0
Heart Disease	246.9	234.68 - 259.10	194.9	186.15 - 203.67	184.7	177.93 - 191.41	186.2	175.95 - 196.49	NA
Focus Area #5: Diabetes (2003)	25.7	17.19 - 34.21	12.8	7.70 - 17.97	9.9	6.39 - 13.51	11.1	5.30 - 16.96	**45 (see note)**
Focus Area #16: Infant Death	5.2	3.87 - 6.58	5.4	4.04 - 6.78	6.8	5.29 - 8.27	3.2	1.61 - 4.70	4.5
Neonatal	4.0	2.84 - 5.23	4.4	3.18 - 5.65	5.5	4.17 - 6.85	2.4	1.03 - 3.70	2.9
Post neonatal	1.2	0.54 - 1.84	1.0	0.41 - 1.58	1.3	0.63 - 1.91	0.8	0.02 - 1.56	1.2
Focus Area #9: Births (15-17 yrs)	6.6	5.62 - 7.64	5.0	3.93 - 6.12	3.8	3.00 - 4.69	9.0	5.89 - 12.14	**43 (see note)**

	Central	95 % CI	South Eastern	95 % CI*	Montgomery County	95 % CI	Pennsylvania 2003	95 % CI	HP 2010 Goal
Focus Area #3: Cancer	214.8	204.16 - 225.50	182.5	171.91 - 193.02	192.5	188.38 - 196.62	199.9	197.62 - 202.18	159.9
Breast Cancer	25.4	20.49 - 30.24	29.1	23.49 - 34.67	28.0	25.91 - 30.09	27.1	25.98 - 28.22	22.3
Prostate Cancer	36.6	29.25 - 43.88	24.8	18.69 - 30.94	32.0	29.25 - 34.75	28.7	27.29 - 30.11	28.8
Cervical Cancer	1.7	0.33 - 3.01	1.1	-0.14 - 2.24	1.7	1.16 - 2.24	2.1	1.77 - 2.43	2.0
Melanoma	3.3	1.96 - 4.66	2.5	1.27 - 3.71	2.9	2.39 - 3.41	2.9	2.62 - 3.18	2.5
Colon Cancer	24.3	20.70 - 27.87	19.9	16.43 - 23.32	19.9	18.58 - 21.22	20.7	19.97 - 21.43	13.9
Lung Cancer	57.1	51.59 - 62.53	41.6	36.52 - 46.59	48.8	46.72 - 50.88	53.2	52.03 - 54.37	44.9
Focus Area #12: Stroke	59.4	53.70 - 65.02	58.2	52.44 - 63.86	59.7	57.47 - 61.93	53.7	52.54 - 54.86	48.0
Heart Disease	239.2	227.83 - 250.54	186.2	175.95 - 196.49	204.9	200.74 - 209.06	NA	NA	NA
Focus Area #5: Diabetes (2003)	16.0	9.47 - 22.57	11.1	5.30 - 16.96	14.1	11.64 - 16.56	**83.5 (see note)**		**45 (see note)**
Focus Area #16: Infant Death	6.1	4.44 - 7.75	3.2	1.61 - 4.70	5.6	4.93 - 6.27	7.3	6.86 - 7.74	4.5
Neonatal	4.3	2.94 - 5.74	2.4	1.03 - 3.70	4.4	3.80 - 5.00	5.3	4.93 - 5.67	2.9
Post neonatal	1.8	0.87 - 2.65	0.8	0.02 - 1.56	1.2	0.89 - 1.51	2.0	1.77 - 2.23	1.2
Focus Area #9: Births (15-17 yrs)	32.3	27.90 - 36.62	9.0	5.89 - 12.14	7.9	7.25 - 8.55	**24.6 (see note)**		**43 (see note)**

Notes:
Source: Pennsylvania Department of Health 2005
Focus Areas: Health People 2010 Indicators
HP: Healthy People
(yellow) = Significant-beyond upper bound (based on Confidence Interval for Calculated County Rate)
(blue) = Significant-below lower bound (based on Confidence Interval for Calculated County Rate)

Notes:
Diabetes rates for HP 2010 Goal and PA rate assume diabetes is a primary or contributing cause of death.
Rate is for 2003 only.
HP2010 rates for teen pregnancies include induced abortions
2003 Population Data Source: Montgomery County Planning Commission
*Death rates will fluctuate in a finite population. The "95% confidence interval" indicates the range in which we are 95% sure that the "true" rate (assuming an infinitely large population) would lie.

Figure 30. Birth Indicators for Montgomery County (1999-2003)

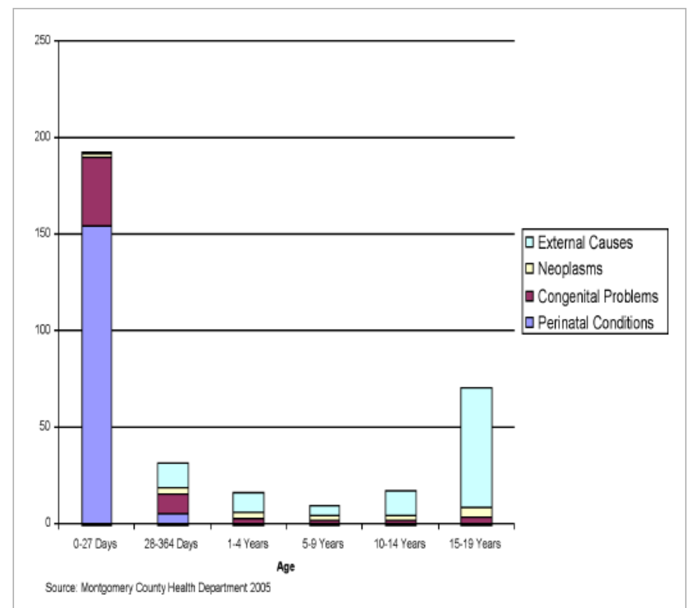
		Norristown	Pottstown	Rest of County	White	Black	Hispanic	Total
Births		2,725	1,681	42,995	39,482	3,880	1,773	47,401
Deaths		26	10	222	200	60	9	258
Infant Mortality Rate		9.54	NA	5.16	5.1	15.46	NA	5.44
Birth Weight								
	VLBW	2.0%	1.7%	1.3%	1.2%	3.1%	NA	1.3%
	LBW	7.9%	5.3%	5.1%	4.8%	9.0%	NA	6.6%
	Normal	90.0%	93.0%	93.6%	94.0%	87.8%	NA	92.1%
Prenatal Care								
	1st Trimester	68.9%	74.3%	90.8%	90.8%	75.0%	84.2%	88.9%
	2nd Trimester	22.6%	20.4%	7.0%	0.071	18.4%	11.7%	8.4%
	3rd Trimester	6.4%	3.7%	1.6%	1.6%	4.9%	2.8%	2.0%
	No care	2.1%	1.5%	0.5%	0.6%	1.7%	1.3%	0.7%
<Adequate Prenatal Care (Kotlechuck Index)		41.7%	27.1%	29.3%	28.3%	36.7%	38.5%	30.0%
Mother Using Tobacco		18.3%	25.1%	6.7%	8.3%	11.3%	NA	8.0%
.								

Source: Montgomery County Health Department Maternal and Child Health Needs Assessment 2005 and Pennsylvania Department of Health Birth and Death Statistics 1990-2003
2006 and Pennsyvania Department of Health Birth and Death Statistics 1990-2003
NA: Not ascertained, rates based on less than twenty deaths are considered unreliable.

- The county teen pregnancy rates and infant mortality rates are below those of the state as a whole. Teen pregnancy rates are higher in the Central region.
- In terms of the best combined regional age adjusted death rate for cancer, heart disease, stroke and infant mortality, the Southeast ranks first, Eastern second, North Penn third, Western fourth and the Central region fifth.

The generally good birth statistics and much of the regional variations, however, conceal less satisfactory outcomes in the boroughs of Norristown and Pottstown where poverty and ethnic minorities are more concentrated. Seventy percent of black births in Montgomery County and 95 percent of Hispanic births between 1999 and 2003 were to residents of Norristown. As indicated in **Figure 30**, Norristown had the highest infant mortality rate (9.54 vs. the Montgomery County average of 5.44) and the highest rate (41.7) of less-than-adequate prenatal care (that is, there is no prenatal visit in the first trimester or the visits total the recommended number given the length of gestation). The highest rates of smoking during pregnancy were in Pottstown (25.1 percent vs. the county average of 8.0 percent). African Americans born in the county were more than three times more likely to die before their first birthday than whites (15.46 deaths per 1,000 births versus 5.1).

Figure 31. Cause of Deaths Age 0-19 in Montgomery County 1999-2003



As indicated in **Figure 31**, cause of death shifts from congenital and perinatal conditions in the first year of life, potentially reducible by effective medical interventions, to a growth in deaths from external causes (such as accidents, assaults, suicide) that interventions by the educational, behavioral health, and criminal justice systems can potentially reduce.[xli] These systems will be surveyed in the next sections.

Educational System

We describe in detail the distribution of students by race, income, funding, and performance across the twenty-one school districts operating within the county and in the state in **Appendix VI.** Here, **Figure 32** provides a comparison of performance by percent of students that are economically disadvantaged.

- There are fewer blacks and Hispanics and more Asian students in the schools districts within Montgomery County than in Pennsylvania as a whole.
- Overall, school districts in the county in 2002 spent more per pupil than does Pennsylvania as a whole ($10,408 vs. $8,997), and the proportion of students assessed as having math and reading proficiency below basic was half that of the state as a whole (13 percent vs. 26 percent for math and 10 percent vs. 20 percent for reading).
- However, economically disadvantaged students tend to perform poorer on these proficiency tests and the school districts in Montgomery County have a lower proportion of such students than does Pennsylvania as a whole (12.6 percent vs. 29.1 percent).
- There is considerable variation in the proportion of economically disadvantaged students and student performance among school districts within the county. School districts with a high percentage of economically disadvantaged students, Pottstown and Norristown, do better than would be predicted on this basis, as illustrated in the regression line in **Figure 32**.

School districts in Pennsylvania provide the Pennsylvania Department of Health with an annual report on student health status. **Figure 33** provides a map of the school districts in Montgomery County. **Figure 34** summarizes their reported health statistics comparing them to the state. Asthma is the most frequently reported condition among students in school districts in Pennsylvania, and it appears to be growing.

Figure 32. Montgomery County School District Students: Economic Disadvantage and Performance

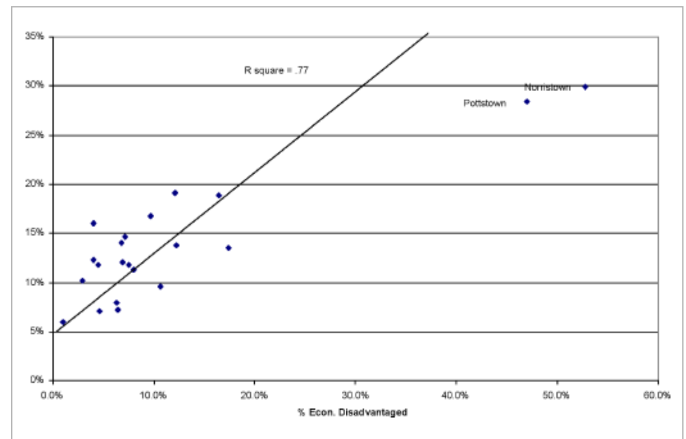
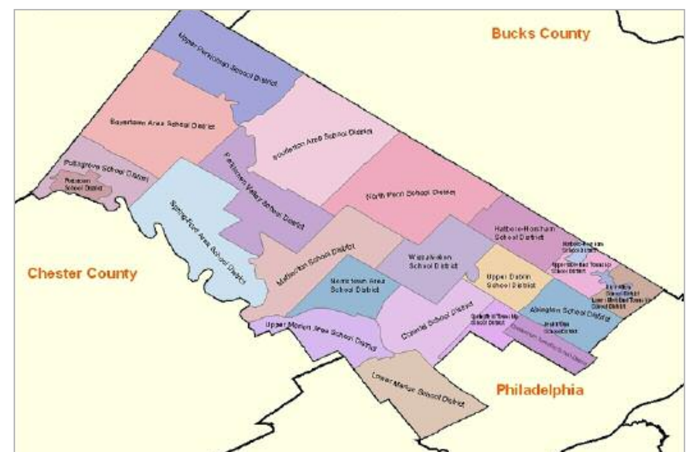


Figure 33. Montgomery County School Districts



Montgomery County school district reports on doses of medication administered by the school health program as a result of individual medication orders received from a family physician or dentist are summarized in **Figure 35**. The most frequently prescribed medications are psychotropic medications for attention deficit/hyperactivity disorders and the second most frequent are medications for asthma. In general the use of prescription medications, particularly psychotropic drugs, in the school-aged population has risen dramatically. During the 2002–2003 school year, 187,916 psychotropic medications, 56,489 medications for asthma and a total 424,283 doses of physician- and dentist-prescribed medications were administered by school health programs in Montgomery County. This averages 3.27 doses of medication per pupil enrolled in these schools.

Figure 34. Students with Medical Diagnosis of a Health Condition

	Montgomery County		Total All PA Schools	
	1997-98	2003-03	1997-98	2003-03
Average Enrollment	122,461	131,835	2,080,634	2,056,980
Asthma	9,867	12,053	137,792	189,697
Percent	8.06%	9.14%	6.62%	9.22%
ADD/ADHD	6,694	4,518	70,506	83,079
Percent	5.47%	3.43%	3.39%	4.04%
Cardiovascular Disease	NA	1,772	NA	27,094
Percent	NA	1.34%	NA	1.32%
Hearing Difficulties	1,253	1,117	23,104	21,854
Percent	1.02%	0.85%	1.11%	1.06%
Seizure Disorders	906	707	12857	15053
Percent	0.74%	0.54%	0.62%	0.73%
Bleeding and Blood Disorders	NA	365	NA	5,878
Percent	NA	0.28%	NA	0.29%
Diabetes	291	326	4,824	6,021
Percent	0.24%	0.25%	0.23%	0.29%
Sickle Cell	NA	65	NA	1,477
Percent	NA	0.24%	NA	0.24%
Source: Pennsylvania Department of Health				
http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&q=234265				

Figure 35. Medication Doses by Individual Order of Family Physician or Dentist

	Number of Students	Psychotropics (ADD/ADHD & Others)	Asthmatics	Other	Total	Individual Order Doses per Student (ADD/ADHD & Others)	Asthmatics	Other	Total
Perkiomen Valley SD	5,587	8,470	910	2,985	12,365	1.52	0.16	0.53	2.21
Pottsgrove SD	3,810	3,742	982	987	5,711	0.98	0.26	0.26	1.50
Pottstown SD	4,198	7,659	3,206	1,680	12,545	1.82	0.76	0.40	2.99
Spring-Ford Area SD	6,557	11,127	959	3,449	15,535	1.70	0.15	0.53	2.37
Upper Perkiomen SD	3,461	9,445	612	3,191	13,248	2.73	0.18	0.92	3.83
Region 1 (Western)Total	23,613	40,443	6,669	12,292	59,404	1.71	0.28	0.52	2.52
North Penn SD	16,462	13,508	3,742	8,334	25,584	0.82	0.23	0.51	1.55
Souderton Area SD	7,232	10,140	3,016	9,639	22,795	1.40	0.42	1.33	3.15
Wissahickon SD	6,101	5,033	1,538	3,179	9,750	0.82	0.25	0.52	1.60
Region 2 (North Penn) Total	29,795	28,681	8,296	21,152	58,129	0.96	0.28	0.71	1.95
Abington SD	9,935	7,444	1,749	3,635	12,828	0.75	0.18	0.37	1.29
Cheltenham Township SD	7,175	6,038	3,216	4,717	13,971	0.84	0.45	0.66	1.95
Hatboro-Horsham SD	6,300	6,583	2,042	4,349	12,974	1.04	0.32	0.69	2.06
Jenkintown SD	788	420	147	335	902	0.53	0.19	0.43	1.14
Lower Moreland Township SD*									
Springfield Township SD	4,436	3,012	1,178	6,744	10,934	0.68	0.27	1.52	2.46
Upper Dublin SD	5,503	4,695	1,337	1,058	7,090	0.85	0.24	0.19	1.29
Upper Moreland Township SD	3,609	3,098	992	3,300	7,390	0.86	0.27	0.91	2.05
Region 3 (Eastern) Total	37,746	31,290	10,661	24,138	66,089	0.83	0.28	0.64	1.75
Colonial SD	6,890	10,872	1,951	7,484	20,307	1.58	0.28	1.09	2.95
Methacton SD	5,069	7,569	2,478	3,484	13,531	1.49	0.49	0.69	2.67
Norristown Area SD	9,210	16,772	7,292	7,418	31,482	1.82	0.79	0.81	3.42
Region 4 (Central) Total	21,169	35,213	11,721	18,386	65,320	1.66	0.55	0.87	3.09
Lower Merion SD	11,177	13,086	2,109	8,019	23,214	1.17	0.19	0.72	2.08
Upper Merion Area SD	4,085	5,279	1,337	1,407	8,023	1.29	0.33	0.34	1.96
Region 5 (Southeast)	15,262	18,365	3,446	9,426	31,237	1.20	0.23	0.62	2.05
Montgomery County	127,585	153,992	40,793	85,394	280,179	1.21	0.32	0.67	2.20

Source: Pennsylvania Department of Health. Medication Administration for School Year 2002-2003 Apri 14, I 2005.
http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&q=234265
*Data reported by school districts. The repsponsibility for the accuracy lies with the individual school districts
and, in some cases, may have been incorrectly reported. Lower Moreland was excluded because of apparent reporting errors.
Boyertown SD, which overlaps Berks County has been excluded from this table.

Figure 36 summarizes the violence and weapons incidents in school districts in Montgomery County and Pennsylvania in the 2003–2004 school year. The reported rate of incidence in Montgomery County and in Pennsylvania has declined over the past five years. The overall Montgomery County incident rates and offenders per 1,000 students enrolled were about half the overall state rate in 2003–2004. Pottstown, Springfield, and Lower Merion school districts, however, had reported rates of incidents and offenders higher than the state rate. Montgomery County's educational system sends students on to higher education and to the criminal justice system.

Figure 36. School Violence and Weapons Possession in Montgomery County and Pennsylvania 2003-2004

		Inicidents	Incidents		Offenders				Assigned
	Enrollment	Number	Per 1,000	Offenders	Per 1000	Arrests	Susp.	Exp.	Alt Ed.
Perkiomen Valley SD	4,964	17	3.42	18	3.63	2	8	0	3
Pottsgrove SD	3,246	21	6.47	22	6.78	2	13	7	6
Pottstown SD	3,317	46	13.87	57	17.18	27	12	2	11
Spring-Ford Area SD	6,535	30	4.59	28	4.28	12	29	0	2
Upper Perkiomen SD	3,389	31	9.15	44	12.98	1	11	1	15
Region 1 (Western)Total	**21,451**	**145**	**6.76**	**169**	**7.88**	**44**	**73**	**10**	**37**
North Penn SD	13,521	97	7.17	96	7.10	9	51	2	15
Souderton Area SD	6,650	16	2.41	18	2.71	1	14	1	6
Wissahickon SD	4,535	25	5.51	24	5.29	0	10	0	1
Region 2 (North Penn) Total	**24,706**	**138**	**5.59**	**138**	**5.59**	**10**	**75**	**3**	**22**
Abington SD	7,411	9	1.21	15	2.02	5	5	11	5
Cheltenham Township SD	4,734	7	1.48	8	1.69	5	7	1	1
Hatboro-Horsham SD	5,343	28	5.24	29	5.43	8	10	0	3
Jenkintown SD	569	5	8.79	4	7.03	2	2	0	0
Lower Moreland Township SD	1,755	1	0.57	1	0.57	0	1	0	0
Springfield Township SD	2,062	48	23.28	49	23.76	3	18	2	3
Upper Dublin SD	4,406	15	3.40	19	4.31	1	15	1	2
Upper Moreland Township SD	3,108	16	5.15	21	6.76	13	16	4	3
Region 3 (Eastern) Total	**29,388**	**129**	**4.39**	**146**	**4.97**	**37**	**74**	**19**	**17**
Colonial SD	4,612	2	0.43	3	0.65	0	1	1	2
Methacton SD	4,741	35	7.38	35	7.38	15	27	0	0
Norristown Area SD	6,959	25	3.59	37	5.32	26	23	13	20
Region 4 (Central) Total	**16,312**	**62**	**3.80**	**75**	**4.60**	**41**	**51**	**14**	**22**
Lower Merion SD	6,662	95	14.26	87	13.06	4	61	1	1
Upper Merion Area SD	3,447	21	6.09	24	6.96	7	26	1	15
Region 5 (Southeast)	**10,109**	**116**	**11.47**	**111**	**10.98**	**11**	**87**	**2**	**16**
Montgomery County SD	**101,966**	**590**	**5.79**	**639**	**6.27**	**143**	**360**	**48**	**114**
Pennsylvania Schools	**1,821,146**	**22,831**	**12.54**	**22,696**	**12.46**	**5,245**	**19,256**	**982**	**1,810**

Source: Pennsylvania Department of Education. Violence and Weopons in Schools. Accessed October 31, 2005
http://www.safeschools.state.pa.us/vwp.aspx?command=true
Boyertown SD, which overlaps Berks County has been excluded from this table.

Criminal Justice System

Crime has the most costly and most destructive influence on the health and quality of life of communities. It is the end result of individual, family, school, faith-based, social service, and community, regional, and national failures. Just as with a flu virus, none of the many artificial boundaries that divide counties, civil divisions, school districts, or police jurisdictions provide any barrier to its spread. While its victims are disproportionately the poor and ethnic minorities, there are no income or color lines that insulate the rest of the population from its destructive impact.

As indicated in **Figure 37**, Part I violent or property crimes (such as murder, manslaughter, rape, robbery, assault, burglary, larceny) increased 4.4 percent in Montgomery County between 2002 and 2004. That is still 17 percent below the overall state rate and less than half the national rate. However, the rate for Pottstown was 54 percent and for Norristown 38 percent above the national rate in 2004. Part II crimes, less serious property and public order offenses, declined by 1.2 percent between 2002 and 2004 and were 9 percent below the state reported rate. Reported Part II crimes that increased the most in Montgomery County between 2002 and 2004 were embezzlement, offenses against families and children, and prostitution. The highest rates of Part II offenses were for Norristown and Pottstown.

Figure 37. Montgomery County and Pennsylvania Crime Rates By Offense 2002-2004

Part I. Crime Rates Per 100,000									
	Montgomery County					**Pennsylvania**			
				% Change					**% Change**
	2002	**2003**	**2004**	**2002-04**		**2002**	**2003**	**2004**	**2002-04**
Pop	752,681	755,619	775,492			12,287,150	12,335,091	12,406,292	
Total	2,105.7	2,150.0	2,197.7	4.4%		2,601.3	2,603.1	2,635.6	1.3%
Murder	2.5	1.7	1.2	-52.0%		4.8	5.1	5.2	8.3%
Manslaughter						.1	.1	.2	100.0%
Rape	14.2	17.7	16.1	13.4%		28.1	26.9	26.7	-5.0%
Robbery	65.5	61.7	64.5	-1.5%		133.3	140.8	143.8	7.9%
Assault	105.6	111.7	115.3	9.2%		210.5	201.8	213.0	1.2%
Burglary	286.7	292.3	297.5	3.8%		416.0	403.0	411.5	-1.1%
Larceny	1,456.0	1,508.2	1,543.1	6.0%		1,537.7	1,552.3	1,580.0	2.8%
Motor Vehicle Theft	159.3	143.3	147.5	-7.4%		249.6	254.5	238.0	-4.6%
Arson	15.8	13.4	12.5	-20.9%		21.2	18.6	17.1	-19.3%
Part II Crime Rates Per 100,000									
	Montgomery County			**Change**		**Pennsylvania**			**Change**
	2002	**2003**	**2004**	**2002-04**		**2002**	**2003**	**2004**	**2002-04**
Pop	752,681	755,619	775,492			12,287,150	12,335,091	12,406,292	
Total	4,624.5	4,761.7	4,571.2	-1.2%		4,898.7	4,912.9	5,037.8	2.8%
Other Assaults	389.1	336.7	325.5	-16.3%		721.7	720.3	713.4	-1.2%
Forgery	84.2	73.3	55.8	-33.7%		52.3	53.2	66.1	26.4%
Fraud	272.6	277.0	315.5	15.7%		277.7	279.7	296.5	6.8%
Embezzlement	1.2	2.2	2.2	83.3%		5.4	6.0	7.4	37.0%
Stolen Property	28.8	23.0	33.1	14.9%		33.6	32.1	32.8	-2.4%
Vandalism	922.3	996.1	895.9	-2.9%		1,089.0	1,103.9	1,079.3	-0.9%
Weapons, Carrying Possession	20.9	20.2	26.3	25.8%		35.2	40.4	44.0	25.0%
Prostitution	4.5	4.6	8.3	84.4%		22.3	22.0	24.3	9.0%
Sex Offense	40.3	40.4	37.9	-6.0%		69.4	65.6	67.3	-3.0%
Narcotics	239.5	282.0	292.5	22.1%		343.5	348.6	369.8	7.7%
Gambling	1.6	2.4	.4	-75.0%		3.2	2.7	2.4	-25.0%
Offences against families and children	39.2	58.4	56.9	45.2%		41.0	37.8	38.0	-7.3%
Driving Under the Influence	398.2	406.2	425.3	6.8%		343.3	348.3	363.1	5.8%
Liquor Violation	166.1	156.0	143.5	-13.6%		161.1	149.8	147.6	-8.4%
Drunk	323.4	322.4	326.9	1.1%		173.8	174.1	187.1	7.7%
Disorderly Conduct	711.6	785.2	788.8	10.8%		697.0	704.6	734.8	5.4%
Vagrancy	21.4	20.5	21.8	1.9%		9.9	9.6	14.0	41.4%
Other (except traffic)	959.6	955.0	814.6	17.8%		819.0	814.2	850.0	3.8%
Source: Pennsylvania State Police. Pennsylvania Uniform Crime Reporting System, Accessed October 31, 2005									
http://ucr.psp.state.pa.us/UCR/Reporting/Annual/AnnualSumArrestUI.asp									

There are 1,186 Montgomery County residents housed in state correctional facilities.[xlii] An additional 1,478 are housed in the county's correctional facilities. The combined incarceration rate for Montgomery County is 346 per 100,000. For comparison, the highest state incarceration rate in 2001 was 1,013 in Louisiana, three times this rate. In 2002, the overall rate for the United States was 702,[xliii] which is the highest incarceration rate in the world. Its closest competitor, Russia, has a rate of 628. Even though the Montgomery County incarceration rate is about half the United States' rate, it is still more than three times the rates of Canada and most European countries.

The state correctional facility incarceration rate for blacks in Pennsylvania is 11.8 times higher than for whites. For Hispanics, the rate is 7.8 times higher than for whites (2003 annual report and 2004 community survey). The cost for all inmates in the state correctional system averages $29,907 per year per inmate and the average minimum sentence of inmates in the state prison system is three years. The three-year post-release incarceration rates increased between 1996 and 2000 to 45.9 percent, and the persons in state correctional facilities increased by 13 percent between 1998 and 2004. This continues a national trend that has involved a six fold increase in the number of people in the nation's prisons and jails since 1972.[xliv] Those housed in the Pennsylvania state correctional facilities now include 30 percent who committed a drug-related crime, 64 percent who were alcohol or drug dependent, 20 percent who have some degree of mental illness, 51 percent who are not reading above an eighth-grade level, and 84 percent who were unemployed for six months before incarceration. The total budget requested by the state correctional system for fiscal year 2005-06 was over $1.3 billion. Locally, county expenditures for county judicial administration, corrections and public safety exceed those for history, cultural arts, recreation, adult welfare, child welfare, community development, and housing.

Figure 38. Reported Part I Crimes Montgomery County Jurisdictions 2004

Ranked by Rate			
	Population	Total	Rate.100,000
POTTSTOWN BORO	21,865	1,467	6,709
NORRISTOWN BORO	31,172	1,871	6,002
PLYMOUTH TWP	16,246	758	4,666
UPPER MERION TWP	27,194	1,263	4,644
BRIDGEPORT BORO	4,420	150	3,394
CHELTENHAM TWP	37,138	1,231	3,315
WEST CONSHOHOCKEN BOR	1,466	47	3,206
State Total	12,406,292	326,985	2,636
WEST NORRITON TWP	14,981	392	2,617
NORTH WALES BORO	3,352	86	2,566
ROYERSFORD BORO	4,335	111	2,561
EAST NORRITON TWP	13,638	343	2,515
LIMERICK TWP	16,164	396	2,450
LANSDALE BORO	16,168	387	2,394
COLLEGEVILLE BORO	4,579	108	2,359
CONSHOHOCKEN BORO	7,794	182	2,335
WEST POTTSGROVE TWP	3,836	86	2,242
MONTGOMERY TWP	23,583	528	2,239
County Total	775,492	17,043	2,198
ABINGTON TWP	56,249	1,196	2,126
UPPER PERK POLICE DIS	8,732	169	1,935
UPPER POTTSGROVE TWP	4,660	89	1,910
LOWER MERION TWP	58,996	1,082	1,834
UPPER MORELAND TWP	25,140	452	1,798
HATFIELD TWP	20,097	350	1,742
AMBLER BORO	6,447	112	1,737
LOWER GWYNEDD TWP	11,013	188	1,707
LOWER MORELAND TWP	11,702	196	1,675
DOUGLASS TWP	10,072	165	1,638
UPPER PROVIDENCE TWP	17,067	261	1,529
UPPER DUBLIN TWP	26,687	403	1,510
LOWER PROVIDENCE TWP	23,784	349	1,467
HATBORO BORO	7,405	108	1,458
TOWAMENCIN TWP	17,875	259	1,449
MARLBOROUGH TWP	3,268	46	1,408
TELFORD BORO	4,680	63	1,346
HORSHAM TWP	25,170	332	1,319
ROCKLEDGE BORO	2,576	33	1,281
LOWER POTTSGROVE TWP	11,828	151	1,277
NEW HANOVER TWP	8,070	100	1,239
WHITPAIN TWP	18,911	225	1,190
SPRINGFIELD TWP	19,624	227	1,157
UPPER GWYNEDD TWP	14,512	165	1,137
JENKINTOWN BORO	4,474	45	1,006
FRANCONIA TWP	12,084	112	927
LOWER SALFORD TWP	13,924	113	812
BRYN ATHYN BORO	1,372	11	802
STATE POLICE	76,915	601	781
NARBERTH BORO	4,227	33	781

Source: Uniform Crime Reports, Pennsylvania State Police 2005

The overall crime rate in Montgomery County is relatively low. As shown in **Figure 38**, reported Part I crimes vary substantially by jurisdiction. Pottstown Borough has the highest rate (6,709 per 100,000 population), and Narberth Borough has the lowest rate (781 per 100,000 population).

Social Service System

The social service system provides assistance to those that need help whose basic needs are unmet by other systems. A complex patchwork of services, food programs, housing programs, and income supports are provided for the physically and mentally challenged and the indigent. We will concentrate on the simpler major income components of this system. **Figure 39** summarizes the sources of financial support flowing to households in Montgomery County using 1999 census estimates. About 1 percent of Montgomery County households receive public assistance or $3,306 per household. The Supplemental Security Income (SSI) program is a nationwide federal assistance program administered by the Social Security Administration (SSA) that guarantees a minimum level of income for needy aged, blind, or disabled individuals. It acts as a safety net for individuals who have little or no Social Security or other income and limited resources. About 2 percent of households receive SSI income in 1999 or about $7,184 per household receiving SSI.

Social Security provides basic income support in retirement for those eligible through their participation while employed and to their spouses and orphans should they die before retirement. About 76,683 households in Montgomery County or 27 percent of all households receive Social Security benefits or about $17,807 per household receiving benefits.

Figure 39. Sources of Income to Households in Montgomery County 1999

Figure 39. Sources of Income to Households in Montgomery County 1999				
	Households	Percent of Households	Agregate Income	Income Per Eligible Household
Public Assistance	3,572	1%	$ 11,808,900	$ 3,306
Supplemental Security	6,355	2%	$ 45,653,400	$ 7,184
Social Secuirty	76,683	27%	$ 1,020,751,700	$ 13,311
Retirememt	48,767	17%	$ 868,401,400	$ 17,807
Other	29,692	10%	$ 271,238,800	$ 9,135
Interest, Dividend & Rental	148,445	52%	$ 2,064,369,300	$ 13,907
Self Employment	35,176	12%	$ 1,404,831,900	$ 39,937
Wage and Salary	230,502	81%	$ 17,159,930,800	$ 74,446
Total Earnings	237,842	83%	$ 18,564,762,800	$ 78,055
Total Households	286,255	100%		
Source: U.S. Census 2000				

Figure 40, describes the number of persons receiving welfare benefits by minor civil divisions in Montgomery County and by region. The proportion of the population that receives some form of welfare is highest in Norristown (29.4 percent) and in Pottstown (19.2 percent). It mirrors the proportion of persons in poverty throughout Montgomery's regions and minor civil divisions.

Figure 40. Group Quarter Population by Selected Types in Montgomery County and the County's Five Regions

	TOTPOP	Percent in Group Quarters	Total Group Quarters	Institu-tional-ized popula-tion	Correc-tional institut-ions	Nursing homes	Hospitals/ wards, hospices, and schools for the handi-capped	Juvenile institutions	Long-term care:	Homes for abused, dependent, and neglected children	Residential treat-ment centers for emotion-ally disturbed children	Training schools for juvenile delin-quents	Group homes	Other NonInst. Group Homes
Montgomery County	**750,097**	**3.1%**	**23,257**	**13,988**	**5,011**	**7,509**	**985**	**483**	**411**	**95**	**120**	**196**	**1,157**	**754**
Western Region(1)														
Collegeville borough	8,032	53.3%	4,278	3,449	3,404	45	0	0	0	0	0	0	0	0
Douglass township	9,104	0.0%	4	0	0	0	0	0	0	0	0	0	4	0
East Greenville borough	3,103	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Green Lane borough	584	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Limerick township	13,534	0.1%	20	5	0	5	0	0	0	0	0	0	0	11
Lower Frederick township	4,795	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Lower Pottsgrove township	11,213	1.6%	185	119	0	119	0	0	0	0	0	0	4	62
Marlborough township	3,104	0.5%	16	0	0	0	0	0	0	0	0	0	12	0
New Hanover township	7,369	0.2%	12	0	0	0	0	0	0	0	0	0	6	0
Pennsburg borough	2,732	4.2%	116	116	0	116	0	0	0	0	0	0	0	0
Perkiomen township	7,093	0.1%	6	0	0	0	0	0	0	0	0	0	6	0
Pottstown borough	21,859	1.4%	298	176	0	176	0	0	0	0	0	0	30	82
Red Hill borough	2,196	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Royersford borough	4,246	0.3%	11	0	0	0	0	0	0	0	0	0	10	0
Schwenksville borough	1,693	21.3%	361	0	0	0	0	0	0	0	0	0	0	1
Skippack township	6,516	1.6%	101	101	101	0	0	0	0	0	0	0	0	0
Trappe borough	3,210	0.0%	1	0	0	0	0	0	0	0	0	0	0	0
Upper Frederick township	3,141	7.3%	228	228	0	228	0	0	0	0	0	0	0	0
Upper Hanover township	4,885	0.1%	7	0	0	0	0	0	0	0	0	0	0	0
Upper Pottsgrove township	4,102	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Upper Providence township	15,398	3.5%	544	544	0	544	0	0	0	0	0	0	0	0
West Pottsgrove township	3,815	0.2%	7	0	0	0	0	0	0	0	0	0	0	0
Total Western Region (1)	**141,724**	**4.4%**	**6,195**	**4,738**	**3,505**	**1,233**	**0**	**0**	**0**	**0**	**0**	**0**	**72**	**156**
North Penn Region (2)														
Ambler borough	6,426	4.3%	277	245	0	245	0	0	0	0	0	0	16	0
Franconia township	11,523	2.7%	310	123	0	123	0	0	0	0	0	0	12	0
Hatfield borough	2,605	2.1%	54	39	0	39	0	0	0	0	0	0	11	0
Hatfield township	16,712	1.0%	160	138	0	138	0	0	0	0	0	0	4	10
Lansdale borough	16,071	2.8%	445	347	0	347	0	0	0	0	0	0	63	25
Lower Gwynedd township	10,422	4.3%	453	235	0	235	0	0	0	0	0	0	0	18
Lower Salford township	12,893	0.6%	81	38	0	0	0	38	38	0	38	0	37	0
Montgomery township	22,025	1.3%	281	200	0	200	0	0	0	0	0	0	10	69
North Wales borough	3,342	0.3%	11	0	0	0	0	0	0	0	0	0	8	0
Salford township	2,363	0.2%	4	0	0	0	0	0	0	0	0	0	0	0
Souderton borough	6,730	0.5%	37	0	0	0	0	0	0	0	0	0	27	10
Telford borough	2,469	1.6%	40	0	0	0	0	0	0	0	0	0	40	0
Towamencin township	17,597	0.4%	72	68	0	68	0	0	0	0	0	0	2	0
Upper Gwynedd township	14,243	1.4%	196	168	0	168	0	0	0	0	0	0	11	0
Upper Salford township	3,024	0.4%	11	0	0	0	0	0	0	0	0	0	11	0
Whitpain township	18,562	1.0%	180	99	0	99	0	0	0	0	0	0	0	74
Total	**167,007**	**1.6%**	**2,612**	**1,700**	**0**	**1,662**	**0**	**38**	**38**	**0**	**38**	**0**	**252**	**206**
Eastern Region (3)														
Abington township	56,103	1.8%	984	608	0	608	0	0	0	0	0	0	133	50
Bryn Athyn borough	1,351	10.5%	142	0	0	0	0	0	0	0	0	0	56	0
Cheltenham township	36,875	3.8%	1,397	536	0	536	0	0	0	0	0	0	12	20
Hatboro borough	7,393	0.2%	13	9	0	9	0	0	0	0	0	0	0	0
Horsham township	24,232	1.0%	237	2	0	2	0	0	0	0	0	0	64	0
Jenkintown borough	4,478	0.3%	12	0	0	0	0	0	0	0	0	0	0	0
Lower Moreland township	11,281	1.1%	126	109	0	109	0	0	0	0	0	0	7	0
Rockledge borough	2,577	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Springfield township	19,533	6.8%	1,334	961	0	851	11	99	95	95	0	0	0	15
Upper Dublin township	25,878	1.4%	366	256	0	170	0	86	82	0	82	0	10	68
Upper Moreland township	24,993	2.6%	655	430	0	430	0	0	0	0	0	0	70	135
Total	**214,694**	**2.5%**	**5,266**	**2,911**	**0**	**2,715**	**11**	**185**	**177**	**95**	**82**	**0**	**352**	**288**
Central Region (4)														
Conshohocken borough	7,589	0.2%	17	0	0	0	0	0	0	0	0	0	0	0
East Norriton township	13,211	4.6%	604	574	0	534	40	0	0	0	0	0	21	0
Lower Providence township	22,390	8.5%	1,912	1,892	1,500	0	196	196	196	0	0	196	11	9
Norristown borough	31,282	3.2%	995	848	6	231	611	0	0	0	0	0	45	74
Plymouth township	16,045	1.5%	235	193	0	126	67	0	0	0	0	0	25	7
West Norriton township	14,901	0.9%	141	120	0	0	60	60	0	0	0	0	17	0
Whitemarsh township	16,702	3.0%	506	370	0	370	0	0	0	0	0	0	7	7
Worcester township	7,789	0.1%	4	0	0	0	0	0	0	0	0	0	4	0
Total	**129,909**	**3.4%**	**4,414**	**3,997**	**1,506**	**1,261**	**974**	**256**	**196**	**0**	**0**	**196**	**130**	**97**
Southeast Region(5)														
Bridgeport borough	4,371	0.2%	8	0	0	0	0	0	0	0	0	0	0	0
Lower Merion township	59,850	7.6%	4,548	460	0	456	0	4	0	0	0	0	351	0
Narberth borough	4,233	0.1%	6	0	0	0	0	0	0	0	0	0	0	0
Upper Merion township	26,863	0.7%	201	182	0	182	0	0	0	0	0	0	0	0
West Conshohocken borough	1,446	0.5%	7	0	0	0	0	0	0	0	0	0	0	7
Total	**96,763**	**4.9%**	**4,770**	**642**	**0**	**638**	**0**	**4**	**0**	**0**	**0**	**0**	**351**	**7**

Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data
NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see http://factfinder.census.gov/home/en/datanotes/expsf1u.htm.

Census enumeration identifies people who do not live in households or homes but reside in "group quarters" such as college dorms, army barracks, nursing homes, shelters, and prisons. **Figure 41** describes the number of persons in group quarters and in selected types of group quarters in Montgomery County's five regions. Living in a "home" is becoming particularly problematic for low-income households such as those dependent on public assistance, SSI or Social Security. The gap between what households dependent on income from such sources or from minimum wage jobs can afford to pay and the fair market rent has widened since 2000. In 2005, the fair market rent for a two bedroom apartment in Montgomery County was $947 dollars.[xlv] In Pennsylvania the minimum wage is $5.15. The hourly wage needed, assuming a 40-hour week in order to afford such a rental, is about $18.21. At minimum wage, a household would have to work about 141 hours a week in order to afford such a rental. Public housing and Section 8 subsidies for private market housing appear at best to be stagnant. These realities will have a cascading effect on Montgomery County's social service system and the other systems we have described in this statistical section of this report. The impact of this and other challenges we have outlined in the statistics in this section will be described by those most familiar with their human impact on county residents in the next section of this report.

Figure 41. Child Abuse and Neglect Referrals in Montgomery County 2004

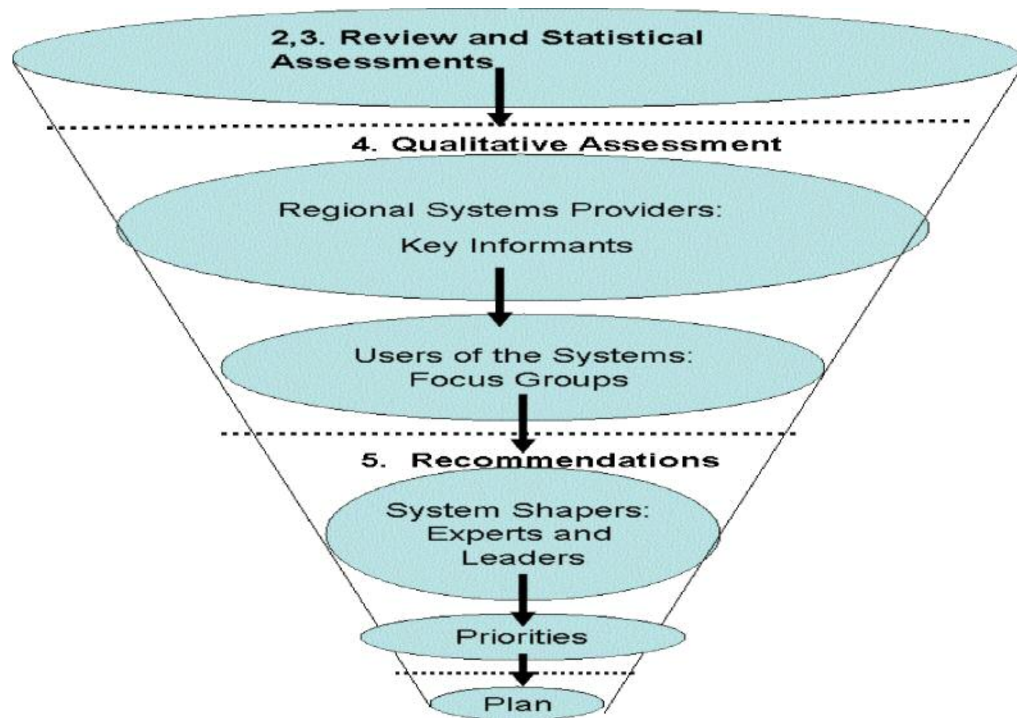
Region	Municipality	Total population	Child Abuse Referrals	Child Neglect Refferalls	Total	Total Per 1,000 Population
1 Western	Collegeville Borough	4,628	4	9	13	2.8
1 Western	Douglass Township	9,104	2	12	14	1.5
1 Western	East Greenville Borough	3,103	6	3	9	2.9
1 Western	Green Lane Borough	584	0	3	3	5.1
1 Western	Limerick Township	13,534	12	9	21	1.6
1 Western	Lower Frederick Township	4,795	7	1	8	1.7
1 Western	Lower Pottsgrove Township	11,213	22	9	31	2.8
1 Western	Marlborough Township	3,104	1	0	1	0.3
1 Western	New Hanover Township	7,369	1	3	4	0.5
1 Western	Pennsburg Borough	2,732	1	6	7	2.6
1 Western	Perkiomen Township	7,093	8	3	11	1.6
1 Western	Pottstown Borough	21,859	76	88	164	7.5
1 Western	Red Hill Borough	2,196	1	2	3	1.4
1 Western	Royersford Borough	4,246	11	11	22	5.2
1 Western	Schwenksville Borough	1,693	4	1	5	3.0
1 Western	Skippack Township	9,920	2	1	3	0.3
1 Western	Trappe Borough	3,210	1	2	3	0.9
1 Western	Upper Frederick Township	3,141	2	2	4	1.3
1 Western	Upper Hanover Township	4,885	5	6	11	2.3
1 Western	Upper Pottsgrove Township	4,102	7	2	9	2.2
1 Western	Upper Providence Township	15,398	6	5	11	0.7
1 Western	West Pottsgrove Township	3,815	9	3	12	3.1
		141,724	**188**	**181**	**369**	**2.6**
2 North Penn	Ambler Borough	6,426	9	7	16	2.5
2 North Penn	Franconia Township	11,523	3	3	6	0.5
2 North Penn	Hatfield Borough	2,605	2	2	4	1.5
2 North Penn	Hatfield Township	16,712	4	9	13	0.8
2 North Penn	Lansdale Borough	16,071	17	24	41	2.6
2 North Penn	Lower Gwynedd Township	10,422	4	3	7	0.7
2 North Penn	Lower Salford Township	12,893	11	6	17	1.3
2 North Penn	Montgomery Township	22,025	4	4	8	0.4
2 North Penn	North Wales Borough	3,342	0	4	4	1.2
2 North Penn	Salford Township	2,363	0	1	1	0.4
2 North Penn	Souderton Borough	6,730	8	5	13	1.9
2 North Penn	Telford Borough	2,469	0	9	9	3.6
2 North Penn	Towamencin Township	17,597	9	4	13	0.7
2 North Penn	Upper Gwynedd Township	14,243	9	1	10	0.7
2 North Penn	Upper Salford Township	3,024	0	1	1	0.3
2 North Penn	Whitpain Township	18,562	8	5	13	0.7
		167,007	**88**	**88**	**176**	**1.1**
3 Eastern	Abington Township	56,103	46	34	80	1.4
3 Eastern	Bryn Athyn Borough	1,351	0	0	0	0.0
3 Eastern	Cheltenham Township	36,875	23	20	43	1.2
3 Eastern	Hatboro Borough	7,393	7	7	14	1.9
3 Eastern	Horsham Township	24,232	17	5	22	0.9
3 Eastern	Jenkintown Borough	4,478	2	0	2	0.4
3 Eastern	Lower Moreland Township	11,281	4	2	6	0.5
3 Eastern	Rockledge Borough	2,577	0	1	1	0.4
3 Eastern	Springfield Township	19,533	4	3	7	0.4
3 Eastern	Upper Dublin Township	25,878	4	5	9	0.3
3 Eastern	Upper Moreland Township	24,993	9	9	18	0.7
		214,694	**116**	**86**	**202**	**0.9**
4 Central	Conshohocken Borough	7,589	12	13	25	3.3
4 Central	East Norriton Township	13,211	10	3	13	1.0
4 Central	Lower Providence Township	22,390	15	8	23	1.0
4 Central	Norristown Borough	31,282	114	154	268	8.6
4 Central	Plymouth Township	16,045	5	4	9	0.6
4 Central	West Norriton Township	14,901	7	7	14	0.9
4 Central	Whitemarsh Township	16,702	4	1	5	0.3
4 Central	Worcester Township	7,789	2	2	4	0.5
		129,909	**169**	**192**	**361**	**2.8**
5 Southeast	Bridgeport Borough	4,371	4	8	12	2.7
5 Southeast	Lower Merion Township	59,850	17	11	28	0.5
5 Southeast	Narberth Borough	4,233	3	1	4	0.9
5 Southeast	Upper Merion Township	26,863	10	10	20	0.7
5 Southeast	West Conshohocken Borough	1,446	1	0	1	0.7
		96,763	**35**	**30**	**65**	**0.7**
Other (Not Identified Minor Civil Division)		**NA**	**28**	**45**	**NA**	**NA**
All Montgomery County		**750,097**	**624**	**622**	**1,246**	**1.7**

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

QUALITATIVE ASSESSMENT

The qualitative assessment involved listening to people representing all the different perspectives touched on by the statistics in the previous section. We began this process by listening to the concerns of direct service providers at group sessions hosted by each of the county's five regional collaboratives. As indicated in Figure 42, there was a lot of information to distill into some priorities that combine the insights of the statistical and qualitative assessments of the county. This section will summarize the information obtained from the key informant sessions with regional systems providers and from focus groups with selected users of those systems. Focus groups were chosen by the steering committee of the assessment from a menu of possible groups distilled from the statistical analysis and the key informant interviews. In the final section of this report, the recommendations, we suggest a general strategy and a list of priorities to help guide the planning of the partners in this effort.

Figure 42. Distilling the Assessment into Priorities and a Plan



Regional Key Informant Sessions

Overview

We have provided the notes on the key informants sessions hosted by each of five regional collaboratives below. More than 300 individuals—key informants and focus group members— participated in these sessions. They served as a rich source of insights into the complexity of the problems faced by service providers in these regions. For each session we describe the background of those participating, programs or service innovations that they felt were particular strengths of their organization or the region, the current issues and concerns they were dealing with, and their recommendations to the partners of this project.

Many of the recurring themes and priority needs were the same in all of these regions:

- Poor families with multiple needs are trapped in a cycle of disadvantage segregated in pockets that are invisible to the affluent main stream of regional residents facing a fragmented service system.
- Affordable housing is needed for the working poor, and transitional housing for the homeless and mentally ill.
- Transportation, particularly for the frail elderly and low-income workers, is needed.
- The uninsured and Medicaid populations lack of access to dental and specialty services.
- Drug, alcohol and domestic abuse problems are persistent and possibly growing.
- More parenting education, enriched childcare and other early childhood interventions are needed.
- There is a lack of information about where to turn to get assistance for patients and clients for any of these problems and
- There is a frustration with the shrinking of reliable financial support for overhead and growing demands for special project funding accountability.

In addition, the North Penn, Eastern, and Central region reported difficulties in effectively addressing the needs of growing immigrant communities within the existing service system.

Western Region — *October 6, 2005*

Session 1: Nurses

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

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

Issues

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

Session 2: Prevention and Health Promotion

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

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

Issues

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

[On December 16, 2005, there was an article in the Reporter regarding the Pennsylvania House bill that requires fluoridating all Montgomery County water. Cavities are as much as five to seven times more common than asthma in children, and fluoridated water is positively correlated with a reduction of osteoporosis in women.]

"In Pottstown, 40 percent of high school students and 50 percent of elementary students are eligible for free or reduced lunch. Most of them do not receive dental care if they do not get it in school."

The group also discussed the need for primary care for the underinsured. There is a clinic in Phoenixville that provides some primary care. Specialty care is funded by donations and volunteer medical staff although it continues to be a need. There are a few clinics in Norristown, but there is nothing on the western side of the county. The Montgomery County Health Department screens for STD, HIV, and TB and provides immunizations, but there is no primary care.

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

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

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

Session 3: Hospitals

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

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

The participants suggested that setting aside some funding to meet the home health needs of the uninsured and underinsured would be helpful.

Session 4: Children and Families

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

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

Issues

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

One participant said that services were cut back at the Bright Hope Housing Project. Pottstown Community Arts and Recreation has never had a capital budget and many good ideas do not have funding, like the program Computers for Scaredy Cats.

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

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

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

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

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

Finally, domestic violence persists.

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

Session 5: Immigrants and Minorities

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

When asked about the positive and unique aspects of the region, participants said that one agency in particular does a good job providing services to 3,000–4,000 people in the Hispanic community. In addition, *La Voz*, the Spanish edition of the *Times Herald* (the local newspaper in Norristown) provides information to the more than 17,000 Hispanics in the county.

Issues

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

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

People work hard to obtain education and develop skills. One person said, "I had to take the GED test and was so nervous. But I passed! My first job was as a substitute at a day care center and now I'm the director. If I can do it, anybody can do it. You live for those moments."

Another stated, "There are things I cannot prove to Harrisburg in numbers but I know we really accomplished something. Several students have gone on to college. One is in the engineering program at Drexel."

Transportation issues are compounded for those with special needs. "We lack reliable sufficient transportation." Single mothers report that it is particularly difficult to transport their children to school and then travel to work. Participants report that the trip from Pottstown to Norristown on public transportation takes an hour and costs $9.00/round trip.

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

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

Session 6: Middle School and High School Students

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

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

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

Issues

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

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

School nurses serve as the primary healthcare provider for many children.

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

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

Session 7: Preschool and Elementary School Age Children

The three participants represented the library, a social service agency, and a preschool.

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

Issues

There has been an influx of young families to the area. They are moving into the new homes that have been built and there aren't enough preschool openings for all of their children.

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

There are reports of parents being tyrannized by their children.

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

Session 8: Public Safety

The participants included a district justice and several police officers.

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

Issues

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

A big part of the problem are parents who really need support and information. The participants said that requiring parenting classes might help. They recognize there isn't enough money to send parents to classes, except through the truancy system. Parents can receive up to six months of classes.

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

Another problem is the issue of teen pregnancy. Many grandparents are raising their grandchildren. In one instance, a 70-year-old grandmother was being held responsible for her 15- year-old grandson's truancy. She was trying to get him to go to school but couldn't physically compel him. The participant stated that the grandmother didn't know she could call the police because it is within their purview to get children to school.

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

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

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

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

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

Session 9: Elderly

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

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

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

Issues

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

Information and services. Seniors seek information about a wide variety of issues and will use the computer to look for it. They ask about specific social services, social contact, legal advice, and transportation. One agency received 25 calls in a short period from seniors looking for housing. People need services, but there is a waiting list for the OPTIONS program. Many people suggested improving the quality of the resource information and guides that are available. Others question the wisdom of that.

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

Providing services over the county line. There were some concerns about agencies that provide services over the county lines. Transportation and services to the elderly are supported and organized by counties. This presents a special challenge to agencies that attempt to provide services across county lines such as the Boyertown Area Multi-Service, Inc.

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

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

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

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

Session 10: Housing and Transportation

There were two representatives from social service agencies.

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

Issues

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

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

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

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

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

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

The participants suggested that having emergency funds and a little money for prevention might help

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

Session 11: Behavioral Health

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

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

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

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

Issues

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

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

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

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

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

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

Salaries for mental health workers. The basic blueprint for a better quality system is known, but the salaries are so low, that the best people leave. The

participants suggested that shifting some county funding for programs into staffing would be helpful.

The participants suggested that smaller group homes for people with serious persistent mental health issues would be helpful. If there were a way to increase salaries for mental health workers, that would be helpful because people are paid poorly for caring for the most difficult people in the community. Finally, participants suggested that standardized processes in the county would be helpful.

Session 12: Arts and Culture

There were two participants representing art and the local symphony.

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

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

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

Issues

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

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

North Penn Region — *September 22, 2005*

Session 1: Health Care

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

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

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

Issues

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

The population the participants serve was identified as "hard-core welfare families" where the fathers have significant behavioral health issues. People loose their jobs and their health insurance and become depressed,

leading to somatic complaints. One provider discussed a man with hypertension, heart disease, and emphysema, who applied for disability. When his independent medical evaluation took place, the doctor had him use his inhaler three times before his lung capacity was tested. Even though the physician had all of the medical records, he said the man's breathing was within normal range, and he denied his disability. The doctor's opinion decided the case.

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

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

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

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

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

Session 2: Housing, Dental, Prevention

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

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

There were many other strong programs that this group recognized:

- The Committee to Eradicate Homelessness Conference that "built awareness in a gut wrenching way." Homeless do not usually sleep on the streets, so they are "invisible" in the area. According to Sister Mary Scullion, "Poverty is institutionalized violence." Churches play a key role in providing support and services (food, housing for victims of domestic violence, Habitat projects). The Mennonite Disaster Program "runs rings around FEMA."
- There are a variety of human services programs, including the following:
  - the Y and the new Boy's and Girl's Club;
  - senior centers that meet social and nutritional needs of the elderly;
  - You Can, a federal nutrition and walking program for the aging;
  - Strong Women, a program put in place by the MCHD and Penn State Extension Services;
  - New Choices at MCCC, an eight-week, federally funded program for women in transition who may want to go back to school;

– the Health Department's Healthy Beginnings Plus program;

– New Beginnings at Laurel House, a safe haven for abused women and their children: women achieve self-sufficiency through counseling, advocacy, supportive services and connections to other community services;

– a resource guide published by the Germantown Universalist Unitarians, available in large print;

– a division of health promotion at the health department.

Issues

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

Poverty. People can slide into poverty quickly because of health care expenses, domestic violence, the cost of housing and utilities, substance abuse, and having difficulty navigating the system. The homeless are often invisible, and people do not know what to do to help them. The professionals working on housing noted that it is difficult work to do. They may speak to as may as 30 people in a day but not have anything to offer them. There are no openings because several shelters have closed and Section 8 Housing has no openings for two years.

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

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

Parent education. Parents need to learn so many things. "I think parent education should be mandated," said one participant. A good program is called Parent as Teacher. The participants report coming together to discuss childhood obesity and to work on creating unduplicated programs with the school nurses.

Information. The participants report there is a silo effect and a labyrinth of agencies that do not talk to each other. Clients need information and referrals some of which might be provided through media support. Newspapers could take on more of a role publicizing information about transportation: for example, the participants suggested, providing people with information about bus routes.

Teen moms. There are more than 700 teen moms in the county, and it takes many resources to get them through school, get childcare, and get them to MCCC. Transportation is a huge problem.

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

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

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

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

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

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

In terms of communication, they suggested that teaching American Sign Language as an alternative way to communicate. They also would like to see the materials and information they use translated into languages that are spoken in Montgomery County. They said it is easier for people to obtain information when they can talk to a real person on a support line.

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

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

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

Session 3: Hospitals

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

Issues

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

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

Session 4: Preschool Age Children

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

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

Issues

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

Information. Easter Seals sponsors an inclusive preschool that invites children with handicaps in their Pew Charitable Trusts-supported preschool programs. The cost is $25 per month, but only 10 families with normally developing children have taken advantage of

it. The parents say that they do not want their children to be put at disadvantage in terms of preschool preparation. North Penn High School has a free program that is used as a lab school for students studying early childhood education and care. Volunteers who help parents identify services and programs for their children cannot rely on a single channel. They use libraries, the United Way Web site, and places of worship.

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

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

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

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

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

Session 5: Business and Employment

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

Issues

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

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

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

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

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

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

The participants suggested that addressing fragmentation of services issues is key to making needed changes in the county and developing and retaining a strong, well-trained workforce. They

recognize how critical it is to look for answers to the transportation issues in the county.

Session 6: Elementary School Age Children

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

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

Issues

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

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

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

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

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

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

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

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

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

Session 7: Secondary School Age Children

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

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

Issues

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

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

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

The participants suggested that providing more options for after school activities, supervised by teachers, especially for middle school students, would be helpful. They had some very specific suggestions for programming, including

- offering extra-curricular programs with an outcome, for example, a certified babysitting course, travel, community service or for older teens, a safe driving course;
- teaching life skills such as cooking and auto repair;
- providing opportunities for real work for 13- to 15-year-olds who are not eligible to work;
- starting a gospel group;
- bringing in the Science After School program, which gives students the time and space to get messy; and
- providing a leadership development program.

Session 8: North Penn Collaborative Board

The participants included three members of the collaborative.

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

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

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

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

September 23, 2005

Session 9: Elder Care

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

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

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

Issues

Transportation. There is little public transportation. Eventually the people who are aging will need services-to get to and from doctors and other programs/services and there is no planning for that. There is some free,

curb-to-curb transportation available through the Shared Ride program funded through the lottery, but seniors have to call 24 hours in advance and sometimes families just give up.

Volunteers will drive where TransNet cannot or will not go because TransNet is PUC regulated and they are not allowed to cross the county borders. However, volunteers are having a hard time affording the increased fuel and liability insurance costs. Some volunteers will not drive people on oxygen, and people miss their appointments because they are not picked up on time. There are only a few cabs, the turnover of drivers is high (it is a hard job with low pay), and drivers cannot enter a house or apartment. Not all train stations are handicap accessible, and sometimes the lifts are broken.

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

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

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

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

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

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

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

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

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

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

Session 11: Behavioral Health

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

When asked about the positive and unique aspects of

the region, participants said that there are good, quality school-based programs for children's behavioral health.

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

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

Issues

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

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

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

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

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

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

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

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

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

The participants made the following suggestions to address the transition issues young people face. They suggested that a drop-in center for young people as they reach age 18 would help ease the transition. As young people age out of the system, they often drop out of care because they lack resources. Providing them with money for co-pays may keep them in care. Young people need mentors. Participants suggested collaborating with industry to provide adult mentors.

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

The mentally ill need support for direct services and the providers need training and networking opportunities. The general community needs education in order to decrease the stigma of mental illness and "NIMBY."

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

Session 12: Public Safety

The participant was the police chief of a local department.

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

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

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

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

Issues

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

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

Fragmentation. This is a recurring theme. "EMS is half paid and half volunteer in individual communities although it is dispatched by the county in Eagleville. A computer assesses the call and makes a decision about which ambulance company goes. It is certified by Pennsylvania Department of Heath and the coordination is through the county EMS board, which establishes the protocol. But there has been no effort to consolidate the various EMS companies. This is Montgomery County! There is been a quiet push to regionalize the police, but it hasn't happened for fire and EMS. I will not see it during my career. I am pro-regionalization because we duplicate services. Pennsylvania has 1,200 police departments—most places have one county government."

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

Session 13: Arts and Culture

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

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

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

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

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

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

Issues

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

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

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

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

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

How to develop programs with wide acceptance. Some programs are "cool" and will be attractive to

young people. “Computers are cool. Children have to respond to their schoolwork; they need homework help.” The library has the staff and book resources. “I do not really know what’s cool,” said one teacher.

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

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

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

Session 14: Minorities and New Immigrants

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

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

Issues

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

One recent immigrant told the following story:

> “The refugees lived in camps. It was very painful for them to leave everything and come here like a newborn. Our diplomas are not considered. People do not know us; do not know who we are, or what we can do. Our people need computer literacy. I see people here who have been here for five years but still do not have a house. We have oriented our help to people who need help.
>
> I came here in 2000. I was asked to talk about how to support the new migrants. There are 32 of us in the North Penn area. Lutheran Service has helped us form an association. The challenges we have right now are personal challenges: I do not have a job and no experience; therefore it is really hard to get something. People need help and orientation. We focus on how to get to know people in the community including the police so we know what to do if we are stopped. People may have had bad relationships with police in their own country, and they must be taught that the police will help them here.
>
> How can we integrate into the society? How can we benefit from the immigrant and look at what he brings to the community? I finished my degree in 1995 and then taught at University for nine years. I taught in Zambia and Kenya, and worked with the United Nations High Commission for Refugees. I come to America and they tell me I can work as a guard or as a laborer. I was traumatized to leave my family and all the people who died, and now I come here and I am given a place to eat and sleep, but it feels bad that I work for someone who doesn’t even have a GED. I need a skill that will allow me to compete in this market. I have applied for many jobs and I cannot get work. They ask for a birth certificate: no one has them. Who will recommend you if you’ve been in a refugee camp? No one considers me and what I can do. Problems are similar for people who come from Latin

America, Asia, and Russia. I have some trouble to express this. I do not know why we cannot be totally integrated into the milieu.

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

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

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

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

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

Session 15: Special Needs/Disabilities

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

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

Issues

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

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

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

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

The participants noted that the state initiative for disabled people to have and visit friends is very worthwhile. They also noted that training and support to integrate the disabled elderly who are aging in place into the larger aging population is important. Finally,

they suggested that the vision impaired (who will double in number in the near future) need a place in senior centers.

Eastern Region

Session 1: Abington Memorial Hospital (AMH)

November 3, 2005

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

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

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

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

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

Issues

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

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

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

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

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

women, and recently the police sent one woman to Allentown because there was not a closer facility.

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

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

The affluent vs. the poor.

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

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

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

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

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

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

Session 2: Social Workers and Community Outreach Workers

November 10, 2005

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

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

coalition that works to "increase awareness and respect for diversity within our community" and provides support for parents and teens.

Issues

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

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

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

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

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

Transportation. Public transportation stops at Horsham. There is the Riders Club Cooperative, which is a 501(c) (3) private transport service for seniors who no longer drive and special needs children who need to be transported. It also provides private transport to private schools up to three counties away. Drivers are retired and semi-retired people in the community, working part time, and receiving 75 percent of the fare driving their own cars. Because of co-op status, they are exempted from own auto insurance exclusion. It receives no outside funding.

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

Insurance companies generally require taxicab coverage for the drivers, but there is a waiver from coverage if the company is a nonprofit (exempt under Pennsylvania statute from having drivers insured at a taxicab rate). They provide door-through-door transportation. Liability is covered by their insurance. However, it is very costly for people to join: $59 to join, $9/ride (two miles minimum) in each direction with an advance reservation. Some school districts pay to transport their students. There is an underground economy; drivers get 1099s as a distribution from the co-op, not salary.

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

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

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

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

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

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

Central Region

Session 1: Physicians and Nurses

The participant was a single physician who was familiar with access issues and the service needs of low-income families and patients in the Norristown area. There was also a subsequent interview with a primary care provider in Norristown.

Issues

Lack of health insurance. The physician said that the Family Practice Plan, which provides care to low income families, is providing care to a population that is about 50 percent Mexican. He reports that Mexicans have a network of family and friends to help them, but other low-income people have fewer contacts and are more isolated. The physician sees about 600 patients/month and stated that this kind of work offers him the most opportunities to help people.

He reports there is some "patient dumping" going on because patients who are undocumented cannot get insurance. Women often have no insurance for prenatal care although they enroll their babies in Medicaid as soon as they are born. Keystone Mercy Health Plan (a Medicaid HMO) has suffered losses that have forced a shift and focus on Family Practice losses. The physician reports that he is put under considerable pressure to see more people in a shorter timeframe and to see fewer patients who are uninsured because, "no margin, no mission."

When Montgomery Hospital closes, Mercy Suburban will become the borough hospital. Because so many people are not insured, there is difficulty in obtaining specialty services, such as orthopedics and ear, nose, and throat. In addition, uninsured women with high-risk pregnancies have difficulty accessing specialty services locally and must be sent to Philadelphia. The plan sends people to clinics at Temple or HUP, where there are long delays for appointments. Mercy receives "wonderful support" from the Children's Hospital of Philadelphia (CHOP) facility in King of Prussia. The physician said, "If I need help, I use Philadelphia providers. However, if you need dental care, it is terrible because it is just not available."

There is educational information available to people who access care through the Family Practice Plan but

people do not necessarily take advantage of it. Most Hispanic patients are compliant but, in this provider's experience, they do not learn English. However, the physician said most moms participate in Reach Out and Read ["a program that promotes early literacy by bringing new books and advice about the importance of reading aloud into the pediatric exam room. Doctors and nurses give new books to children at each well child visit from six months of age to five years, and accompany these books with developmentally appropriate advice to parents about reading aloud with their children"; see http://www.reachoutandread.org/]. Since the moms all ask for books in Spanish, the physician just assumes they are literate in their own language. Consistent with the feelings expressed in the focus group of Mexican mothers, they do want to maintain their national heritage and language.

The participant suggested that universal health care, even a two-tier system, would address many of the issues he sees around helping people access needed health care. In the absence of that, he suggested that a healthcare coverage fund for patients without coverage and without money would help families who have no way to pay for needed care. In addition, he suggested that social workers could help people navigate the system. As an example, he noted that many homeless people lack shelter, and he was aware of a woman with a four-year-old who was living in a cemetery.

If these are not viable options, he suggested, the following model might be: a group practice of mission-driven providers employed by a corporation to provide the full range of primary and specialty care services to people who need care. "Basically," he said, "It is PGH." [Philadelphia General Hospital, established in 1729 and closed in 1977, had a long and proud history dedicated to the care of the medically indigent of the city.]

Session 2: Prevention and Health Promotion

The participants included those familiar with health promotion, prenatal care, immunization, and screening programs in the area.

When asked about the positive and unique aspects of the region, the participants said there is a lot of coordination among services and providers in Norristown. "You call someone for help; you expect people to step forward and they do."

Issues

Suicide prevention. There are about 70 suicides per year. The speaker noted that they leave a great deal of heartbreak in their wake. He said that there are many more attempts that are not necessarily successful (16–20 attempts for every one that succeeds). The schools provide a lot of support after attempts and tragedies, but there may be a place for more recognition of people who are at risk. He also noted that gun safety programs are needed.

School nurses and prevention issues. The nurses provide far more than band-aids and ice packs. Nurses are overwhelmed by all that they have to do. They distribute medication, and they provide follow up for issues that are identified during screenings. For many children, they serve as the primary care provider. They have recently been required to perform body mass indices on the children in their schools (up to fourth grade). They are getting a lot of negative feedback from parents on this sensitive issue, "How dare you do this?"

"It is hard to get parents to follow up for vision and dental. We use whatever resources we can find in the county. Parents may have good jobs but mediocre insurance coverage. So they ask the nurse to check to make sure their kids are really sick because it means they have to take a day off from work if their child really has to see a doctor."

Schools have to provide basic screenings: height, weight, vision, hearing, and scoliosis. There are more students with 504 plans than ever before. [504 legislation allows a child with a disability equal access to an education supported by accommodations and modifications. Such modifications can include a medical plan that allows a child to leave the room to check his blood sugar, done by a nurse.] Not every state has mandated health services but Pennsylvania mandates a ratio of 1,500 children to one nurse. Parents expect services to be provided. The nurses

report that some parents give the nurses the idea that their “kids kind of get in the way.” The health department has become an important resource for the school nurses.

Schools have to have wellness plan in place by 2006. Nurses who are focusing on nutrition and health can go online for information about wellness plans. If a school has a federally funded school lunch program, it has to have a school wellness program in place this year or it will not be reimbursed for the school lunch program. Some information will include the nutritional content of food.

Latino students have specific issues. Many need ESL programs. It is difficult to provide children with information if they do not speak and understand English. Providing culturally appropriate health education information and material for Hispanics about obesity, gestational diabetes, and oral health can have a significant impact. The children who were born in the United States are entitled to Medicaid, but this can generate real problems in a family if an older child was born in Mexico and is not able to access health care and other social services.

The nurses report there are significant opportunities for prevention activities. Schools present an opportunity for a sea change because they have a captive audience. They suggested screening parents as well as students for a variety of issues. Education about prevention can take place there. There are some gaps around tobacco cessation and weight control programs.

The participants suggested that education and support for school nurses would help them do their jobs better. One noted, “We work alone.” Another participant said that many parents are in denial about their children’s access to guns and it is important to establish a gun safety programs. Finally, everyone agreed that children need fluoride in their drinking water.

Session 3: Medical and Psychiatric Hospitals

The participants included three nurses and one case manger who are discharge planners, individuals familiar with community service programs, services to minority and new immigrant populations.

Issues

Chronic diseases. Renal dialysis is paid for by Medicaid if it is done on an inpatient basis. Chronic renal illness is not considered emergent and is not covered by Emergency Medical Treatment and Active Labor Act (EMTALA). Patients who lack resources really challenge ability of staff to management a case. When a service isn’t paid for, the cost is shifted among other payers.

A hospital with a for-profit outpatient dialysis center can refuse to care for a patient. If an organization takes United Way dollars it cannot discriminate based on someone’s inability to pay for services. Most hospitals will not take a self-pay patient who is not emergent. A case manager bears some liability if a patient is discharged and still needs services.

Behavioral health services and safe discharges. Magellan commercial behavioral health coverage is harder to deal with than the Magellan Medicaid plan. Magellan takes 6 to10 hours during the day to approve or deny a service. The people who are making the decisions are not necessarily mental health professionals.

Montgomery Hospital holds the contract to provide medical clearance for psychiatric patients who have medical needs. At any time, there may be 5–10 patients on the medical services who are primarily psychiatric patients. In addition, if a person comes to the ER with suicidal ideation, he is admitted. On the other hand, a catatonic patient was referred to outpatient services. Patients admitted to an acute care bed who receive a “302” designation will be denied as not acute. The county will pay for a 302 patient at Montgomery County Emergency Services.

Navigating the system. The Montgomery County personal navigator is a grant-funded position filled by a person who works with people that need a range of services. She helps people link the pieces together and access services. She’s like a super case manager who cuts the bureaucratic tangle.

Adults 55 to 65 who live alone and who have no other support sometimes end up back in the hospital. No home health services are covered. Montgomery County has high hospital readmission rates.

Use of the ER. People use the ER as a primary care provider. They use it because they do not have insurance or a relationship with a physician and they

believe they should be seen right away. Transportation themes are repeated here. The relocation of Montgomery Hospital will produce a transportation crisis. People need to be able to get to the ER.

People without the ability to get to an appointment with a physician may decompensate. There are some people to provide education to help people understand how they should use the hospital. There are also far fewer social workers to help people navigate the system.

"Montgomery Hospital is like a mini inner-city hospital. It is 20 percent Medicaid. We are seeing all the same things they see in the city: gunshot wounds, domestic violence, and psych patients. We are seeing over 200 women in our OB clinic (as opposed to 35 patients five years ago)."

The participants suggested that it would be a good idea to provide support for people without English language skills. People who do not read English may take medication incorrectly. Translation services would be helpful for front desk people in the hospital and the ER. Some people have threatened to sue in order to get treatment.

Case managers are the "clean-up workers." When there is a question of guardianship, it is the last facility to touch a person that is responsible for his burial if he dies.

The participants spoke highly of the personal navigator believe that it is worthwhile to have more than one. They suggested that providing community classes for healthcare providers would be useful. They also suggested that expanded translation and interpretation services including the translation of prescriptions and the like from English would be helpful to non-English-speaking patients. Finally, they suggested that a databank be developed to help smooth handoffs from attendings and specialists to other providers of services.

Session 4: Transportation and Employment/Workforce Development

The participants included eight service providers who offer training programs, employers, and members of the Workforce Investment Board.

Issues

Transportation. Public transportation continues to be a workforce issue. Participants noted that "We are lucky to keep what we have."

It will be important to develop strategies to get people to work. Many regional planners assume that everyone has a car. The participants suggested that one way might be to improve the link to Philadelphia. There used to be a trolley line that went all the way to Allentown. Neighborhoods grew up around trolley lines.

It may be worth looking at a range of possibilities including using school buses to transport seniors during off hours. Van services are a possibility too. Some large companies use them to transport workers.

The question is what kind of system can be set up to transport people from Norristown to King of Prussia or Blue Bell? Participants said that we might be seeing a sea change in housing and in transportation. The economy is starting to shift. "McMansions" on five acres of land may no longer be as attractive as they once were since they are so costly to maintain and heat.

"We need SEPTA to think more regionally. Many of the jobs are in Blue Bell and King of Prussia. It is important to develop a comprehensive plan."

Moderately priced housing within the borough along the river may encourage middle-income people to return. People may recognize the value of living in a community and being able to walk or drive a short distance, or take a local bus to work or to recreation.

"The first 25 years of the 21st century we will rediscover our identity that we lost in the last five of the 20th century."

The participants suggested developing housing that would encourage under-30s and empty-nesters to return to Norristown. They also believe that the development of the riverfront and collaboration among stakeholders will be key to making that happen. They do not believe that funding other studies or think tank–best practices activities is a cost-effective use of funding dollars.

Session 5: Children Ages 0–5

The participants included six service providers and those that provide special programs for children ages 0–5 years: the Y, libraries, churches, and organizations serving special needs children and their families.

When asked about the positive and unique aspects of the region, the participants said there are many activities for children. The Y and the PAL center provide a place for young people to play safely, learn sports skills, and interface with others.

Issues

Young parents. Many of the parents of young children lack maturity, knowledge, information and experience about children. They are often little more than children themselves and are still in school. The nurses see as many as six very young patients per month. “We see a lack of early prenatal care because of a lack of resources.”

Once the babies are born, some women receive support from the MOMobile, which teaches them childcare and parenting skills. But for young women who have few supports, the babies can be at risk.

The mothers just do not know what to look for and do not understand what the symptoms are if a baby is really sick. There is a real need for shared experiences, not just isolated pockets of education.

There were 200 Hispanic babies born in 2002. They were Title I eligible but there was a lack of capacity to serve them. Head Start opened up and there are Spanish-speaking workers at WIC. ACLAMO has helped over 400 children enroll in CHIP.

Home-based care. Home-based care is a reality, and many children are cared for in kinship arrangements and in babysitting situations. Many of those childcare arrangements do not provide the little ones with any real educational activities and leave the children unprepared for school. The issue is how to support providers of home based care and improve the quality of the services they offer.

Childcare subsidies. There have been reports of waiting lists for families to receive childcare subsidies. In the last year, the Department of Public Welfare revised the eligibility criteria and there is greater access to a broader range of people so that the same amount of funding is being spread among a larger number of people. However, Pennsylvania has experienced a dramatic reduction in TANF funds, and the funds need to be made up elsewhere. The resulting situation is that people cannot get the subsidies they need and do not have enough money to pay for the high quality programs. There are incidents of children being left alone.

Preschool. While there are some fine preschool programs in Norristown and Head Start sites, only 35 percent of the children in the area are in a formal preschool setting and as many as 60 to 75 percent of the children are developmentally unprepared for school. About 50 percent are considered at risk because they are low-income and many end up in special education classes as a result.

The quality of preschools is uneven and while there are programs that support the improvement of established programs, not everyone participates in quality improvement programs.

It is difficult to hire trained and qualified childcare workers and the turnover is very high. The pay is horrible, and, numerous participants stated, “You make more and receive better benefits at McDonalds.” Head Start centers must hire qualified teachers but there is no real incentive for people who are preschool teachers to stay in that environment once they have obtained appropriate credentialing. The “catch 22” qualifications make employment opportunities much better in elementary school (the certification is pre-K to third grade). The state minimum for childcare aides is an eighth-grade education. Improving quality requires an investment in facilities, in training and professional development. In addition, there needs to be an investment made in educating parents. “The goal needs to be shifted from prevention to intervention.”

Young children from Latino families require bilingual teachers to support their oral language and emergent literacy development, as well as to communicate with their parents.

The participants stated that outreach to the community to encourage participation in high-quality preschool programs is needed. They suggested that enhancing the skills and certification of preschool teachers would make a difference in the quality of preschool education, as will culturally and

linguistically appropriate programs for all children. Finally, as noted in other regions with young parents of all ethnicities, parenting programs targeting young parents with a special emphasis on literacy is a major need.

Session 6: Children Ages 6–12

The participants included four service providers, principals, teachers, school nurses familiar with health promotion and children that have special needs (medical, language and cultural), and art and music programs.

When asked about the positive and unique aspects of the region, the participants talked about the Pennsylvania incentive grant "Weed and Seed" for revitalization of an area. "The objectives of the Norristown Weed and Seed program are two-pronged: to 'weed' out violent offenders via intensive law enforcement and prosecution efforts, and to 'seed' neighborhoods with prevention, intervention, treatment and revitalization services."

There is a life skills program for fifth and sixth graders. They look at smoking, drug and alcohol use, and peer pressure. Guiding Good Choices is offered by Norristown Area Communities that Care. It can help parents reduce or prevent substance abuse by their children.

There is a Big Brothers/Big Sisters mentoring program for at risk boys and girls. There is also a program from the Norristown police called NPD SafeKids: Out of Harm's Way. The goal of the program is to minimize the risks that children face at home, at school and in their community through education and community outreach. A primary goal of the program is to reduce the risk of firearm accidents, especially among young children. (The children learn "stop, do not touch, leave the area, tell an adult.")

Agape sponsors summer and fall programs for out-of-school youth, nutritional education, GED classes, and after-school programs that provide some tutoring. "The Agape Foundation expresses its commitment to a just and peaceful world by funding the nonviolent social change organizations that will create that world."

Issues

Providing information. There is a disconnect in Norristown. There is wealth of resources but parents do not know about them. The goals of the programs are to recruit parents and children. There is significant truancy and adolescent delinquency in the area.

The schools are under a lot of pressure to meet the No Child Left Behind benchmarks. Only about 40 percent of children coming into kindergarten meet the readiness guidelines.

There are arts and culture programs: the Bryn Mawr Film Institute and writing program is linked to school standards. It is an impressive program with great best practices. Research shows that for every 1.5 hours of reading per day that are added to the curriculum, students increase their scores by a full grade level.

There are issues related to TANF and work force development programs. There are programs targeting children ages 6 to 13, working in the summer, and targeting at risk students. There is a lot of frustration around the timing of the money.

Students need life skills. They need to learn how to provide an employer with the kind of employee he wants. But it is an uphill battle for some children. When asked if they would be a teacher if they could, the answer from one student was, "I make more money running drugs than you do." The participants said, "We have to change what they see everyday to change what they think."

The participants repeated what was heard at other sessions: there are probably enough studies. "Let's use the information that is out there." Partnerships should be encouraged and rewarded. There should be a coherent strategy and a cohesive plan. Others suggested that providing a waiver of the requirement for obtaining matching funds for programs in low-income areas would help those seeking funding as would developing flexible funding guidelines. Finally, everyone agreed that schools need more support in order to change what the students see every day.

Session 7: Children Ages 13–21

The participants included three service providers, counselors, and teachers in art and music programs, health, and vocational training

When asked about the positive and unique aspects of the region, the participants said there are many innovations beginning in Norristown schools to address children with learning problems. Very few schools are engaged in high school reform, but Norristown is. They are participating in a large program through the U.S. Department of Education. It brings in quality improvement and professional development funds to transition large comprehensive high schools into smaller learning communities. As for the success of the program, "The jury is still out."

The Norristown School District is focusing on providing students with skills and is participating in the statewide high school reform initiative, 720 Schools. The goal is to improve the number of Pennsylvania students graduating "on time" from college (now at 28 percent), to provide tutoring for students in grades 7–12, and to develop early college high school programs where students can earn college credit in high school.

Panasonic Foundation has provided the district with professional development funding. The district is working to develop relationships in the community as well. Seventy-two percent of students participating in the Youth Empowerment Program at Norristown High School went on to continue their education.

They have developed a Character Counts program that encompasses six "pillars" or values, which transcend divisions of race, creed, politics, gender and wealth. They are trustworthiness, respect, responsibility, fairness, caring and citizenship. They are also in close contact with the local ministerium.

With the assistance of Community Partnerships in Action, the Norristown Youth Development Coalition submitted a proposal to the William Penn Foundation. It received grant funding to support a community assessment of youth development needs (gaps in services) and assets. It will look at planning for students already involved in risky behavior. The coalition is trying for an implementation grant.

Issues

Family involvement. Families have to touch the learning process in some way for it to be successful. They want their children (and the children want) to get good jobs. From the students' perspective, no one respects them, and they do not feel safe.

The barriers to quality outcomes in schools include teen pregnancy (some girls really want to become pregnant and then have another one), a lack of safety, gun ownership, parental (dis)engagement, and drug addiction (some parents are drunk or high). "These are good kids, they just experiment more." There is no outpatient mental health treatment for teens. Many students have family members and people that they know in prison.

> ***"Drugs and alcohol kill the soul of a community and a family."***

The participants suggested that support for drug and alcohol intervention programs is needed. They also suggested that providing support for teen parents—education, childcare, vocational training—will strengthen the community. They talked about developing guidelines for funders-consolidation. They suggested that funders might develop a strategic plan and release an RFP that asks where your program fits into this plan.

Session 8: Elderly

Participants included a representative from a senior center and the Area Agency on Aging.

When asked about the positive and unique aspects of the region, the participants said that five years ago the AAS faced a 30 percent shortage and a 30 to 40 percent turnover rate in home health aids. Through their efforts, they were able to modify the waiver to raise pay to $12.50 per hour, which is a living wage. As a result, there is no shortage of aids and no waiting list for services.

Issues

Demographic shift. There are few Latino elderly, but there is a cohort of people from South Korea who have been here for 50 years and are aging in place. New groups of Asians, who are spread out in the eastern part of the county, have significant language issues.

There is a looming income and paradigm divide as the baby boomers begin to age. Boomers are planning to continue to live in segregated communities but will require a big jump in the need for services. It is expected that boomers will take care of themselves as long as they can. Then they will increase the number of disabled, poor and infirm elderly. They will couple high expectations—wanting more, faster, and better services—with the vast number of them. "Boomers will see when it happens to them."

"If we have a choice, we should spend the resources on the poor. The boomers will take care of themselves. Boomers will become advocates after their first stroke. We need advocates like Maggie Kuhn."

BoomerANG project. The project had more of a marketing focus, ignoring low-income need. For example, how do senior centers make the transition to predominantly self-supporting, fee-based programs responding to the needs and interests of younger, more affluent boomers? How will they do running their own local show in an environment with more unequal in resources (like school districts) with a board of centers who are not users or adult children?

Foundation resources. Newt Gingrich said we should all go back to the orphanages. It is time to turn social supports back to the churches. "There isn't enough money for any foundation to do all that needs to be done by, so what must happen has to be a public-private partnership. The state will have to address the large issues. That is a big worry because the government is moving away from supporting the poor. Another worry is that there are people out there we do not know about. In poor neighborhoods, everything in the neighborhood needs to be supported. We are going back to the social Darwinism of the 1880s." If the foundations have any voice, they need to make government aware they cannot do this alone.

Low-income elderly. Home health services are free for people up to 125 percent of poverty. For others there is a sliding scale. Services are provided by contracts with many vendors. While there is a lot of duplication of services, there is also a lot of consumer choice.

Housing challenge. Most seniors would prefer to remain in own homes. Services can be provided but housing is deteriorating. People need support for maintenance and upkeep. The new housing is "McMansions" and adult living developments for the affluent.

Tensions. There is tension in finding the right balance: well elderly, preventive services vs. critical care. There are some peer-to-peer programs possible. Tension in role of the Agency on Aging, an all-encompassing agency vs. one of many players (e.g., behavioral health, health department, and the like).

There is tension about the function of senior services. We have lost the safety net mentality and the poor and the poor elderly become invisible, for example, the Katrina disaster. Boomers do not see it—a rising tide doesn't lift all boats: the leaky ones sink. Planned giving programs for senior centers in Ambler may work, but not in Norristown.

Racial and ethnic divisions exist. Senior centers are underutilized by minorities in Pottstown, Ambler, and other areas. At the Norristown Center there is more acceptance: "In Norristown, everybody sang 'We Shall Overcome' at the Martin Luther King birthday celebration and really felt it."

The participants suggested that foundations could reward collaboration among agencies to reduce duplication of services. They suggested that foundations could define the values they want to promote, create a coherent vision, and match the vision with funding. They also suggested that foundations should focus on sustainability because agencies need operating funds. Finally, they said that they find it wasteful and demoralizing to be searching constantly for a special project to obtain funding.

Session 9: Basic Housing Needs

Participants included representatives from crisis housing; Salvation Army housing; a social service agency working with Latino clients; a former county planning director; and social service personnel.

Issues

Housing. This is a main concern as is transportation. "We built smaller houses (like Levittown) but they do not have sewers. We learned you couldn't put a house on a small piece of land without a sewer. We cannot build much affordable housing in Montgomery County. There is no land, and what there is, costs too much. We have to go to a metropolitan plan. There are actually large tracks of land in Philadelphia no one cares about so finding a place to put transitional housing is not a problem. That is not true in Norristown or Pottstown. There is a lot of NIMBY ("not in my backyard") in Montgomery County. The economics are not in favor of building affordable housing."

"I shudder when someone tells me she is living in her car. You can refer her but there aren't enough resources to help her."

There is no county-wide social service planning process. "We need more shelter beds: there are 250 beds and we need 600. There are, on any given night, 600 people who are un-housed or in unsatisfactory housing, i.e. doubled up without their own place. It is invisible to most people because our 'street population' in the county is very low. Sometimes families will take in someone on a very cold night whom they will not live with regularly."

"No one wants another shelter in the county, but we need more transitional housing that is longer term, more permanent and one that people can be eased out of as their skills improve. Shelters are placed in scattered locations around the county. The landlords are happy to have the Salvation Army pay the rent and follow up with the family twice a month."

"There are some people who we really cannot help, and we do not necessarily have a discharge plan for them. But a scatter-site program with transitional housing for two years would move people out of the shelters and give us enough time to work with people to help them maintain housing."

Discharge planning. "People arrive at Building 53 (the office of the crisis housing coordinator) from medical and psychiatric hospitals and prisons with written discharge plans that list Building 53 as their destination. We do not even have a bed for them. We usually help them go back where they belong (it may be another county or state) and then bill the appropriate agency in the other region. It is usually that somebody hasn't done enough research to figure out where these people belong. You do not want them on the street where they will be in danger, but it is the responsibility of the discharge planner to figure out where they are really supposed to be. Hospitals will say they do not have the resources either."

Latinos. "There are no Spanish-speaking people in the shelters and no Koreans either. It is not usually a problem because they take care of their own. Because the Mexicans do not use the shelters, they often end up in properties owned by slum landlords who prefer the reliable cash of undocumented workers to Section 8 tenants. Mexicans sometimes sign a contract without understanding it. They will be caught in the code enforcement tangle [not more than three unrelated adults may live together, and there are very specific square footage requirements]. The property owners charge cash by the head and remove low-income housing stock from the market. We can provide some support for first-time home buyers, but the main problem is the language."

Changing demographics of the homeless. "The homeless are different from 10 years ago. To begin, over one third of the homeless are children. People are working but not at wages that allow them to rent apartments or houses. There are more people with dual diagnosis issues (usually psychiatric and drugs). Many people have lost their supports (e.g., parents have died), so mentally disabled adults of 50 have lost their housing. There are issues about medical care because there is no free medical care in the county for single adults. There is no public education about the issue so it is invisible to most people. Based on a lack of understanding of the problem and the costs of not addressing the issue, the county made a decision to close to the family shelters. They now have an idea what that means."

Lack of long-term discharge planning. "People need nontraditional discharge plans that include underwriting employment by an employer backed by the government, the foundations, and big business. They need to be supported for about three years to help them get into permanent housing and learn to

navigate the system. The recipient must show progress based on careful oversight so that people move through the system. Homelessness is a basic violation of human rights—no one wants to be homeless. There are some people who will insist others are homeless because they want to be. But they are not asking the right question. Ask someone if he wants his own apartment with a key and a lock."

The participants said that shelters in scattered sites raise less concern in the community and that those sites require general operational support. Further, they said it is important to invest in the community and provide information and support. They suggested developing serious cooperative efforts for discharge planning including fair share arrangements. Finally, they suggested providing support for a think tank to clarify the options and make the problems visible.

Session 10: Behavioral Health

The participants included private and public mental health, drug, and alcohol service providers in region.

Issues

Montgomery County Emergency Services (MCES). This is a nonprofit, 73-bed psychiatric hospital with an 8-bed crisis residential setting (sub-acute beds). Forty-five percent of the admissions are from the Norristown area, fewer than 5 percent are from outside the county, and there is a 72 percent readmission rate. They have links for services in the community and are located on the grounds of the Norristown State Hospital (NSH). All of the state psychiatric hospitals in the county are closed and have been collapsed into NSH. When people are discharged, they tend to stay in Norristown because there are really good general behavioral services for them there.

"We try to serve the people who are falling through the cracks, people with drug and alcohol problems, mental retardation, people who cannot access the services they are entitled to through the systems. Sometimes you have to bring the services to them."

The behavioral health providers deal with children who have come through the foster care and statewide adoption network. Some are "aging out" of group homes at 18–21 where they have been living with juvenile offenders, the mental health and regular population. There is a problem of labeling children. Sometimes they are labeled incorrectly because labels equate to reimbursement. One agency provides a broad range of services including family services, anger management, and SCOH services. They deal with children with post-traumatic stress disorder, depression, and abuse and neglect. The services for children in Montgomery County are not too accessible. Sometime it takes a month to get them services. This is hard when children are dealing with moving into foster care or dealing with an abusive situation. As children age out (some at 18, some at 21), they aren't necessarily ready to be on their own and they may need services once they are out. There are few independent living programs, and few transitional programs to address that population. Years ago, these children came from the juvenile justice system, but now they come from a system where people just do not want to foster older children, or the children have mental illnesses. They are displaced into group homes with juvenile offenders and the mentally ill whether they belong there or not. It is not a smooth transition to the adult population.

The mentally ill have the same needs all people in Montgomery County have. They need housing and there is a lack of Section 8 certificates and almost no affordable housing.

Discharge planning. Providers are under a lot of pressure to treat people and move them through the system. There are people who do not belong in psychiatric hospitals but there is nothing in the community that can provide them with appropriate care. Frequently, after people receive emergency services, they are released to nowhere. Many people end up in a hospital because they have no place else to go and they feel safe in the hospital. People who are addicts are often over-diagnosed as psychotic. They know how to play the game: they say they are suicidal so they can receive services. People get the wrong level of care; crisis stabilization units, step-down units of about 8 to 16 beds (not quite in or outpatient) are needed, but there is no licensure and no funding.

There is significant over-diagnosis of bipolar disorder. If a patient (or inmate—it happens often in jail) says, "I'm bipolar," then, by definition, he is not bipolar. The providers are trying to decrease the revolving door for

the mentally ill and for the people who use the hospital to crash after drug use. They would like to change the way people use the hospital so it can become a safe place to learn to take their medications. Many people who are mentally ill use drugs or alcohol to self medicate and wind up in jail. It would be better to combine psychiatric care with a halfway house. "Shape up or ship out." People come with social crises, not necessarily psychiatric ones. If there were better, different treatment of drug and alcohol addiction, as many as 50 percent of MCES admissions could be prevented.

"We are running a dinosaur." People may be in the community but still have a state hospital mentality. We shouldn't keep doing things the same way 20 years from now."

There is an important philosophical change moving toward the recovery model of mental illness. Mental illness would be classified as a chronic condition like diabetes. The person accepts that it is chronic and then avoids the complications of the illness and participates in using the system and modifying their behavior in order to accommodate the disorder. One person suggested a public campaign to highlight the warning signs of depression.

In discussing in-patient psychiatric services, the participant said, "If the recovery model works, we should manage symptoms like you would with any chronic illness. Mental health is not a bottomless pit any more than higher education. There needs to be enhanced focus on prevention and education to reduce stigma. Further, we need the transformation of behavioral health care into a consumer movement, and a change in the structure of the system to reflect this. There has been a message that people cannot have a real life. Our message is that people can live, get married and have a life—not just a half-way program."

What connections can be made in the community to help people become employed and increase self-sufficiency? People want to increase social connections. That might be addressed through "warm lines." One person noted that chronic pain and chronic grief are not billable and that there are almost no foundation-funded mental health projects.

Participants suggested that providing support to families would help them raise their children with more grounding. They believe that it would be beneficial to address mental illness in school adding that addiction is preventable, although depression is not.

They suggested that programs that enhance vocational, educational and social connections for the mentally ill make a real difference in their lives. The participants suggested that funders might challenge the behavioral health community to change their processes. In terms of the community, they would like to see education about how people can live next door to you and be mentally ill and perfectly all right. They suggested that resources are most useful if they are in the languages people speak. Finally, they suggested that support for cross system issues like grief or chronic pain help people cope more effectively.

Session 11: Public Safety and Disaster Planning

The participant was a forensic transition case manager.

When asked about the positive and unique aspects of the region, the participant told a story about a prison inmate who was an addict and a malingerer. The psychiatrist saw him without medications for six months. After that, the inmate began running a support group in jail that functions without drugs: Try Med.

Issues

Mental illness in jail. "About 15 percent of prisoners in jail have mental health problems. They need support when they are released from the county jail to remove the "jail crust" of anger and defensiveness, in order act like real people. They usually need therapy to deal with 'jail anger and attitude.' They frequently need shelter as well but not a good idea to place someone just out of jail in a shelter without support; you'd have a predator on your hands. One person with early Alzheimer's was jailed for theft (eating food in a super market). Without intervention, she would have gone to jail for a year.

"There is a large group of 'borderline personality disorders with cocaine features' in jail. Many people with mood disorders self medicate with alcohol and other drugs. Some try to manage their addiction by posing as mentally ill. Some are so damaged by drugs and alcohol that they become mentally ill. It is very difficult to sort out the so-called worried well; is it the

prison or is it the person? The problem is if you make a mistake, you may find them hanging in their cells.

“Many very bright people do not know what to do with these people. There was a time when they would have been placed in the state hospital. There is a crisis residential program for mental health, but the participant was hoping that he could put one in for prisoners. If they are coming out of jail psychotic, they will not do well in the community, and we are setting them up to fail again.”

“The police receive three days of training on how to deal with the mentally ill on the street. They look at how to identify them, manage them, and use a 302 [involuntary commitment] if necessary. They try to be active in the community.”

“A man was discharged yesterday who was psychotic, mentally retarded, and had a seizure disorder. He was sent out of jail without medication. Many people get out of jail without resources and end up homeless. You see intergenerational issues. In the youth center, children will say, ‘I need to get a letter to my mom. Oh, she’s in L Pod.’”

“We lost an entire generation to crack cocaine. We are losing a new white-collar group to heroin (e.g., dentist in Abington). Alcohol and heroin work better than drugs in treating symptoms of mental illness. We’ll have to wait for a new generation of drugs to work.”

“Jail is about punishment not treatment. There is one physician for every 1,500 inmates. Medical care in jail is provided through for-profit contracts.”

The participant said that a 10-bed forensic crisis residential program is needed. He said that it was important to provide education and information about sentencing and treatment protocols that are aligned with the mental health issues criminals suffer from. He suggested that programs that provide housing, case management (a personal navigator) and support for people being released from prison make a difference in their successful transition to life on the outside. He suggested that more boundary spanners would be helpful.

Session 12: Arts and Culture

The participants included representatives from the library and from the Police Athletic League.

When asked about the positive and unique aspects of the region, the participants said that there is theater, art, museums, the library, recreation, and music programs that improve the quality of life and “health” of the region. The Norristown County Library provides services to the homebound and to childcare centers. It has new technology that people can use including Access Pennsylvania, which involves sharing resources and information. It also provides a model for interrogation. And they provide material and information in Spanish. Some of their programs include Books Go Round Kids, Words on Wheels, and Books by Mail. There are children services, Science in the Summer, computer lab classes, and reading clubs.

- There is a searchable database but information and referral can be difficult to access, “Frustrating—if I weren’t a librarian, I’d give up.”
- There is a lot of interest in the arts in Norristown. There are sneak previews at the library of artists/performers including Silly Reba, the Balloon Clown.
- PAL has 500 members, sports programs, a library, computers, and it functions as a community center. They sponsor a reading club and free movies. There is a Weed and Seed program and they focus on family strengthening. PAL sponsored a firearms buy-back program. People received a $50 voucher.
- There is a cultural center and an art league. Dance drama, music, and art available in Norristown and there was a recent talent show. There is a variety of church-based activities.
- There have been some historical activities about Winfield Scott Hancock who was born in Montgomery Square and was a brigadier general wounded at Gettysburg.

We are all budget-driven and afraid of competition, but there is a history of collaboration among agencies, for example, ACLAMO and PAL have provided computers in Spanish. The participants suggested that the foundations stick to their RFP guidelines and provide a clear understanding of them. They said it is OK to say no to community-based organizations, but the organizations need guidelines so that they can plan.

Southeast Region

Session 1: Home Health

October 10, 2005

The participants included seven representatives of hospitals and home care organizations.

When asked about the positive and unique aspects of the region, the participants said that diabetes education, resources and support funded by the Bryn Mawr Hospital Foundation was very valuable. One for-profit home health organization prided itself on keeping rates as low as possible and providing "scholarships" for people who cannot afford care. Nurses are well organized into teams and meet patient needs in all areas except in psychiatry. There are inpatient hospice care and chronic care teams.

Issues

Medical services. The working poor (Medicaid ineligibles) need medical homes and longer range care, particularly for psychiatric services. There is a high rate of binge drinking in the over-65 population, resulting in minor car accidents, slip-and-fall incidents, and acceleration of general disease. Another issue is that Lower Merion Township has one of the highest rates of breast cancer (and associated deaths) in the United States. Dental care is needed among those without resources and dental insurance. People are aging in place and more support is needed for them.

Transportation. Emergency medical technicians assess and sometimes deny (paid) transportation to the hospital. EMS will not be reimbursed for transport to a doctor's office under Medicare rules. A bad option is a "social service" admission to the hospital, which sometimes happens.

Coordination of care (for the elderly). Patients are released too quickly from the hospital and too late in the day (sometimes as late as midnight). Working families cannot take care of their elderly. One nurse made a home visit at 1:00 a.m. People need information, medications, and other auxiliary care when they are discharged. Some families think that aids from home care agencies or hospice care staff will come and stay with their family member while they go to work.

Technology. There are electronic medical records but the computers aren't linked. This is not a HIPPA issue but a really burdensome problem for nurses. Some people are using USB drives to carry their medical records.

Advance directives. Many people are aware of them but they need to be on standardized forms and widely distributed. The primary care provider should discuss this difficult matter with the patient. Hospital staff often finds that medical information is incorrect or contradictory. There are significant barriers. Some are cultural or religious, and the forms are confusing. Education is needed about what a hospice can and cannot do, as well as other end-of-life issues. A physician can be the barrier to moving people into end-of-life care. They suggested using FILE of LIFE on the refrigerator, which comes with a window sticker (like ChildFind). Hospice care doesn't require a specific Do Not Resuscitate (DNR) order. In nursing homes, when they call 911 the paramedics must "work the code." Bracelets that list all relevant DNR information are available in Pennsylvania.

Information. An information center and website is needed for the entire region. It should show the name, phone number, and services an organization provides.

The participants suggested that community education about end-of-life issues would help enhance community knowledge. They suggested that an improved information system would help the working poor and underinsured identify services for home care, dental care, and mental health services.

Session 2: Wellness

The participants included representatives from senior services, a hospital administrator, fitness instructors, representatives from a women's center, and someone working with victims of domestic violence.

When asked about the positive and unique aspects of the region, the participants said that there are many social services available in the region. These include a high-quality pre-K program that is used at some sites about "words can hurt as much as our hands." There is a 24-hour domestic violence hotline; the police offer victims information and a women's center will contact them within 24 hours. Pottstown police have a social worker screening domestic violence calls. Police are trained during role call to address domestic violence

issues. There is a Yellow Dress presentation in school; it is a reenactment of the story of a girl killed the night before her prom; facilitators lead follow up classroom discussions. There are healthy relationship workshops at the colleges even though campus police do not want to deal with domestic violence issues.

The senior center's Ask-a-Nurse program has caught heart attacks, strokes, and infections. Congregational (parish) nurses provided the same services until the funding was cut. There was also a workshop on medical errors. People were given Take-Me-to-Your-Dr. brown bags that they were to fill with their medications when they visited the doctor. There are programs to incorporate fitness and wellness into people's lives and collaboration with Blue Cross for people who cannot afford it.

There is a telephone Reassurance Line, a volunteer Contact Care Line, and a follow-up to home health care. The follow-up is a weekly or daily call at the same time each day, which continues until the person is reached; if not, the police are called. They have been trying to implement it county wide because the working poor cannot afford the service. Mail carriers are trained to recognize that that mail hasn't been picked up. "Some people will call the post office and ask the post office to keep an eye on their elderly or ill friends and relatives. We heard about one postal worker was doing the bills for an elderly woman. Another time, the postmaster from Haverford called about a woman from Chester County who picked up mail in the post office dressed in a black plastic trash bag. She was in bad shape under the bag, and they helped her. Main Line has a lot of sick, stubborn people."

The participants said that it was important to facilitate nurse home visits and expedite needed services. They suggested that the community would be well served through health education, outreach, and service coordination. They suggested that schools should post wellness and fitness information on school Web sites as well as sending the information home. They also would like to see more support for school nurses who gather information and send it to parents. They mentioned that the domestic violence coloring books for children are costly but very useful.

Session 3: Discharge Planners

The participants included representatives of organizations providing support to parents, and people making home visits to new parents, the elderly and the homebound.

When asked about the positive and unique aspects of the region, the participants said that there are community partnerships that include a community advisory council (in existence for six years) that supports networking among agencies. Health advocates are available to provide information to pregnant and parenting women in laymen's terms. The numbers of healthy births and good outcomes have increased. Outreach workers have eliminated barriers to accessing OB and pediatric services. A Family Service Plan provides information about healthy babies, life skills, and dads' participation. CHIP enrollment helps provide pediatric care.

Although the numbers of meals-on-wheels delivered has gone down (because of recent increases in the number of people living in assisted living facilities) this is a very efficient program that spends 98.5 percent of its resources on food. Volunteers go to all, not just the poor and elderly (there is no means test and only 20 percent of participants receive subsidies). The program addresses social isolation. Deliverers notice if someone is in trouble or if he doesn't answer the door. The program can be used to ask people if they need other kinds of help by including a survey with the food.

The Kelly Ann Dolan fund provides some financial help for parents with a seriously ill child. However, private donations are slowing down. The Pew Charitable Trusts funds ElderWise, which provides in-home counseling for the elderly.

Issues

Housing. The Section 8 list is closed. People with high and/or outstanding medical bills frequently are poor.

Utilities. LIHEAP doesn't work for many people. However, PECO doesn't turn off the heat if there is a baby in the home.

Case management. People over 65 should have a nurse home visit on hospital discharge for an

assessment of their needs. The HMOs control the number of home visits as well as the agency the case manager uses. Case managers believe that nurse home visits pay for themselves, and even though they are covered by insurance policies, some Medicare HMO might deny payment for them. Case managers do not always ask if there is someone to help in the home, if patients can manage to get food, or if the patient knows the symptoms of an infection. Many HMOs will not pay for nurses to provide those services. Some people will not sign up for food stamps because they do not know there are no implications to enrolling.

Medicare managed care. As of 01/01/06, Keystone Mercy Health Plan dual eligibles, unless they actively choose not to, will become part of Keystone 65 even if they do not want to belong to a Medicare HMO. They will have to pay out-of-pocket costs and the participants do not know what will happen to the PACE (low-income pharmacy) program.

They questioned the usefulness of Medicare Part D. The cost of premiums will go up for people enrolling after May 1. The participants believe that increasing the premiums is a strategy to force people into HMOs because Part D will require a premium. People who are just beyond the poverty level may have a very hard time. APPRISE volunteers perform Medicare benefit counseling and will help people with Part D decisions.

Pregnant and parenting women. Healthy Beginnings Plus serves women up to 185 percent of the federal poverty limit but once their babies are born they may not be able to find services for themselves or their children (the children aren't necessarily covered by CHIP or MA). The Adult Basic Coverage program is capped and not well resourced.

Parental support. "Not everyone can even take public transportation to get back to the NICU (newborn intensive care unit)." One outreach worker is trying to establish a newborn NICU parents' group. Parents need a lot of support when a baby is sick and a group could provide a range of services and supplies. There have been parent outreach meetings in the past but the outreach worker said that people must be contacted in person in order to make a real connection to others in the same "boat." One agency holds client meetings, adopt-a-family opportunities (a chance to obtain free food and gifts for holidays), and provides free baby supplies. Activities have included inviting moms to MCVoTec for hair and nails services and to listen to a lecture on domestic violence. Outreach workers check baby seatbelt safety when clients come to meetings. They have a giveback program so that equipment can be re-cycled to other clients. They mentioned that more breast pumps are needed as well as funding for other baby and new mom basics (bedding, pads, and formula). There is a long waiting list for their services. It was suggested that breast pumps be rented but it is hard to get them back. It was suggested that for $10,000 they could buy breast pumps from a durable medical equipment provider and rent them for $20. When the pumps came back, the money could be returned.

It was suggested that knowledgeable volunteers be placed at senior centers to answer questions about Medicare. It was also noted that enhanced case management for seniors and pregnant and parenting women could make a big difference in their outcomes.

Session 4: Preschool Age Children

The participants included two preschool program directors.

When asked about the positive and unique aspects of the region, the participants talked about their programs. Both participants said they use the library and local businesses as trip destinations.

One director taught a "mommy & me" program that is intentionally inclusive of special needs children, and requires parents to attend—no nannies. The program provides support for parents who might not be receptive to the fact that their children have a problem. One offshoot was a co-op group that met two days/week so that parents of children with problems could have some time off. Sometimes teachers or parents will catch a problem but it can take the Intermediate Unit (IU) a long time to evaluate. Many people who recognize that their children have a problem cannot afford to have them evaluated privately. She works with the Montgomery County IU.

The other was the director of a local childcare preschool that served a racially mixed population of low-to-moderate income families from the area and from Philadelphia who work locally. She noted, "I believe that positive experiences when they are little

will set the stage for academic success when they are older." She works directly with feeder elementary schools and uses the criteria provided by Kindergarten teachers to enhance her curriculum. She also uses Handwriting Without Tears. She is using PATHWAYS and TEACH to educate her staff and is a Keystone Stars center working on her National Association for the Education of Young Children (NAEYC) accreditation. She helps families sign up for CHIP and the Montgomery County Association for the Blind that provides eye screens. She has a dental program to examine their teeth. There is a link to a local private school and older students who come and work with the younger children. There are also links to two churches that supply toys and other materials.

Issues

Training. Teachers should be trained to look for children who need early intervention services. As young as 18 months, a knowledgeable person can tell that a child is not on the right trajectory. Parents must be a child's' advocate. Pediatricians aren't necessarily picking up these issues. Currently, many pediatric offices do not have call hours so parents can ask non-emergent questions. "They are assembly-line practices." Minimum wage childcare workers may lack the training to understand what they are seeing. Eventually problems that could be addressed through early intervention services become issues for children in elementary school.

Children's needs. There is a great need for nurturing. Many children from 18 months to eight years old are in childcare for almost 12 hours/day. There are eligible children in the township but no Head Start class in Lower Merion. Children talk about the TV shows they watch over the weekend even though they receive the Lower Merion weekend information.

Many children are overweight. Parents need support to encourage exercise and good nutrition in their children. Children may receive a healthy breakfast at school but parents send lunch and many salty and processed foods. Thirty-three percent of students have asthma and/or allergies.

Parenting skills. Parents need time management and parenting skills. Many need a support group to talk freely. The participants suggested if centers supplied childcare and dinner, more people would attend educational sessions.

Staffing. It is hard to find qualified preschool staff because the pay is so low. Staff is burned out by Friday and Monday is hard. Many are part-time staff.

The participants suggested that parents need information about nutrition education and samples of healthy lunch menus. They noted that preschools need support to reach NAEYC standards. This includes curriculum material for young children and their teachers. Further, they would appreciate being able to purchase small manipulatives (such as puzzles, beads, toys, and counting games) and large, gross motor development equipment (like climbing toys, tricycles, and playground equipment).

Session 5: Elementary and Secondary School

The participants included a counselor at a local elementary school, a county mental health worker, and director of an alternative school program.

When asked about the positive and unique aspects of the region, the participants said elementary school counselors work with child study teams to meet academic social and emotional needs, provide developmental guidance, and engage students and their families in community service. There is support for Second Step, a violence prevention program funded through Safe and Drug Free Schools. The Children's Aid Society helps at risk children and their families strengthen their futures through culturally sensitive services that are professional, responsive, child centered and family focused—several people noted that it is a great organization. There is a classroom guidance curriculum that is aligned with National Association of Counselors: Personal Social Academic Careers provides career development, decision-making and problem solving. There is a career fair each spring for fifth-grade parents.

Lower Merion has a variety of services (psychological, special needs psychology, occupational therapy and speech therapy). The school nurses do a great job linking children to services they need. Crisis intervention is available for children who do not need hospitalization but are in serious trouble in terms of

mental health. The Oleos Bullying Prevention Program is funded by Montgomery County Family Services. This program grew out of three suicides.

The Safe Kids Program is designed to prevent sexual abuse. A video is viewed and a discussion is facilitated by Family Services. Parents have a chance to view and react to the video. About 10 children have been pulled out of the viewings. Starting in children experience a progressive curriculum: e.g., first grade (safe touching) and fourth grade (assertiveness). There is also Second Step. Participants report that the Base Service Unit (Lower Merion Counseling services) has improved. Lower Merion students are placed in inclusive classes. Four alternative schools provide academic programs for non-traditional learners.

Issues

Finding help. Getting immediate help can be cumbersome and frustrating when a child is in crisis (abused, suicidal, significant family problems). Despite many services, it takes time to get through the bureaucracy. There are not enough services to meet the needs of special needs students. Administrative support would be helpful (an intern, a paraprofessional or secretary). It is difficult to get behavioral and physical health supports and services for students without insurance and there is no clinic with a sliding scale. Services are fragmented and everyone needs a "concierge" to negotiate the system: for elderly, resource availability; for younger families, how to get your children into after-school programs, get WIC services, and work through networks at a local level.

School nurses. They are doing much more than they used to. They work to get children an ACCESS card but even with it, dental care is nearly impossible. They administer medications to special needs students who have swallowing issues, diabetic students on insulin, allergic students with epinephrine pens (57 students in Lower Merion who have strong peanut allergies), medications for students with ADD; and students with colostomy bags. Based on the Individuals with Disabilities Education Act (IDEA) settlement, some percentage of the 130 students who have not been in school are returning. They will require many resources.

Mental illness. Children who are suicidal are not able to access good care. They end up at Bryn Mawr Hospital as emergent and given outpatient services. There are no inpatient facilities for children and adolescents. Young people who require crisis intervention are sent to Building 50 at Norristown State Hospital. There is a crisis intervention activity (not hospitalization but better than and more emergent than outpatient.). The Base Service Unit can see them for Mental Health, and Drugs and Alcohol. Pennsylvania has licensed professional counselors (LPCs) and southeastern Pennsylvania has adolescent beds. Parents can petition courts to be involved in children's lives based on a "duty to warn."

There is a good home and school visitor in Lower Merion, but families still have gaps and need more services. There used to be a hospital-based clinic for youth and families with a sliding scale, art therapy and family service that met many needs. A range of outpatient and intensive outpatient services; and a clinic for youth and family. There is an overlap with the Base Service Unit. Currently service organizations include Lower Merion Counseling, Catholic Charities, and Jewish Family Services. The county funded facility is a Christian organization. Some people care that it has a cross on the logo. Participants said county funding probably should not be used to fund a religious organization.

There is a need to work with families and parents who are resistant to working with the schools. Help people who need more grassroots kind of services. Parents need to have someone to help them negotiate the system when they transition from early intervention to elementary school services.

Cultural competence. There are few services available if you do not speak English or if you are a person of modest means. Language issues are a real problem.

Housing. Housing is huge issue (for SCOH families in particular).

Recommendations

- Fund Family Services to continue Safe Kids Program.
- Fund services for children who need services less serious than hospitalization.
- Fund the FAST Program (Families and School

Together) Get parents early in elementary schools to provide support group; have family therapists to help break down the barriers.

- Fund FLOW (Future Leaders of the World) program.
- Fund family support services for parents to learn to cope with children with mental health issues. Or if the parent has mental health needs, children may be neglected.
- Support schools to work with children and adults with the various abilities (parents may have many limitations: understanding, literacy, problem solving, decision making).
- Provide emotional support for people in crisis.
- Provide speech therapy services (children or elderly) not covered by insurance.
- Fund alternative learning activities. For example, it would be helpful to integrate community activities into curriculum (cooking for meals on wheels, making birdhouses for the park).
- Fund in-home, pre-SCOH services
- Fund transportation for elderly in particular
- Develop a life skills program.
- Provide training for nonprofit organizations (college courses or professional development with CEU credits).

Session 6: Recreation

The participants included the director of a local recreation center and the director of a social program for gay, lesbian, bisexual transgender, and questioning youth (GLBTQ) and their straight allies, and a Lower Merion Township recreation official.

When asked about the positive and unique aspects of the region, the participants said the community center provides social, athletic, mentoring and educational after school programs for elementary through high school-age students. There are two staff, limited volunteer help, and no membership fees. Programs include sports, which are taught in clinics, summer camps, and playgrounds.

The director of the social program for gay and lesbian youth said her organization provides a safe and healthy environment, some education (speakers, transgender panels, and physicians to talk about sexual issues), structured discussions, social activities, and a place where young people (14 to 22) can feel safe. There are opportunities to bring in supportive adults, hold an alternative prom, and a few dances. Young people find the organization through faculty recommendations, community information, through the Internet, from guidance counselors, flyers, and word-of-mouth. Each year, the ages get younger because the local colleges have started providing better programs and activities for older students at college.

Issues

Teen programming. There is minimal teen recreation programming in Lower Merion Township. In addition to programming, there is a need for more space, equipment (particularly computers as many Ardmore students do not have computers at home), and staff. Centers need funding for SAT courses for students who cannot afford Kaplan.

The township could develop multiple community centers to serve different parts of the area. However, in any case, young people need a place to go, where they feel comfortable, or they get into trouble. The GLBTQ group would like its own drop-in space and funding to continue programs and for special events. The group would like to provide counseling, (GLBTQ youth have a rate of suicide three to four times that of other teens) but there are liability and insurance issues. They need a computer printer, up-to-date Web site. “It is not likely that GLBTQ students would be comfortable in a new community center; it would be too hard for young people to go to a gay program. Plus, centers are limited in terms what they can do without parental consent. Some of these are children whose parents evict them when they find out they are gay.”

The participants said that community center boards need training and although they have mixed funding, both directors explained that the centers are understaffed and under resourced. They would like to see township support for multicultural youth activities in traditional and non-traditional settings.

Session 7: Elderly — *October 11, 2005*

The participants included a long-term care case manager; transportation service providers; a geriatric nurse, and staff from a senior center, the Alzheimer’s Association, and ElderNet.

When asked about the positive and unique aspects of the region, the participants said there are significant transportation services available for the elderly in Lower Merion Township. People receive some transportation to doctors' appointments, senior centers, and adult day care. Services are available to low income people, not just the elderly.

People are assessed, a care plan is developed and options are developed. Referrals for services come from hospital staff, community based organizations, and by word-of-mouth. Sometimes people who need food or medications receive them through the agencies. Senior centers provide hundreds of meals each week.

There is a program at several hospitals designed to prevent and decrease functional decline and delirium in hospitalized elderly by using mobility. The program has decreased falls, increased Press Gainy scores and enhanced customer satisfaction. It has decreased the use of catheters and diapers, liberalized diets for aged cardiac patients including menu options that they can have anytime, and helped them use the phone.

Issues

Medicare. No one knows what will happen when the new Medicare laws limit the number of doctor visits. There is tremendous confusion over health insurance, which is expected to worsen, and about financial issues, such as electronic deposit of Social Security checks.

Medical transport. There are problems with ambulance transport: much of it is not reimbursed and expensive. TransNet is not permitted to cross county lines. The rules are stringent (the elderly must wait outside, calls must be made 24 hours in advance, the rides are often late, and there are limited hours). There are few support services for early-onset (<60) Alzheimer's. It is hard to find rides for chemotherapy because it is so many times each week. However, dialysis is a priority for community transport.

Hospital discharge. It is difficult for the elderly to go home alone after hospital discharge. They are told to appeal to their insurer and/or Medicare to stay extra days in the hospital. Sometimes they need help getting settled, but many balk at asking for more help. Hospitals provide a cab voucher and let them go home. There is a break in continuity: nobody calls. We should look at the laws, particularly around early dementia.

Older people need someone to "run interference for them." One participant told the story of a woman who felt numb on one side of her body. There was a nurse at church who said, "You have to be seen at the hospital." She insisted on being seen by a physician (she wouldn't go to the ER) and she had Doppler studies and was in the hospital two days later. Physicians' office receptionists need training. They only believe a professional who tells them something is wrong.

The participants suggested that improving aftercare assessment and enhancing case management in the community would make a real difference for seniors. They also suggested providing personal care/home health aide training in order to support the development of more informal caregivers: for example, training for families so they learn how to fill in when other services aren't available.

Session 8: Housing and Transportation

The participants included two representatives of housing organizations, a staffer on code violation and handicapped access, and a borough transportation director

When asked about the positive and unique aspects of the region, the participants said the township ambulance service provides support and referral to everyone. The borough does not use a means test to provide information to people who call. They provide telephone reassurance and friendly visiting. One agency provides volunteers to transport the elderly to their doctors' appointments, to the grocery, and to do odd jobs that are too small for a contractor. There are a few small grants available to help people in dire straights. There are programs to serve the mentally ill, younger disabled and older adults. There are some efforts in older boroughs to provide work in neighborhood revitalization efforts.

Issues

Housing. Affordable housing and reliable transportation are critical. Some private money is available for housing but it is affected by market forces. Some areas of the county need much more money because market forces will not operate there as effectively as in Lower Merion. Resources should be put into developing lower-cost apartments over storefronts. Site acquisition is often difficult, expenses during development may be unpredictable, or a

municipality may not let it happen. Housing in some communities is difficult to obtain or it is old and in poor condition. Many houses need lead abatement, and there are big houses with one bathroom and no sink. Houses now sell in three months to out-of-town landlords who make them rental properties. The more affordable rentals are in places with no transportation. It is hard to go across the county.

Funding. Organizations must limit their work, not to where the need is the greatest, but to where there is funding. Smaller boroughs need grant writers to help them identify funding. Smaller, disadvantaged towns need operating support from foundations because state programs tend to be short term. The participants suggested that the state could "prime the pump" by providing funds to spruce up an area.

Transportation. The Area Agency on Aging conducted a survey in Montgomery County, which has a large aging population. ElderNet was created as a result, in 1975. It keeps detailed phone logs about needs that are expressed, which yield new programs. For example, older adults do not want to stop driving. They start by self-regulating: they do not drive at night, in bad weather, long distances, or on bad highways. But driving is a form of socializing, and they need it to access to medical care. There are high expenses associated with keeping a car.

How ElderNet transportation works: In 1989, the elderly needed 50 rides /month, and it was easy to staff. Currently, ElderNet provides over 200 rides/month, and it is underutilized. The income guidelines are $28,000 for a single person and $34,000 for a couple. Shared rides are available through Paratransit and Bennet cab. The rider is responsible for 15 percent of the cost and the balance is funded through the lottery. Aging participants have to wait outside their homes, and the cabs aren't on time. ElderNet volunteer drivers go into the doctor's office with the client, but there aren't enough drivers. They also transport mental health clients and much of the transportation is for physical therapy appointments.

There is some money available to provide rides through a contractor. Rides were limited to one/week but there are more now. They can transport ambulatory patients but there is no capacity for the wheelchair bound. Shopping is hard for the elderly and the disabled because they cannot carry and they cannot reach. Volunteer shoppers visit and do small jobs for them (e.g., change a bulb). Transportation is a difficult job for volunteers and it is hard to recruit them.

There is little support from the business community. Some contributions come from people receiving the services. Part of the transportation problem stems from the way the county has developed the rural, more affordable areas. Buses may not run anymore than once an hour. "There is no upside for a politician to put affordable housing in his backyard."

The participants suggested that agencies already doing the work need more staff. They would like to see support for the planning process and to limit the risk exposure of agencies working to address housing and transportation.

Session 9: Behavioral Health

The participants included representatives from the Montgomery County Office of Mental Health adult services, a family services agency, a for-profit behavioral health provider, a youth aid panel, and a nonprofit local mental health agency.

When asked about the positive and unique aspects of the region, the participants said agencies providing services link to the community through the Base Service Unit that is operated through a subcontract. They provide monitoring, receive complaints and calls, and work with the state hospital on discharge planning for people returned to the community. One agency provides individual, family, marital, adolescent, and children's therapy as well as the Families And Schools Together (FAST) program at schools. There is outreach to people on the Main Line with behavioral health problems. They receive services through the following models: inpatient, outpatient, partial, intensive outpatient services, drug and alcohol and traditional outpatient services.

Montgomery County trains community volunteers as an alternative to adjudication for first time offenders. They receive referrals from the police for those who would benefit from a second chance (shoplifting, trespassing, drugs and alcohol). A coalition concerned with youth safety and health promotes dialogue among the schools, police and the mental health providers to bridge the public-private school gap. A youth panel meets with students and families to discuss social norms such as drinking as a rite of passage. One agency provides play

therapy with little children. National Alliance for the Mentally Ill (NAMI) has a Web site with resources for Bucks, Montgomery County, Delaware, Chester and Philadelphia counties.

"There are no homeless in Lower Merion."

Issues

Alcohol use. There is an epidemic of younger and more serious drinking among girls. Parents are blasé about drinking: it is seen as a rite of passage, and young people are hiding it. Parents do not understand the dangers. There has not been an increase in the use of the School Assistance Program. There are no rehabilitation or detoxification units located nearby. There is a great deal of denial and a high level of stress on young people with few outlets.

Chronically mentally ill. Much of the work is with chronically mentally ill who also have physical problems. Children's crisis services are far away (in Abington) and the stationery for the facility has a cross on its logo, which makes it uninviting to many of the people who would use the service. The chronically mentally ill can only go to the Bryn Mawr Family Health Office, which has relocated to Broomall. The shuttle from the hospital only runs until 1:00 p.m.

It is hard to obtain dental care for people on Medicaid in this region. Only one dentist in Norristown is taking the ACCESS card.

Daytime and evening counseling appointments are needed, and a coordinating system of information through an updated Web site is needed.

Transportation is an issue.

Youth services. The Youth Aid Panel hears cases of young people who were bored and got into trouble. For example, Lower Merion needs a skateboard park. A larger, better-equipped, multi-service YMCA is needed. The Pottstown Y is a good model: it includes a senior center and is multinational and well integrated. When the private schools build and expand, they ask to use the public school fields.

Needed services. Low-income single parents have few services—no support groups, no childcare—and, as a result, many children are left alone at an early age. There is one substance abuse transition house. People often need to access services in Norristown and they cannot get there. Some participants reported that it is difficult to obtain HIV testing and counseling. There aren't enough psychiatric services. The county's Children and Youth does not have much of a presence in Lower Merion, and there aren't enough beds for children and teens. Paoli closed its mental health unit; Friends Hospital has become a for-profit entity and its crisis ER will be separate. Admission directly to Friends will be separate as well.

Geriatric services. There aren't enough geriatric services in the area. Mercy Fitzgerald closed its senior services beds. Eagleville has a geri-psychiatric unit that is doing well. Horizon (a for-profit entity) rents space at Eagleville Hospital. Riverside, a satellite of Eagleville, is located in West and North Philadelphia and Coatesville. Wills Eye has geri-psychiatric services.

It is expensive to provide psychiatric services to seniors if the medical model is used. Bryn Mawr Hospital tries not to send people away. Depression and anxiety for the aging and the physically compromised go together. Parity for mental and physical health services is about 50 percent. It is hard to get providers (physicians) to handle these patients. After the acute phase ends, step- down services are hard to find. Montgomery County has four beds that are the medical model for psychiatry, but not necessarily for the elderly. Montgomery County looks at regional services. This is an area that needs a great deal of support.

The participants suggested that the region needs enhanced accessibility to psychiatric services for youth and the elderly. More public education and information about drug and alcohol use among teens is needed. They said that people need transportation to get to needed services. Finally, they suggested that the county should provide information and materials in a variety of languages.

Session 10: Public Safety

The participants included three police officers from two townships.

When asked about the positive and unique aspects of the region, the participants said there were significant accomplishments in community policing including the DARE Programs. They provide more services with less money. At the beginning, parents' sessions were poorly attended. While the Civilian Police Academy

experienced a low turnout in Lower Merion, the Cops and Kids program in grade schools is more about relationship building. They used examples of domestic violence and the use of pepper spray, and children understood what they were saying.

Issues

New trends. There is bullying and cyber harassment, a crime that didn't exist a few years ago. They see identify theft, scams such as the PECO tree service, and domestic violence among the "upper crust." "He's on the phone with his lawyer and she's on the phone with hers. They live in a house big enough so they wouldn't even bump into each other for years at a time. But both are trying to develop a paper trail."

> ***"There is little for kids and families in the Ardmore revitalization. There is no town center, no place to bring people together, no bulletin board. You need to have a big center with indoor and outdoor facilities."***

The police struggle with budget cuts and more restricted access to schools with a curriculum pressure on testing. There is less parental involvement: "My parents will be in France until April." Alcohol abuse is underreported by the schools and the community. There is a significant drug scene including homicides in drug deals. Drugs used to be products of the Vietnam era and home grown. Today, cheap pure heroin is available and we are seeing 13-year-old addicts.

The participants suggested that supporting the NAACP Parenting Skills Program in Norristown might help to reduce truancy. Parents need family-oriented parenting skills because the police can only treat symptoms. Participants suggested that the middle school and high school life-skills training–conflict resolution program should be offered for credit.

Participants agreed that it was important to meet the standards set by state police about diversity. It was suggested that the Civilian Review Board should be re-implemented. All agreed that there was a lot fragmentation of services: there are 47 police departments and 101 volunteer fire departments in the county.

Session 11: Arts and Culture

Participants included representatives from an art center and a local theatre.

The art school's mission is to provide affordable and accessible art for all.

Session 12: Minorities and New Immigrants

The participants included a minister and a representative of a senior center.

> ***"We do not treat social problems; we just move them."***

Issues

The new immigrants are Mexican landscapers. The English-as-a-second-language classes are full. Some property owners are dropping out of Section 8 housing because they believe they can get reliable rent from the new immigrants who will work two or three jobs in order to buy a house. "They have a goal, and they walk to work carrying their lunch in order to save the money they need to buy a house."

The service companies hire them: "Make sure you send me Mexicans all the time."

"What happens to others? In many cases these are disposable people, and others have to pick up the cost."

The participants suggested that support for ESL classes is really key to helping people assimilate; however, until immigrants are able to speak and read English, it remains important to provide translation of needed documents. It was suggested that we should teach Spanish in elementary schools and re-allocate the cost of the burden.

Session 13: Wildcard: Impact of Sustained Funding

1. Community based organizations are stretched thin and need support.
2. It is not necessary to "reinvent the wheel": look at what is actually going on.
3. Provide sustained support of a crumbling infrastructure, but also encourage consolidation to reduce fragmentation.

Key Informant Summary

Overall, the “health and wellness wish lists” of key informants in each of the five regions of the county were remarkably similar and focused on three basic needs. One need is better leadership training for parents, peers, and community members so that they can better perform their roles and serve as more effective advocates for the support of critical services and needed institutional changes. Another need is expanded access to services across systems: healthcare, schools, criminal justice, and social services. The third need is to assure that the basic infrastructure is in place so that services such as housing, fluoridation, information, transportation, and workforce development can be provided cost effectively. The recommendations of the key informants are summarized in Figures 43a through 43e.

Focus Groups with the Users of the Systems

In the final analysis numbers and abstract principles do little to produce improvements in communities. It is the stories of real people that elicit the humanity in us and form a bridge across social and cultural chasms. Six groups of “system users” were identified as important voices to hear in determining priorities: Asians, African Americans, Mexican immigrants, homeless families, homeless individuals, and at-risk young adults. We provide a summary of these sessions and the stories of their participants. No small group, of course, can speak for all who fall into a particular category. Indeed, the categories themselves are artificial, since they assume a degree of homogeneity in experiences and perceptions that does not exist. However, based on our discussions with key informants, their experiences and reactions seem to be representative of many. For most residents of Montgomery County and in most of the statistics assembled in this report these segments of the county’s population are invisible. Yet, each segment is growing and each faces special challenges. Their stories and how the communities in this county respond to them will shape the health and quality of life of Montgomery County for all of its residents.

Figure 43a. Summary of the Western Region Key Informant Wish List for Expansion and Improvement of Health and Wellness

Community Leadership		
		Parenting education-family leadership training
		Affective education, leadership education peer to peer mentoring
		Arts and creative programs
		Prevention of funding cuts to crucial social service programs
		Housing project social service programs
		Services over county lines
		Improved wages for mental health workers
Access to Services		
	Minority	
		English language training for new immigrants
		Programs to convert foreign credentials so immigrants are better able to earn living wages
		Breakdown isolation of immigrant and minority communities.
	Frail Elderly, Chronically Ill & Disabled	
		Expanded homecare for low income elderly
		Prevention of scams and swindles
		Senior center services
	Healthcare	
		Access to primary care for the uninsured
		Specialty care for low income
		Expansion of access to behavioral health services particularly in criminal justice system
		School nurse and health programs
		Mental health community services
		Mental health prevention in school
		Mental health and substance abuse programs for prison population
	Childhood Services	
		Preschool services
		Sex education for teen pregnancy reduction, etc.
		Domestic violence prevention
		Support for families in poverty to break the cycle
		Support programs for parents of young offenders
		School home visitor programs
		Activity programs for at risk youth
		Grandparents raising children
Infrastructure		
	Affordable Housing	
		Affordable housing and transition housing
		Shelters and transitional housing for homeless
		Emergency funds
		Affordable rents for artists
		Group homes
	Fluoridation	
		Preventive dental services
	Information	
		Information (multiple mentions)
	Transportation	
		Transportation for the frail elderly to services
		Automobiles for low income working families
	Workforce Investment	
		School to work transition particularly for at risk students
		Credentialing and training of mental health workers

Figure 43b. Summary of the North Penn Region Key Informant Wish List for Expansion and Improvement of Health and Wellness		
Community Leadership		
		Parenting education including family therapy
		Prevent funding cuts to programs that work
		Reduce fragmentation of services and coordinate services available among agencies. Increase regionalization.
		Update, familiarize and provide residents and social service workers with correct information about available services and cultural activities.
		Housing project social service programs
Access to Services		
	Those with limited English language proficiency	
		Develop cultural competency among service providers
		Enhance supply of materials written in languages spoken in Montgomery County
		Provide trained interpretation for medical and social services
		Convert credentials earned in other countries to certifications acceptable in the US
		Provide support for ESL classes & teach refugees useable skills
	Frail Elderly, Chronically Ill & Disabled	
		Transportation
		Senior programming at senior centers; for the blind
		Address the waiting list for services
	Healthcare	
		Mental Health services including vocational support
		Increase prevention dollars to provide information about drugs and alcohol to students
		Increase the number of dental providers who accept MA
	Childhood Services	
		High quality preschool experiences are needed
		Improved preschool teacher training
		Access to mental health services
		School guidance and adult mentoring programs
		Provide services to young people who "age-out" of the system
Infrastructure		
	Affordable Housing	
		Affordable housing and transition housing
		Group homes for the severely disabled and the technologically dependent
	Fluoridation	
		Preventive dental services
	Transportation	
		Workers need to reach employment & children school
		Addresses the isolation of the frail elderly & disabled; Volunteer drivers are hard to find

Figure 43c. Summary of the Eastern Region Key Informant Wish List for Expansion and Improvement of Health and Wellness		
Community Leadership		
		Provide on-going operating support for agencies that struggle to do their work.
		Without support, providing the full range of information about existing services will lead to excessively high service utilization.
		A DPW office is needed in Abington
		Address domestic violence
		Provide community programs about the stigma of mental illness.
		Provide small grants for rent or medication so people don't spiral out of control.
		Parenting education
Access to Services		
	Those with limited English language proficiency	
		Enhance supply of materials written in languages spoken in Montgomery County
		Provide trained interpretation for medical and social services
		Develop a clearinghouse to gather best practices for work with immigrants.
	Frail Elderly, Chronically Ill & Disabled	
		Case managers have a hard time reaching frail elderly
		Address cases of elder abuse
		Develop a comprehensive service program using the On-Lok model
	Healthcare	
		Incomplete discharge planning
		Asians frequently do not access healthcare services
		Those without documentation lack insurance and have limited access
		Hospitals provides space for 'social admissions'
		Mental health community services
	Childhood Services	
		Provide support for school nurses
		Provide support to address teen depression
		Programs to train students in marketable skills
		Support for families in poverty to break the cycle
Infrastructure		
	Affordable Housing	
		Emergency housing for those between 50-55
		Lack of affordable housing
		Lack of local shelters for victims of domestic violence
	Fluoridation	
		Preventive dental services
	Information	
		Information (multiple mentions)
	Transportation	
		Transportation for the frail elderly to services
		Lack of transportation; it is difficult to get to the other side of the County
	Workforce Investment	
		School to work transition particularly for at risk students

Figure 43d. Summary of the Central Region Key Informant Wish List for Expansion and Improvement of Health and Wellness

Category	Subcategory	Item
Community Leadership		
		Funding for another Personal Navigator
		Parenting education for young and inexperienced parents
		Community strategic plan that requires organizations to show where their programs fit in.
		Reward collaboration among agencies to reduce duplication of services.
		Focus on sustainability
		Coordinated long term discharge planning to address mental, healthcare and social service needs.
		Improved wages for mental health workers
Access to Services		
	Those with limited English language proficiency	
		Help people having difficulty communicating (e.g., reading prescriptions, receiving social services) in English
		More ESL classes and bilingual teachers to communicate with parents.
		Health education materials in culturally and linguistically appropriate formats
	Frail Elderly, Chronically Ill & Disabled	
		Expanded homecare for low income elderly
		Consolidate and coordinate services for low income elderly.
	Healthcare	
		Primary care for immigrants and the uninsured
		Access to prenatal and specialty care for immigrants and the uninsured
		Mental health- provide support to recognize people at risk for suicide.
		Mental health outpatient services for teens
		Mental health and substance abuse programs for prison population
		Increase prevention dollars to provide information about drugs and alcohol to students.
		Social, vocational, educational and community services for mentally ill
		Forensic crisis residential program
	Childhood Services	
		Sex education for teen pregnancy reduction, etc.
		Support and education for school nurses to conduct prevention activities.
		High quality preschool experiences are needed. Improve preschool teacher training and compensation.
		Life-skills programs for teens
		Mental health services for children who "age-out."
		Grandparents raising children
Infrastructure		
	Affordable Housing	
		Shelters and transitional housing for homeless and mentally ill
		Develop the waterfront and housing in Norristown.
		Repair homes of the elderly
	Fluoridation	
		Preventive dental services
	Information	
		Update, familiarize and provide residents and social service workers with correct information about available services and cultural activities.
	Transportation	
		Transportation for the community to healthcare services
		Investigate the use of old trolley lines and school buses

Figure 43e. Summary of the Southeast Region Key Informant Wish List for Expansion and Improvement of Health and Wellness

Category	Subcategory	Item
Community Leadership		
		Home and School Visitor to help families identify and follow up on needed services. (Similar to a Personal Navigator)
		Parenting Education; supports for low-income families
		Focus on sustainability
		Long term discharge planning to address mental, healthcare and social service needs.
Access to Services		
	Those with limited English language proficiency	
		English language training for new immigrants
	Frail Elderly, Chronically Ill & Disabled	
		Expanded homecare for low income elderly
		Coordination of all services
	Healthcare	
		Primary and specialty care for the uninsured and working poor
		Psychiatric services for the working poor, especially children
		School nurse and health programs
		Mental health community services for children without insurance
		Mental health prevention in school
		Mental health and substance abuse programs for prison population
		Coordinate care on hospital discharge for all patients; home visits
		Support *File of Life* and advance directives education and information
	Childhood Services	
		Support and education for school nurses to conduct prevention activities.
		A range of community center activities for the wide diversity of teens
		Training for preschool teachers to enhance quality; increased compensation
		Make SCOH services available to a wider audience.
		Funding for *Safe Kids* Program (anti domestic violence) and other programs that work in schools
Infrastructure		
	Affordable Housing	
		Affordable housing and transition housing
	Fluoridation	
		Preventive dental services
	Transportation	
		Transportation to doctor's appointments and for shopping
	Workforce Investment	
		School-to-work transition particularly for at risk students

Asian Residents

The six participants included business owners, an honorary advisor to the Korean government, a marketing professor at a local university, a writer for a Korean paper and an owner of a martial arts facility.

Montgomery County's Asian Community Struggles to Adapt

According to the participants, the Asian and particularly the Korean populations in the county have grown substantially. Census and other official estimates undercount the extent of this growth. Some people are here illegally, and many are afraid to provide real information to anyone in an official capacity. (This fear and resistance to outside intervention is reflected in EMTs reports of 911 calls in the Korean community and probably colors the interactions with all official service providers for many of the members of this community). The lack of skill in the English language presents a significant barrier to about a third of this population. It is a close, intimate community that prides itself on taking care of its own. "There are no homeless; someone will take them in."

The stress on the "sandwich" generation, those trying to care for aging parents and their own children, are heightened by process of intergenerational assimilation. Parents who relocate to be near or to be cared for by their adult children are often isolated in an alien environment. Adult children are unprepared to deal with the difficulties, and the magnitude of the influx has left service providers for seniors unprepared as well. In 1986, according to the participants, the Korean population in the county was predominantly young, with perhaps 25 young people for each senior. Today they report there are more than 5,000 seniors. Some older adults come for a short period of time—six months or a year—and then leave when it is no longer bearable. One mother visited the United States and said she will never come again. She felt trapped in the house; there was no way to get anywhere; no place to walk, no place to shop, no one to talk to, and she lacked the ability to communicate with shopkeepers in the area. She was bored and spent the day waiting for her son to come home from work.

The stresses do not just come from caring for aging parents; children were also a continuing source of concern. Everyone agreed that children are "different from when we were growing up; they lack respect. Poor kids lack self control and they see a lot of violence. Rich kids lack discipline because no one ever says 'no' to them." The participants observed that they pressure their children to do well, "The only way they will be a success in the United States is if they are better than everybody else."

Yet, the Asian community, only partly by conscious choice, is becoming less insulated and self-contained. Intermarriage is increasing. It is more of an issue for Asian families if the wife is white. "Children tend to follow the mother, so there is less disapproval from the community if the mother is Asian." At the beginning of the immigration, people only married others of their community. Now, finding a Korean spouse may be difficult and while parents do not encourage it, many young people marry outside of the community.

In the past, churches helped insulate the Asian community and provide support. The participants reported that the Baptists and Presbyterians have made significant inroads into the Asian communities. About 80 percent of the Korean and Chinese communities are affiliated with a church. However participants reported that churches do not provide as much support as they once did.

Critical Needs

- **Language services.** Language is the major barrier in this community. People need more English as a second language (ESL) programs that are easily accessible. Language barriers add to the difficulties that transportation poses in attending such programs. English proficiency is needed for a driver's license and for making sense of the limited public transportation in the county. Many Chinese students come to the United States for graduate work and are completely fluent in written and highly technical English. However, because they speak haltingly, with heavy accents, they seldom rise above lab positions and seldom into high-level management positions. According to the participants, many of these people are reluctant to take conversational English, but it is what is holding them back.

- **Services for seniors.** The conflicts between elderly immigrant parents and their English

speaking, assimilated adult children are not moderated by the services that are available. One of the participants told a story about a very nice program that took place at a senior center. Koreans were specifically invited to join the "Americans" for a day of singing and food. The people smiled at each other, sat together, and tried the food. It took a special effort by someone to facilitate this and it was appreciated. However, while the Asians seniors would be welcome at the center, they are unlikely to attend because they often have no way to get there and no way to communicate without an interpreter. A day or so each week of Korean programming with appropriate supports would be helpful, as would ESL classes for anyone interested in learning enough English to get around and to function independently. The Korean community has begun to fill some of the void by providing their own services. One of the participants has started an exercise class for seniors to enhance their general health and ability to move more comfortably. He believes it may help prevent the need to be placed in a nursing home where they will be in an isolated, intolerable situation. Another Korean has started Family Nursing Care, hiring nurses and caregivers who speak Korean. There are some Koreans at a local nursing home that has hired a Korean nurse. There is also an independent living facility for seniors in Towamencin Township. Otherwise, people age in place with relatively few services.

- **Services for Asian youth.** Most Asian children attend public schools and participants report little effort by the school districts to provide programs that support their cultural background. Two of the participants had approached the principal of the local high school, which offers Japanese, about offering Korean or Chinese (which is a recognized foreign language for the purposes of the Scholastic Aptitude Test) as an a school program. They were told there would not be enough interest. Parents would like after-school programs that support their cultural background, especially language classes, but transportation would be a problem. One participant observed that children do not make much progress learning their parents' language in two hours of Sunday school each week when mom and dad speak only English at home. Several people suggested a summer language emersion program.
- **Health care language services.** The seniors, in particular, usually can not function without interpreters. The participants reported that many need flu shots but do not necessarily have the transportation or other wherewithal to get to the big centers where the shots are being given this season. There are no Korean physicians in the area; there was one, but he moved to Hawaii. The only Chinese pediatrician moved to New York. They need to go into the city for many services because providers and their staff speak the Asian languages. In the absence of appropriate services, they use family members, including children, to translate, which is problematic because people doing the translating often misunderstand medical language. There needs to be more written materials in the Asian languages so information is more readily available to people who read only Korean or Chinese. The focus group participants noted that they would be happy to translate any health related materials for providers.

Additional Recommendations

- A county-wide language and culture plan that would support all immigrants and their children.
- ESL classes in the community where people can walk to them.
- Transportation to senior centers, and culturally appropriate programming.

African American Residents

Seven people, three men and four women, six black and one white, shared their concerns after services at an historically African American church. The church also provides space for an Asian Christian church whose members attend in the afternoon on Sunday. All lived locally and although several people had spent time living in other areas, several had lived all their lives in the Ambler area or in Montgomery County.

Changing "The System"

Most felt frustrated with a sense of powerless about their ability to improve things in a county where, in spite of their long residency, they felt they had little influence. Most were skeptical and some angry about how "the system" worked in Montgomery County and the role of private philanthropy in what they described as a "trickle-down" approach. "They should be involved in a "trickle-up" approach helping the poorest people move up the ladder." "We have to do what we can to help people feel enfranchised, care about their communities so that they want to vote." One observed that many of the people in her area did not know how to vote and would need "training" in order to be able to participate and one suggested that the recent federal election redistricting no longer allows African Americans to have a significant impact on the outcome of an election. For all of the participants, the proposed relocation of a hospital from the Borough of Norristown with the largest African American population with little discussion in the affected community seemed to encapsulate the workings of "the system" and the powerlessness of the poor and minorities. The relocation would be "a terrible loss for an area where so many babies of poor women were born and where the infant mortality rate was the highest in the county."

All saw little evidence that the foundations have done much for their community. "How," one asked, "can we all get on the same page?" Everyone had sat on committees and discussed these and other issues, but the status quo had not budged. It was not about getting something. "Sure, we would all like to improve our own circumstances but we need to speak for those who are less articulate. As a Christian, it cannot all be about self."

Nurturing Healthy Children with a Future

"We have to teach our children how to survive in a world that is not going to treat them fairly. "I tell my kids, life is not fair, so do not put yourself in a place where you have to expect or want police to be fair." African American parents have to "arm their children" against the world by demanding good grooming, self-discipline, and decent grades.

Everyone agreed that the criminal justice system and people in authority would not treat their children fairly ("The criminal justice system; it will always be racist.") so their teens had to protect themselves by staying away from anything that could get them into trouble.

"White cops see kids dressed in baggy clothes with dreadlocks and they think they are 'thugs'."

They also felt there was plenty of blame and responsibility to go around. They blamed parents of disrespectful teens for lacking control of their children. One felt it was a parent's responsibility to know what his child is doing even if it meant compromising the child's privacy. One person said that everyone should work. "If you are young and strong and can hang in the streets, you can get a job and work."

A community environment that offers too easy access to junk food, drugs and guns was not helping. "Fast and processed foods are a form of malnutrition. Kids eat a bag of chips and a soda for breakfast and they feel full but they have not eaten anything nutritious." Drugs are accessible and a concern. "People need to be involved in their own health care by exercising and eating right, but most young men do not think they will live to be 25 so they feel no pressure to change lifestyle habits. I asked a youngster if he could purchase a gun. He said, 'I can get you a gun for $50 unless the junkie is pressed, then maybe I can get it for $25.' You can try to scare kids, but if they do not believe they have a future, it does not work."

The group had a lot of ideas about how to turn this situation around. One talked about cleaning up the environment and giving young people a chance to become active in that. It would be worthwhile to pay kids to help clean up an area that needs painting and repair. "It makes them feel good to have a few dollars in their pockets and they will feel better about their environment. Then they will want to participate more." One of the challenges in mounting any such programs, another observed, is the difficulty in getting volunteers to work with these young people. One suggested that schools could provide more support about nutrition for kids, educate their palates by providing them with good food, get rid of the soda machines, and use growing gardens as a way to encourage eating vegetables.

Creating a More Inclusive Environment

When asked to evaluate the neighborhoods they lived in, one participant answered, "It is a prejudiced little

place." One person told a story about a health fair that had taken place at a senior center and how few African Americans attended, and no Asians or Latinos attended. There is practically no meaningful outreach to people of color living in the same community. One person stated that the people who needed to be present were not there. She said that a public meeting would not attract people; you have to reach out to them to have them to join you. She also suggested that having a representative from the senior center that could go to churches to perform outreach and explain about the health fair program and what kinds if services are available in the community, is a better idea than just publicizing an event. Another participant stated that those communities would be a good place to hold town meeting. She suggested it would allow people to air grievances. One person explained that townships in the more affluent areas took little notice of people who did not have much money. For example, there is a park that everyone should be able to use. Yet a group has to pay a $200 facility charge to use the park. Children's activities can cost more than $65. There are no grills, so people have to bring portable ones if they want to have a picnic and cook out. There is little chance to use the place for a family reunion.

Assuring Access to Medical Services

The participants talked about the lack of dental access and mentioned a dentist who was attempting to set up a dental clinic that would also have space for other medical specialties. She is facing local opposition. One person asked, "What is the thinking of the people closing the facility in Norristown?" Another pointed out the need for state government to increase the rates paid to hospitals and providers so that it is "worth taking Medical Assistance insurance." One suggested that the foundations could establish a fund that would underwrite some of the costs of caring for the indigent. He suggested that the foundations could pool some dollars and provide support based on a model similar to that used for LIHEAP (the federal Low Income Home Energy Assistance Program). One person talked about an ambulatory services fund at a local hospital. It is a renewable grant funded from the hospital's foundation and designed for people who are not medical assistance recipients. Everyone agreed that an answer to the issue is universal coverage.

Other Ideas

"We need intergenerational contact in our communities." Temple University's intergenerational center was mentioned as a good resource. Several participants acknowledged that people in the community lack life skills and that parenting support was really important. The Parenting Resource Education Network (PREN) program, which has numerous sites in Montgomery County, was a good model. "It is a train the trainer model and uses people from each community to provide parenting support and training."

Final Comments and Recommendations

- "It took a long time to get to where we are; it will not get fixed overnight but it will come from the community."
- "You do not want to create a welfare state. Welfare takes away people's incentive to work." "The dollars that foundations provide should be structured to reward adults for working and kids for effort in school."
- Do not reinvent the wheel: look at what is successful in any given community and replicate it.
- Build in incentives: pay people for the work and time they put in to attend parenting workshops, to clean up their communities, participate in activities that improve neighborhoods. It tells people that these things are valued and that the larger community cares.
- Develop comprehensive plans for using the resources and a database of information so that people will know what is available.
- Use the Low Income Home Energy Assistance Program (LIHEAP) model; provide direct grants to vulnerable, low-income households.
- Build arts into all programming; it can revitalize a community.
- Link the generations.
- Take advantage of the "trickle-up effect."
- Work to develop prevention programs: they are better than visiting young people in jail. "The

older ones we can help; the younger ones we can save."

Mexican Residents

Eight women, five young babies and toddlers, and an interpreter were cramped together in a narrow hallway. Each had at least one child, and several had more than one who had been born in the United States. No one worked outside the home. Most had health insurance coverage for their children (CHIP or MA) but none had coverage for themselves, although several had received some services during their deliveries through the ACCESS card. One woman reported she went on a payment plan to pay for her children's deliveries. They had all delivered their babies at the two hospitals that serve Norristown and reported they obtained some help from hospital social workers and other organizations in getting services. There is no accurate count of the number of undocumented people or Mexican families who are in Montgomery County. The interpreter did an excellent job of capturing the nuances of the questions and reporting the specifics of what the women said. The participants were reticent at first, but after about 20 minutes, they warmed up and there was a lot of conversation and interruption.

Living in Montgomery County

The women reported that there is little work for them. None are taking ESL classes although they are aware that such classes are available. Most said that, although they had originally planned to return to Mexico, they now wanted to stay in the United States because the opportunities for their children and themselves were better. They come with husbands while their parents and grandparents remain in Mexico. They agreed with the observation that Mexicans were never homeless since they found shelter with other immigrants. "We just take people in when they need a place to stay. They usually do not even say thank you and sometimes just leave, but we take in anybody who comes."

A Growing Climate of Fear

Authorities have been targeting their neighborhoods. Men are being taken off the street and transported to a holding facility in York, Pennsylvania, where they await deportation. They reported that those rounded up are transferred to the border in Texas, given a $10 calling card in order to contact their families, and sent back to Mexico. One woman said her brother-in-law was in that situation, but her sister-in-law was able to stay here with the children, who are citizens. All the women reported that mothers and children (who are citizens) are being deported as well. One felt that a law currently being proposed stipulating that children would not be considered American citizens if their mothers were not citizens would be unconstitutional.

School Experiences of Their Children

One woman said that it was really difficult for her daughter because she had not had any kindergarten or Head Start experience. Her teacher did not speak any Spanish. Now she has a bilingual teacher and she is doing much better. In order to communicate with her little girl's teacher, the school had brought in a college student who spoke a little bit of Spanish. The woman's husband spoke a little English and they were able to piece together a conversation. The women all perceived a lot of barriers in enrolling their children in Head Start programs. One woman said she had put her son's name on the list for Head Start. She said her son was born here. She made it a point to follow up with the school. When she went in September, because she had never heard from the school, they told her there was no room in the class. [While there are Latinos enrolled in Head Start in Montgomery County and no official policy blocks them, many of the women had had similar experiences and reiterated that it is hard to get their kids into these programs in Norristown.].

Social Service Needs

One woman said that they need help for their kids because their future is here. They were very nervous that information would not be kept confidential and that their names were not going to be associated with anything they said. There was no place that they felt safe to go for help with immigration problems. These same fears and distrust are magnified for other health and social service providers in the county not specifically identified with the Latino community. One Hispanic organization provided some support and referrals and one of the local churches helped. "They have a lot of programs. They provide food, they have English classes."

Medical Care

Some had had bad experiences with health care in Montgomery County. One had had an uneventful pregnancy until her third ultrasound. The technician told her that the baby had died and she should go home to wait to give birth. She was not given any medication. She was told to come back if she was in pain. After awhile, she went into labor and went back to the hospital because she was in pain. They sent her home. She started to bleed and had a towel between her legs; she said it felt like a rock. Her husband took her back to the hospital and yelled for a doctor. A doctor finally came to see her but stood and did nothing. The physician was angry with them and called for a nurse. Later that night they did a D& C. She believes the hospital neglected her and her baby. One woman they know told them they should sue the hospital. At that point another woman said her baby had died too, but the people at the hospital had helped her. One went to the hospital to get her records because the people she spoke with said they could not do anything without the records. When she went to the hospital, the person in the record room said to her, "What do you want your records for? Are you going to sue the hospital?" and they refused to give her the records. She did not know the words she needed to argue with them.

Recommendations

One individual felt that Montgomery County needed an agency that focused on Hispanics. They all felt they needed help with education, healthcare and immigration issues. "Hispanics bring important things to this country. They are important to businesses. They are hard workers who work 14 hours a day, seven days a week, for less than minimum wage. They are underpaid but are responsible workers who deserve better." Many of the health and social service providers we spoke with echoed these sentiments. Employers like getting Mexican workers "because they show up, work hard and know lots of people who are willing to work the way they do. It was like working with a private employment agency." While employers may claim that they hire only documented workers, Mexicans share their social security cards with other Mexicans, just as they do their own homes.

Homeless Families

Six mothers and two adolescent children of families currently in a homeless transition-housing program in the county participated in the session. The younger family members were cared for in an adjoining room.

Being Homeless

- Nobody wants to say, "Help me I am homeless." I came by this place in the car three times and waited for a long time outside. I did not get up the nerve to go in. The last time I stopped outside and waited it got cold and I said, "I have to do something." My thought was I could shoot myself in the face, go back home to the abuse that I had left, or go through that door. I considered the first option, because at least my child would get social security if I was gone. He would get maybe $1,500 a month and could probably move in with my sister. You get to a point and you feel hopeless. Christmas is the wrong time of year. I hate Christmas.

- We went from house to house to house. You go with friends and then they are not friends any more because you find out how they are and they find out how you are. You are living in their space and they have their own problems. I have family and they will not help because of the situation we are in and you know how that feels? They are afraid to put themselves in the middle of what is going on. When you are down on your luck, you are down on your luck. Really no one will help you any more. You are on your own. If some asked, "Can I stay with you?" I would let them. I know how it feels.

- I was homeless at 16. I have been in and out of shelters a lot. My mom died when I was seven. After that I was living with family or friends but they had a nasty attitude toward me. I ended up in shelters. Now I have my own apartment, I never had my own apartment. It is really hard for me, because I have never had the responsibility all on my own. I am scared. I am raising my kids on my own. I am working and trying to save money. It is hard for me. The kids want things.

A Divorced Mother's Uphill Struggle Out of Homelessness

I did not bring my children into this world by myself. My children were planned, I was married and my husband was in advertising and making excellent money and we agreed that I would be the stay at home mom. It was not that I reneged on anything. I took care of those kids. I educated them before they went into school so they knew more than the other kids going into school. Dinner was on the table and I did my job.

We got divorced. My ex-husband stopped paying the rent. He just stopped. I went to domestic relations, I called everywhere for a year. I was eventually evicted because I could not pay the rent. I had friends that were not really friends; my two kids and I were separated. I lost everything because I could only afford a small storage space. My ex-husband had moved to the West Coast. He had money to come and go to court to try to take the kids away. Meanwhile I am fighting for over a year to try to find a place for me and my kids to stay together to prevent him from doing this. They stopped my foods stamps because the kids were living separately, but I was giving all of them to the kids. When I got evicted, I did not have the money to re-register the car. I was putting my resume everywhere to get office work. When I did not have the car, the only place where there was any possibility for employment within walking distance was a McDonalds. I remember falling to my knees and crying for two days. I had always told my kids, "You better get an education or you will end up working at McDonalds! It was painful. I literally crawled in there and said, "Help me!" The manager hired me and was so good to me and gave me flexible part time hours. He knew I had all kind of stuff going on. I had to keep calling places to try to find somewhere that my kids and I could be together. I was calling the same names regularly. I did it nonstop; that is how I got the apartment with this transitional program. I was determined to be able to get back with my kids. Four days before my husband was going to go to court to get the kids, I get a call at work, everyone at work stops holding their breath. "Congratulations, you have an apartment." I am in shock. He could not get them once I had a place. I am very grateful for the program,

I stayed working at McDonalds. I got my car back on the road eventually and a couple of places did call with job possibilities but I decided to stay at McDonald's and go into management. I knew what I was doing there and I liked it. I am a customer service kind of person. The people were wonderful. I got a plaque for outstanding customer service. I was learning all the management jobs. Then my medical problems started. I was in pain, but I was there every morning at 5 a.m. The day before I was supposed to be observed for my management promotion it was so bad I had to go to the emergency room. I made sure we had enough people to cover and then I went. I have not been back to work since. Here I was, just the next day I was supposed to be observed for full management. I would have gotten a raise of about $10,000. It seems like just as I am about to get ahead, a boulder falls in front of me. I am worried about this program now, because you want to have people in it that will succeed and have a chance of getting somewhere. I was put in the newsletter for my promotion and stuff and then this happens. Now I was just a person that had almost made it. Now what? I have six months left in the program. I have to get a job and get out of here. I did all this work, and now I am back where I started. I do not know what is going to happen.

Taking Care of the Children

- How do you keep your children emotionally stable when you're about to fall to pieces?

- You are the only person, you have your child and it is all on you. You do not want them to feel inferior to anyone. They do not want the world to know the circumstances you are in. [Pointing to one of the other women] When I walked in and saw that my kid and your kid knew each other, I about fell on my face. They are both in the same situation so I guess it is OK.

- When you have small children they do not understand why they are sharing space with these other people and why they are here anyway. You are moving them around all the time and they do not like that.

- We lived in a neighborhood for more than nine years and my kids grew up in it and it was tightly knit neighborhood. They put eviction notices on our windows and everyone knew. It was devastating for my children. My daughter held it in and dealt with it the best she could.

My son did not deal with it very well. All the kids were wearing the right kind of stuff. My daughter was good, she would buy the cheap sneakers that looked kind of like right kind of expensive ones but her pants would cover the label so they could not see. She was real cool with that. My son had a problem because his friends had families with money. It was devastating to him.

- I have never had the problem with my son. When he was younger, he wanted a ninja turtle, but I could tell him I did not have the money and he could understand that. Now the problem is that I am working and getting paid and he wants to know how much I am getting paid. You have to practice saying "no!" I give in some times in a store to shut them up. It is really hard for me. We try to compensate, because we are single mothers.

Taking Time for Yourself

Just listening and sharing our stories, we are gathering strength. It is important to have that time away from the kids, even thought you love to be with them. Just have some time away. But I am not at that point yet to take time for my self. Like going to the mall and spending an hour looking at the eye candy. I do not think I deserve it yet. I need to be with my kids because the other person that helped make them is not there. I feel I have to be there for them. You need some time for yourself, even if it is a short time.

Getting Medical and Dental Care

- I went to the emergency room and the first thing they said was that I need to see a neurologist, an orthopedist and to get physical therapy. I have yet to find a neurologist that will take my HMO Plan (Medicaid). I mean sick dogs get special surgery but a human being, it is "Sorry, go die." They bring people into this country from all over the world for special surgery. I do not mind that, but you do not take care of your own. I got the run around. They are basically telling me, tough luck. My family physician has tried. I have been on the phone with insurance company and they give me names. Then I call and they say, "Sorry, we do not take that insurance." Sometimes the people who work in physician offices make decisions and give answers that are different. I had my doctor call the neurologist and have him explain the situation, but when I called the next day the office refused. "Would you please talk to the doctor, we already have spoken with him and made arrangements." "Nah, we can not accept that insurance. You can hear them giggling in the background. They do not want to go through the paper work because they do not have that paperwork there so it is going to take them a lot of extra time. Excuse me, if I was working in that doctor's office at customer service and making the money that they make, I would make sure to go out of my way to help that person, some people just do not belong in the positions that they are in.

- I do not have insurance. When you get a temp job you do not have insurance. Some of the companies provide coverage but the costs make it impossible. I could get insurance from my work, but it would be 386 dollars a month. I was paying a hundred and something each two weeks. I stopped that job and took a temp position. If you do not have insurance, you pay cash or you do not go. When you have insurance through the county (Medical Assistance) most specialists and a lot of doctors that are in the book are no longer taking patients.

- I had a dentist who told me, "Well, I cannot fix that tooth with a cavity, but I could pull it." Yet he was going to re-bond the front teeth and pull the one in the back. The state seems to think it is cheaper.

- It is stupid. Where is the logic? They seem to always wait for a crisis. Whether it is medical, or housing or electric. Why wait for the problem to grow into a bigger problem? They send you to specialist instead of taking care of the cavities and it costs more money.

Getting an Education

- I have taken some college courses and I would like to go back to school. But with working and the children I am trying to figure out how I can

do it. I am an accounting assistant but to make the money to support my children they way I want to. You need to have bachelor's or master's degrees to do well. If I could go full time with a stipend I could get it over with. I am trying to save some money to do it.

- I am interested in massage therapy. But it is a lot of money for a six-month course. It is going to be hard. I would have to work at night because it is a daytime program. The job I am working now just does not pay enough.
- I would like to go and get certified in property management. You got to make the property work and you do not show the numbers, you go. Going back to school would really help to get certified.
- I like the schools. They have done a great job. The tools are there. If you see a kid push those tools aside, it drives me crazy. That is what makes me want to throw my children out of the window. We have been there, and done that. We want to protect our children from making the same mistakes we made.
- My second son was ADD and really bad. He quit school. I told him to leave. I told him I will be inside crying but you will be outside. Anyway he went off with his friends for about three months and came crying back home. The school district fought for this kid. I was in school at meetings as much as he was trying to figure out how to best handle him without medications. When he went back, he said he felt funny since kids graduate at 17 and I will be 19 and I will feel like an idiot. You go back. He took a course overload and I did not think he was going to be able to do it, but he did it and he graduated.
- I worry about having to move and pulling them out of the school. I do not know what is going to happen when I move out of the program.

Recommendations

"I wish that I could come into a whole lot of money and I could help people. Too many times you are watching the news and seeing a feel-good story such as about a stray dog that has been rescued and given an expensive operation to save it. People are stepping over the homeless to save a stray dog."

- Affordable housing. There needs to be much more low income, affordable housing. It is the number one, number two and number three priorities. If your income is not high enough, it does not matter, because you can not afford what people are asking. I happened upon a house a modest cute little house; it was $3,295 a month. Thank you very much and have a nice day! I got off the phone quick! Everything that goes up in this general area, we are talking at least $300,000. A purchase is out of the question. If you can not afford a $650 a month plus utilities apartment, how could you ever expect to own a home? The numbers just do not work. The cost of a two-bedroom apartment at any given complex in this area is $850 a month and they smile when they say $850! And that is $850 plus utilities, which is electric, by the way. Excuse me, have you ever had an electric heat bill? The Habitat for Humanity works. I have helped my girlfriend get her sweat equity for her house, but you still need enough money to maintain them.
- Education. If you can not afford the housing, you need the education so that you can make enough money and do not have to depend on others. I am harping on my son, education, education. I feel it is the critical element for perhaps insuring that the same thing does not happen to him and his family. Twenty-five years ago in Reading, you could quit a job if you did not like it and if you knew how to operate a sewing machine or if you could type, you could get another job in the same afternoon. The city of Reading was full of jobs like that. Making blouses, underwear, pocketbooks whatever. Its not like that anymore, those jobs are gone and they are not coming back. The jobs are not there.
- Not Letting My Kids Lose Out. There are so many extra expenses that you can not cover. Special things so that they do not feel different from all the other kids. There are the expenses such as those for prom night. All the other kids have computers and you feel yours are being left behind by the others.

- Timely Information. I called and called and it took a year and a half to get help. I kept getting referred somewhere else. They said, “Oh, no, we do not help with that.” I kept calling the same people. My bed full of papers with phone numbers, and none of the information was correct. You spend so much time calling. Some of these problems you could nip in the bud if people were not walking around blind. If you are lucky and you just happen to get the right person, they have a wealth of information and can help.

Homeless Individuals

Ten homeless persons, eight men and two women, shared their concerns in a focus group. In terms of day-to-day practical necessities a day center in Norristown provides access to phones, showers, laundry facilities, and storage lockers for the county’s homeless. In the colder months the number of persons seeking it as a place of shelter during the day swells to more than one hundred, twice the size the program was originally planned to accommodate. Sleeping arrangements are provided by area churches on a rotating basis with the homeless assuring an almost invisible presence, arriving late in the evening and being woken to leave at five in the morning. There are currently no medical services connected to the program. Clients are transported to local emergency rooms, particularly if a client is showing symptoms of TB or other contagious disease.

In many respects, the participants reflect the characteristics of recent patterns of homelessness in the county. They ranged in age from the early twenties to the early sixties. Seven were white and three black. Three were discharged prisoners with alcohol and drug related felony convictions who had lost what assets they had and had been unable to find regular employment, three had experienced a medical crisis for themselves or a family member that had resulted in the loss of income to sustain housing, the rest had struggled on the edge with marginal employment, family and marital problems and were eventually unable to make rent payments. Most had been born in Montgomery County; seven had lived in the county for more than fifteen years and three were more recent residents from Philadelphia, Chester and Berks counties. Until recently, there had been a flow of people either sent or attracted from Philadelphia to the program but, much to their approval, the local organization is now insisting on serving only Montgomery County residents.

Certainly in terms of their attitudes they mirror those of other “true” Montgomery County residents. They were very concerned about interlopers from Philadelphia and other counties that might take advantage of what they felt were relatively attractive arrangements for the homeless. They expressed exasperation at the “lazy and unmotivated” individuals using homeless services with no interest working to better themselves. One was especially annoyed with an individual who had lain around in the TV room all day and then complained about the smell of two guys who had worked all day. They worked at temporary and particularly dirty jobs and had shown up to take showers. They were also exasperated at the more seriously mentally ill that they saw as being dumped at the center. “They drive them over and drop them off, they are sent here straight out of the box.” The one thing they felt could have really helped to prevent their current homelessness was the information about where to turn to get help. One observed that there seemed to be a lot programs providing assistance in the county but a lack of awareness about where these programs are. In addition to addressing the housing needs, the one thing they felt was most critical to getting them fully employed and back on their feet was transportation. “Imagine walking four miles fast so I would not be late for a job interview in 98-degree heat. If I was the guy hiring instead of the one seeking work, I would not have hired me either.”

In short, except for a little bad luck and a few bad choices, they are typical Montgomery County residents. Homelessness came as a surprise. “There really needs to be a permanent shelter, but I was against it just like everybody else a couple of years ago, I signed a petition against it … Rome was not built in a day, but it sure can be torn down in one ... It can happen in a heartbeat, my mom got sick, I lost my job, could not get any help from friends and family and was put out on the street … I had a car, a house and everything and then I got sick.” “I lost everything in three days, my mom fell and broke her hip, the landlord told me to leave because I could not cover the rent.”

Healthcare

From the perspective access of the homeless at the county drop-in center, healthcare seemed nonexistent. A person may be transported to an emergency room in a medical crisis. One of the participants was transported to the emergency room so that his very painful knee could be looked at, and, after waiting an interminable time, had to walk back. They are not aware that there is any on-site care or routine medical screening of clients. This worries them, since respiratory infections, scabies, skin infections, and lice infestations are common and easily spread. One referred jokingly to "Typhoid Mary" in the main room, who had been coughing all over the food she brought with her and offering to share it. "There should at least be a way to get an aspirin and have a nurse evaluate clients here on a regular basis."

Counseling and training

While extremely appreciative of those that offered help, they felt they were clearly overwhelmed by the number of clients and the diversity and complexity of the problems they presented. They felt there had to be some more effective triaging, that could identify those whose lives could clearly be turned around by focused and effective counseling and guidance. Lumping all the homeless together, those with addiction problems, those with mental health problems, those with medical and physical disabilities and those who are just victims of economic circumstances, assures that no one's circumstances are changed. There are no structured realistic incentives to encourage people to get out of homelessness. One of the participants suggested that that was its purpose. "Its funny, like they actually want us here. There's a lot of overlap in the organizations and maybe we help justify their funding and existence. Here we are in this isolated setting on the backside of a building. No one wants to see us. The average person in this County does not want to help us; they just want us to be invisible. Norristown was thrilled when the Dekalb Street center was closed. We are at the bottom of the food chain, below drug addicts and prostitutes. You can not tell a prospective employer that you are homeless. It is like a black flag. We try to hide it. I have my own post office box so people will not know."

Criminal Justice Systems Contribution

According to the three released from prison, the release preparation was, "OK, H—, get your shit, you are going home. Here's $3.60 get on the bus." The end of incarceration did not signal an end to punishment. Employers now routinely do computer checks of felony convictions and will not hire or keep a person with such records, making it impossible to leave one's past behind and get a fresh start. One of the participants was fortunate enough through the timing of the recording of his felony conviction to return to work with his former employer. The other got a marginal job but, according to him, made the mistake of doing it so well he was offered a promotion to a managerial position. His felony conviction then came to light and he was terminated.

Recommendations

- Structured intake assessment and a triaged recovery plan. People need to be systematically evaluated treated accordingly. This inevitably involves triage, selecting the motivated with the more easily addressable problems for more focused attention. The, unmotivated, those not interested in improving their circumstances may not be reachable. Motivation often comes from connections to others. One found a partner in the shelter system: "We are married now and we are both struggling to stay clean, but I want to care for her and make a good life together." Another, a divorced father, said, "My kids motivate me." More staff and more specialized professional staff are needed in the shelter system to make this work as a treatment rather than custodial system.

- Provide realistic concrete transitional incentives. Motivating people means being able to offer them more than advice. Transitional housing provides a concrete incentive but there are only 28 slots available now and that is woefully inadequate. As indicated by one of the participants, "It is virtually impossible to hold down a forty-hour-a week job while living in the shelter program. The mattresses are thin, it is either way too hot or too cold, and there is always someone yelling or talking all night. You are lucky if you are able to get four hours sleep and then there are all the problems of

transportation on top of it." Getting people to go from the shelter system to self-sufficiency sets everyone up for failure. "We provide transitional and supportive housing for the mentally disabled and the mentally ill. Maybe the best thing I could do is get myself declared insane."

- Expand affordable housing. The growth of the homeless in Montgomery County is directly connected to the loss of public housing and affordable housing. There have been no new section 8 housing certificates in a couple of years, and it looks like there will be cutbacks.

- Increase pressure and public awareness. "Advocacy" did not seem the right word, "pressure" did. It implied power and not shame and powerlessness. "Nobody cared about gays dying from AIDS either until they started organizing and exerting pressure." Yet they also expressed faith that people would do the right thing if they understood the problem. "People just need to spend a week living like we do and then they would understand what needs to be done."

At-Risk Young Adults

Eight current community college students, seven women and one man, participated in the session. All had struggled with personal difficulties and dead end minimum wage jobs for years before returning to school in search of more promising options. High school recollections ranged from happy nostalgic feelings to painful ones about being different or being incarcerated. Extracurricular activities such as music, dance, and theater had played an important role in developing a sense of belonging and self worth for three who had been marginal students. For each, someone, a teacher, a co-worker, a pastor, or a family member, had played a critical role in encouraging them to go back to school. All felt that the Act 101 counselors who helped them make the transition back to school and advocated for them when they ran into problems were indispensable to their survival. Three of the eight had no health insurance, and most had faced recent medical problems for themselves or family matters. Two had been convicted of crimes and one described an incident where she felt she had been racially targeted by local police for harassment. Their priorities in terms of needs were (1) increased tuition assistance, (2) transportation subsidies, (3) more counseling support and guidance to resources, and (4) improvements in the campus fitness and childcare facilities.

Choosing to Go to College

- I am in the beginning stages taking the prerequisites for the nursing program. There are nurses in my family and they helped encourage me. I like the work that they do.

- My major is early childhood education. Hopefully, I am planning to transfer to special education at Temple. I had always wanted to come here, but I had to work and take care of my children. I had been working in childcare for 10 years. I got encouragement from my employer and friends. They said "J— you got it you can do it. You know just about everything the director knows that has a master's degree, so get the degree." I now work part-time at the childcare center here.

- I was out of school 20 years before coming here. I was in customer services but I was tired of it. I now work at a YMCA with children in an after school program and I really like it. I am in the human services program and want to get a degree. I had a lot of anxiety about coming back to school. For two weeks I was attending the wrong class!

- I was working in the mailroom in an insurance company and got laid off. I have been out of school for 10 years. I came back. I am in the paraprofessional program.

- I worked as a receptionist and got laid off. I then worked for an agency and got trained as a home health aide. I later worked as an aide at Abington Hospital and decided I wanted to go into nursing. My family was very supportive, but I had a lot of financial obstacles. I am graduating and will start work next week as registered nurse at Abington Hospital.

- I decided to come back to school after 15 years. I had my son in the senior year of high school. I graduated with my class even though the school wanted to kick me out and send me to a special program so I could learn how to take care of

babies. I was in honors classes and planning to go on to college. I think the school was afraid that my pregnancy would start an epidemic. It is a socially elite high school. Most of the kids in my school had families with a lot of money. Some of the girls in my class had had abortions like it was sugar candy and it was kept quiet. I chose to keep my son and finish my education. I could do all the things that they wanted to train me to do at the other school. They do not take attendance at that school. Kids play hooky and sell drugs on the corner. It is a big problem. If one of the principals had not stuck up for me I would have ended up going there. I had to work full time after high school. I worked as a CNA for a while and my relationship with the father of my children was such that I could not consider going to college. I was afraid to take those steps. I went to New Choices a few years ago. I worked as a case manager for the county, but I got laid off in June. I decided to go back to school then. I want to transfer and get a college degree in human services.

- After high school, I did manual labor for a few years. Your body gets tired faster than your mind, and the people I was working for had gone to college. In high school I was kind of an outcast and school felt like a prison. I fell into friends that were into rap music and used drugs heavily. They were kids in my neighborhood and I just fell into the group. When I decided I did not want that, I had no other place to go. After high school, I took karate, and it was a very supportive environment and helped me think through what I wanted to do.

- In my senior year of high school I got addicted to heroin and maintained that habit for 10 years. I have been in jail and that is not good. The path that my life was going down was just horrible. I have seen friends die. We would get beat up often. I could not take it any more. I had been in and out of rehab and it did not work for me but then something just clicked. I have been clean for a year. Drugs were not working for me but my art was. I would hustle my art in Philly. My mom's an artist, too, so she pushed me. I love being in school it is the best decision I have made. I am in fine arts and I will be transferring to a college art school.

High School Experiences

- My high school experience was wonderful. I was an average student, I was not real good at the academics, but there were other things I was good at. I could really type and I could sing. These non-academic things helped build my self-esteem. I was able to type 70 words a minute. I came from Jamaica and had a lot of difficulties at first. Everything was foreign, it was hard to make new friends and I had to battle the language. In Jamaica we speak a dialect that is broken English and words did not fit together the same way. Kids made fun of me. Then I got on the cheerleading team, got in the gospel choir and joined the typing club. I was good at those things and that gave me a lot of friends. They no longer saw me as a Jamaican; they saw me as part of the school and doing well.

- I moved up here from the South when I was in high school. I had a really heavy Southern accent. My first year here was a horrible experience because every time I opened my mouth the kids would laugh. The teachers were not concerned. Teachers would ask me questions just to get a chuckle. I got a lot of attention when I got pregnant. All the other kids would want to know what was going on. Look at the ultrasounds and feel the kicking in my belly. There were a lot of teachers I could not wait to get out of their class but there was always one teacher I could not wait to get to their class. I would spend extra time in their class. They were concerned about your growth as a student. I had one teacher who when I had a 95 insisted that I do extra credit because he knew I could do better. He would also be concerned about my grade in other classes as well. My parents were not there. My dad was an alcoholic and my mom spent four years in bed so I had to take care of everything at home. I have always wanted to do more than the people around me were doing. I want to go to the ballet, to art museums, and all those special things. I have not gone there yet.

- High school was a prison for me. I never saw the connection to anything else. All the courses were required. When I cut class they just threatened me. They never tried to show the connection

between the world and what was being taught. No one told me that math was the window to the sciences. They needed to take more of a hands-on approach to show the connection. I did not connect to the teachers because they were not what I imagined I wanted to be when I grew up.

- My high school experience was good and bad. It was bad till my senior year. I fought a lot. I had a sister who was mentally retarded, and they transferred her to a regular school with me. My focus was to make sure she was ok and that nobody was bothering her. My grades were bad and I fought a lot, mostly with kids that were teasing and making fun of my sister. I got kicked out of school. In my senior year I was transferred to another school and got A's and B's mostly because I could focus on school and not on protecting my sister.

- I was from Liberia, so I did not fit in but I was good in art and music. I got a lot of recognition for those things. I got to program the dances for the shows we did. I was in a bad automobile accident in my senior year. It felt really good to be able to come back to school, be welcomed by all the students and graduate with my class.

- My grades were horrible and I did not learn anything. I do not know how they passed me. My teachers here say, "This is something you should have learned in high school," and I have to shrug because I never learned it.

- Community college is different. In high school you were required to be there. In college you choose to be there and you pay for it. Some just keep doing what they did in high school and flunk out but others see the opportunities and make the best of it. I never had philosophy or psychology in high school but have those courses here.

Outside School Influences

- I had great support from my church. I was brought up in the church. When I decided to go back to school, I went to my pastor for guidance on whether to go for the LPN or the RN degree. He helped me decide to go for the RN.

- My co-workers told me that you need to go to college. Childcare is basically a minimum wage job. I worked side by side with one of my employers, who has a master's degree, but I pretty much had to tell her what to do.

After I got here the Act 101 Counselors [Higher Education Equal Opportunity Act of 1971]) were a big help. They gave me the boost to keep me going. They go to bat for you. There was one time last semester when my son was really sick and in the hospital and I had to take this test and the professor would not make any exceptions. I was crying. I went to the 101 counselors and they arranged for me to take the test in their office. They are there to help you. They even helped provide money for me to get things for my kids when I was really strapped. If it was not for the Act 101 counselors, I would not be here. They gave me the support I needed. I take my homework down there for help. They tell you to take your time getting through the program. They have a single parent support groups and test anxiety groups and all that. My mom was diagnosed with cancer, and I had to take care of her for the last three months of her life. My grades were going down and the nursing program is very competitive. They were advocates for me.

Health Care

Three of the eight had no health insurance coverage.

- It is ridiculous. I think everybody should be entitled to insurance. There is a bias. You do not get care you need when you do not have it. When you have insurance, you have to watch out because they may want to do too much.

- I do not have any insurance so I have to pay cash. I had gastrointestinal problems and I had to go to an emergency room. They did not do anything to help but they sent me a $2,000 bill. I then went to a health center. It is really difficult to get help when you are a self-pay patient. I have to wait six months to get scheduled for the tests I need because I do not have insurance.

- I have Medicaid coverage. I have sickle cell disease and the cold weather makes it worse. I am lucky I have not been hospitalized this semester. I cannot afford it because I have to take care of my son.

Police Experience

- I had a horrible experience. I have never felt so violated. The sticker had come off my license plate, I had not noticed it and it was twelve o'clock at night. I had to get out of the car and be body searched. He could have checked on the computer and known I was ok. As soon as another cop showed up, he started acting real polite. I was furious. It was all about race.

- I was 19 and my boyfriend was a drug addict and used me as a punching bag. I finally put him out and I was then working at a computer store. Some of the guys in the store were stealing. They got me to help them ring stuff up on the front register. There was a transaction trail and we all got busted. I was the dupe. I was not getting much out of it but it was keeping bills paid and taking care of my kids. They had guns and were scary. The judge gave me five years probation instead of jail time so the kids would be taken care of. Only the secret service agent asked why I was doing it. Now I have this felony conviction so it will be hard to find employment. I am working to try to get my record sealed. It has been 10 years since that conviction.

What Could Help Now?

- Money! I have a huge student loan. I had to borrow a lot of money to survive. For nursing school my loans amount to more than $30,000. Housing is difficult. For many people who want to get ahead with an education, it is really financially impossible. There are just too many other bills that have to be paid. You need to work but school is a job by itself. Books are a huge expense. Some of the books cost $125 or more. It amounts to $400 to $500 per semester. You have a hard time finding where the scholarships are. Sometimes the school does not know that you could be eligible for them. There are a lot of small bits and pieces. It is all better than nothing. Anything helps.

- We have a fitness center here but it needs to be expanded and the equipment needs to be repaired. The childcare center could be expanded.

Recommendations: What Could Help Most?

- **Tuition assistance.** The barriers to pursuing education have to be reduced.

- **Transportation assistance.** While only two were dependent on public transportation, the rest have junk cars that often do not work. Perhaps subsidies for the person doing the car-pooling might work, but it would be difficult to organize.

- **Support and information.** Act 101 types of services help tremendously. Perhaps this could be in junior high schools, etc. If your parents are not involved in guiding you in terms of education after high school. You are lost.

- **Campus improvements.** Expand and improve the fitness and childcare facilities. It would help improve the atmosphere and reduce the barriers and stress associated with pursuing educational goals.

The coalition of philanthropic organizations funding this project wished to conduct a comprehensive health and social service needs assessment for Montgomery. The goals of the project were to provide an independent assessment that could (1) assist the funders in establishing priorities, (2) provide information to others concerned about the health and quality of life issues in Montgomery County, and (3) stimulate more effective strategies for achieving quality of life and health improvement goals for Montgomery and its five regions: West, North Penn, East, Central, and Southeast.

As explained in the opening of this report, in completing this assignment we reviewed more than 30 recent reports assessing needs and suggesting plans for addressing them in the county and its regions; surveyed approaches to how local communities elsewhere have attempted address such needs; compiled and analyzed all of the available demographic, health, survey, school, social welfare and criminal justice data on the county and its regions; brainstormed with more than 200 key informants familiar with different aspects of health and social services in the county and its five regions; conducted in-depth focus groups with 100 users of the system, whose voices are rarely heard in such assessments; and explored possible strategies with local leaders and experts. In this final section we distill the conclusions of these efforts and present the recommendations.

CONCLUSIONS

Strengths

Montgomery County is the second most affluent county in Pennsylvania and among the most affluent in the nation. Among the 224 counties with a population larger than 250,000 in the United States, it ranks 24th in median house hold income, 22nd in the percent of adults over 25 with advanced degrees, and has the 7th lowest percent of children living below the poverty level. It has a diverse economy with an expanding job market, including a strong, well-paying biotechnology sector that lures talent from all over the world. The county has a growing share of the jobs and the lowest unemployment rate in the region. It is a net importer of workers. In 2000, it had .67 jobs per resident, a higher rate than any county in the Philadelphia metropolitan area. Its residents have a strong sense of identity with local communities and much volunteer energy.

As the review at the beginning of this report demonstrates, the county has long been familiar with its basic challenges. Discussions with key informants revealed no lack of creative initiatives and commitment towards addressing those challenges. Substantial resources are invested in addressing the health and social service needs in the county. Montgomery County residents currently allocate in combined private and public expenditures almost $10,000 per person, or about $7 billion a year, in improving their environment, health, education, social services, and public safety. This understates the real investment since much that is done in these areas is informal, done by family members, friends and volunteers, and does not count as a part of these overall expenditures. In addition, the rich collection of civic, arts and cultural, ethnic and religious groups expend resources that add so much to the vitality and quality of life in the county are not counted either. In short, Montgomery County has an impressive array of resources available for addressing the health and social services needs of its residents and for improving its overall quality of life.

Challenges

Money alone is not sufficient for assuring success. Civic engagement, a clear shared vision for the future and the will to address difficult problems are equally essential. Despite all of its resources, Montgomery County has all of the health and social problems that plague most communities in the United States and has generally not been much more effective at addressing them. Given its resources and the commitment of its residents and service providers to addressing these problems, one would expect more. The county, however, fares poorly on measures of environmental quality, ranking above 80 percent of the counties in the United States in chemical releases and waste generation and above 90 percent of the counties in air releases of recognized carcinogens and in pollution impairment of its watersheds. Overall, age-adjusted mortality rates for most conditions are little different than the overall state rates and, in several cases, such as stroke and prostate cancer, are higher. While sprawl, traffic congestion, and loss of open space and natural areas are by far the major quality-of-life concerns of most residents, these conditions continue to worsen.

More troubling, poverty rates are rising even while median incomes rise, widening the gaps in health, quality of life and opportunities between the county's advantaged and disadvantaged residents. With the rise in housing costs, 41 percent of renters and 28 percent of homeowners are financially burdened, spending more than 30 percent of their income on housing. Low-income residents and minorities, concentrated in the more financially disadvantaged boroughs have birth and mortality statistics significantly worse than the rest of the county. In Montgomery County, an

African American child is almost three times as likely as a white child to die before his or her first birthday (see Figure 30). For a small but growing segment of the county, the American dream of equal opportunity does not exist, and this exacts a toll in domestic violence, drug and alcohol addiction, and crime.

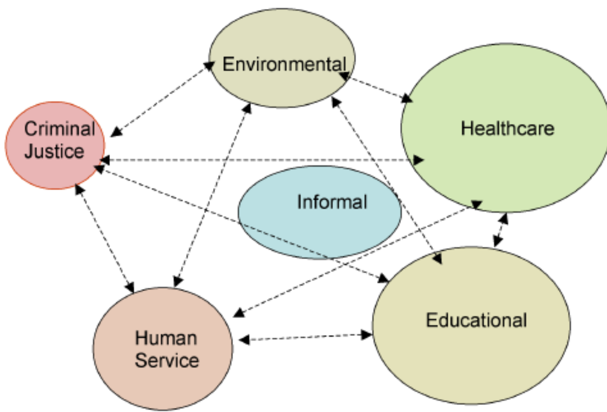
Three fundamental structural challenges contribute to the county's failure to achieve its full potential:

- *The commonwealth structure of governance fragments and duplicates services and undermines regional planning and development creating sprawl and eroding the quality of life.* The county consists of 62 municipalities, 48 separate police departments, and 23 separate school districts. In terms of 22 basic governmental services, the Philadelphia metropolitan area as a whole has the highest level of fragmentation of any of 310 of the nation's largest metropolitan areas. Land use decisions are controlled by local municipalities and driven by their need for enlarging their local tax base. Since 1950, urbanized land area in the Philadelphia metropolitan area had grown at six times the rate of population growth. This "hollowing out" or "urban sprawl" has affected older urban areas in Montgomery County as well as Philadelphia, generating growing traffic congestion and transforming large tracts of open land into shopping malls and housing developments. If this pattern continues, the County Planning Commission forecasts, in the year 2025 there will be 50 percent more traffic and an additional loss of 55,000 acres of open land in Montgomery County. All the current adverse health and quality-of-life effects of sprawl will be greatly exacerbated, and those with the greatest health and social service needs will be the most adversely affected.

- *The concentration of the economically disadvantaged into a few municipalities adds to the cost of addressing their needs and undermines the effectiveness of these efforts.* The Philadelphia metropolitan area is the 12th most segregated metropolitan area for African Americans and the 7th most segregated for Hispanics in the United States. These regional patterns of economic, racial, and ethnic segregation are reflected in Montgomery County. Norristown has a rate of poverty five times that of the county as a whole. It accounts for 95 percent of the county's Hispanic births and 75 percent of its African American births. Fifty three percent of Norristown and 47 percent of Pottstown school district children are low income, almost five times the average for the county as a whole and almost 10 times that of the highest performing school districts in the county. Concentration of poverty in neighborhood housing, schools and other services guarantees failure. The NIMBY ("not in my back yard") effect, accentuated by the fragmented commonwealth structure of governance, adds to this concentration and to the difficulties of undoing it.

- *Financial pressures and demands for efficiency have narrowed the focus of health and the social service agencies and reduced their ability to respond effectively to the complex needs of those that they serve.* As many of the key informants we talked to observed in frustration, hospitals concentrate on reducing lengths of stay and the costs of admissions, schools on test scores, and social service agencies, under pressure to "make their numbers," must narrow the scope of their efforts. The more socially complex the needs, the less likely they are to be reimbursed or budgeted for and the more likely they will be left unaddressed. More individuals and families fall into the gaps in an increasingly fragmented network of health and social services. As a result, a kidney transplant patient ends up sleeping in a hospital parking lot because she is homeless, an expelled student ends up in prison unable to read, and an exhausted and financially stretched two-wage earner family gets their reluctant elderly parent admitted to a skilled nursing home for personal care. As illustrated in Figure 44, the circles representing the needs that different systems (such as health, education, and social service) address constrict, and individuals and families have increasing difficulty getting the help they need.

Figure 44. Gaps in the Systems Addressing the Needs of Montgomery County Residents



What Is Working

There are, however, promising signs that Montgomery County can overcome these internal structural weaknesses. The willingness of funders to pool their resources to explore ways of developing a common agenda in this project is perhaps reflective of some shifts in the thinking about the organization of health and social services in general. As evidenced in our key informant interviews, many health and social service agencies are exploring partnerships to avoid duplication of effort that adds to costs. These efforts will be bolstered by its potentially promising economic future.

Montgomery County is centrally positioned in the Philadelphia metropolitan area and in the Northeast population corridor, with a highly educated population and a diverse, strong biotech and service industry base. It has a rich history, strong cultural institutions, a vibrant civic life, and real communities that care about their neighbors. It is capable of growing and attracting knowledge industries, the engine of the 21st-century economy.

In addition, the county has developed a comprehensive plan with a clear vision for growth while minimizing sprawl by concentrating development in the revitalization of its older urban centers. This "smart growth" plan protects trees, farm fields, and streams while building attractive, walkable, small towns that preserve the historic character of its older villages. The plan envisions a network of trails and bike paths that connect the region's historic landmarks and natural areas and to those all along the eastern seaboard. High-density housing resulting from this plan will enhance the viability of public transportation networks and reduce automobile dependency and roadway traffic congestion. The well-organized local opposition to a slots parlor in Limerick and its unanimous rejection by the town supervisors at the end of April 2006 represents a significant victory for this vision and perhaps a growing consensus about how to manage development in the county to best assure the health and quality of life of its residents. The larger regional plan envisions recapturing the American dream of equal opportunity through the increased distribution of affordable housing, equalization of quality education in school districts and transportation that assures access to regional employment centers for all workers.

What Is Not Working

The basic threats to realizing this vision flow from many short-sighted decisions unrestrained by this emerging consensus. Without strong local opposition to unsuitable development, and without county-wide leadership for the comprehensive plan, open space will shrink and low density development and traffic congestion will grow. Health and social services will become even more fragmented and costly, and access will be even more difficult. The gaps in health and services for low-income, African American, and Hispanic residents and the rest of the county's population will widen. The proposed relocation of Montgomery Hospital from the poorest borough with the most concentrated minority population to one of the county's most affluent provides a vivid example of what is not working. Addressing these threats to the health and quality of life of residents of Montgomery County will require leadership, vision, courage, persistence, and collective political will.

RECOMMENDATIONS

"Would you tell me, please, which way I ought to go from here?"

"That depends a good deal on where you want to get to," said the Cat.

"I don't much care where," said Alice.

"Then it doesn't matter which way you go," said the Cat.

"– so long as I get somewhere, "Alice added as an explanation.

"Oh, you sure to do that," said the Cat, "if you only walk long enough."

— **Lewis Carroll,**
Alice's Adventures in Wonderland

The partners in this project have a clearer idea where they want to go than Alice did, and we can at least provide better directions than the Cheshire Cat. Where they want to get to lies somewhere between the ambitions of a national foundation, such as Robert Wood Johnson, that wants to hit "home runs" through investments that produce legislation and fundamental public policy changes bringing improvements and the more limited historic focus of local charitable organizations that want to feed neighbors who are hungry, shelter those who are homeless and care for those who lack the means to care for themselves. They want to invest in evidence-based programs and services that work in addressing local community needs and help to prevent or at least alleviate them.

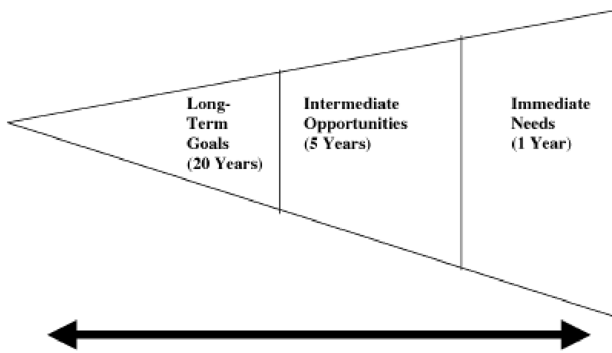
The evidence suggests that it takes sustained and coordinated investments to help those trapped in the shadows, in a cycle of disadvantage. They have multiple needs that that cross professional, bureaucratic and governance boundaries. Narrowly focused efforts do not work: they are mistakenly thought to be more cost effective. While we all wish for a magical vaccine that would make complex, difficult health and social problems disappear cheaply, life does not work that way.

Doing the right thing will not be easy. Certainly the list of the strengths, weaknesses, opportunities, and threats faced by the communities in Montgomery County pose a special challenge to the sponsors of this project and their community partners. The whole of their effort has to be more than the sum of its parts. That whole has to be a small part of a larger effort to tightly tie together a fragmented patchwork. This means linking the immediate pressing needs to broader, longer-term goals, as illustrated in Figure 45.

Our analysis of the data and our conversations with people in Montgomery County suggest some ways for doing this. We start by listing where most would like all of these efforts to lead in 20 years and then work backwards. We first list the longer-term goals, then the intermediate opportunities, and, finally, the immediate priority needs that must be addressed.

In articulating these goals, we borrow from the framework suggested by the Healthy People 2010 national initiative. The partnership directed us to use this framework as a guide for structuring the Montgomery County needs assessment. Healthy People 2010, a broadly based initiative driven by professional and public consensus, formulated two overarching, long-term goals: (1) increasing quality of life years and (2) eliminating the economic, racial, and ethnic disparities in health in the nation's population. We recommend two similar long-term goals for Montgomery County and a similar process for measuring progress toward their achievement with specific measurable objectives. We outline this process below:

Figure 45. Linking Long-Term Goals to Immediate Needs



Long-Term Goals

In 20 years, Montgomery County and its regions will be the standard for what other regions will strive to achieve in health and quality of life through (1) increased healthy years of life and (2) the elimination of disparities. These two long-term goals are defined by the measurable objectives below:

Goal: Increase Healthy Years of Life

Objectives

1. All age-adjusted morbidity and mortality rates well below all revised Healthy People objectives.
2. Access to information and services that assures the highest possible quality of life regardless of chronic condition, disability or age as measured by generally accepted treatment guidelines.
3. Smart growth development that results in
   a. minimum further loss of open lands;
   b. reduction of traffic congestion by 10 percent and over 50 percent of those employed commuting to work either by public transportation, bike or foot;
   c. revitalized higher density residential development in the county's older urban centers;
   d. preservation of the walkable village quality of smaller communities;
4. Air, water and waste disposal standards adopted and implemented to place the county in the top 10 percent of the cleanest in the nation;
5. Diversity in all of its communities at least matching the economic, racial, and ethnic mix of the United States as a whole;
6. A vibrant arts and cultural community that makes the county a growing tourist destination and attracts new industries from outside the county.

Goal: Eliminate Disparities

Objectives

1. Zero disparities in access to services, quality of services and health outcomes by race, ethnicity, and income.
2. Elimination of homelessness and housing vulnerability.
3. Equalization of the percent of low-income persons in the populations of different schools, school districts, and municipalities.
4. Rates of crime, violence, incarceration reduced to European levels, about one third of the current Montgomery County rate.
5. Equal representation by economic background, race, and ethnicity at the top levels of education, employment, and governance.

The Intermediate Opportunities

Within a five-year time frame, there are many opportunities to build toward these long-term goals by leveraging the existing initiatives of the regional collaboratives, service providers, and communities. The more these diverse, complementary efforts can be tied together, the more effective they are likely to be. There is a "tipping point" where fundamental changes in behavior, the structure of systems and the culture of communities happen. Taking advantage of opportunities for more broadly based initiatives that cut across systems and geographic boundaries, addressing immediate needs while building towards the longer term goals of increasing healthy life years and reducing disparities can help get us to that point.

Using the statistics and the ideas of key informants distilled in the earlier portions of this report, we presented a menu of what we believe to be the key opportunities in Montgomery County to the steering committee of this project. The committee identified five that they believed to be most promising and perhaps most worth exploring further. We describe them here as illustrative examples. There are many more.

1. A Coordinated, County-Wide Initiative to Reduce Smoking, Obesity, and Sedentary Lifestyles

Smoking, obesity and a lack of exercise account for about a third of all deaths, illnesses and health care costs in Montgomery County. These deaths, illnesses, and costs are preventable. They have a higher prevalence among lower-income populations in the county and in those boroughs with the highest poverty rates. Many school, hospital, agency, and regional collaborative initiatives are underway. Supporting the linkage, coordination, and expansion of these efforts could greatly magnify their impact. The objective would be to significantly reduce smoking rates, obesity rates, and sedentary lifestyles in all age groups in five years.

2. Life Transition Plans

Coordinated services at two critical points, the first five years of life and when a person's site of service shifts, can increase educational outcomes, health, and quality of life while reducing costs to the county.

- **The first five years of life.** No transition is more critical to the long-term goals for Montgomery County than the one that takes place in the first five years after birth. Mounting evidence suggests that well-coordinated interventions that facilitate earlier diagnosis and treatment of developmental problems, provide ongoing parenting support, access to expanded Head Start that is integrated into the schools assures improved long-term educational success.[xlvi] The objective would be to make sure that the best possible educational outcomes are achieved.
- **Service provider discharge plans.** In spite of good intentions, there is often little continuity in care when the site of services shifts. Responsibility for the care and treatment of the developmentally disabled shifts by age with less than ideal coordination and planning. According to some we spoke with, even records of medications, critical for caring for a person, often do not make it through the transitions from one care setting to another. The hospital discharge plan for an elderly person may often involve simply arranging transportation back to her home; the school discharge often amounts to no more than an expulsion or a diploma; the behavioral health discharge plan, for lack of alternatives, too often involves transporting someone to the Coordinated Homeless Outreach Center (CHOC); and a prison discharge may involve nothing more than providing bus fare. Such lack of coordination and planning creates and perpetuates a costly and destructive "revolving door" of readmissions and re-incarcerations. The regional collaboratives and their constituents address many of these problems of continuity mostly on a case-by-case basis. Supporting the development of such discharge plans and helping to fill the gaps identified could leverage these efforts. The objective would be to reduce readmissions, increase early interventions, and assure seamless support for the individuals and their families.

3. Expanded School Health Programs

School health nurses play an increasingly critical role in assuring that school age children get the guidance, preventive, mental health, dental and medical services they need. They serve as go betweens for parents and services and as advocates for the children. In Montgomery County, school nurses dispense more than three doses of prescription medications per student per year, and more than 15 percent of the students they are responsible for has one or more chronic medical problems, such as asthma and ADD/ADHD. As fewer families have adequate health insurance, fewer children have medical homes. The services of school nurses become even more critical. In addition, transportation to services elsewhere is a serious barrier to access for children of low income families. State regulations specify a ratio of school nurses to pupils of 1:1,500, making even their most circumscribed responsibilities difficult to accomplish, particularly in districts with a higher proportion of low-income children. There is an opportunity to leverage the ease of access of this existing model of

care by facilitating investments in additional staffing and by partnering with integrated delivery systems, and other service providers. School districts should seek and establish meaningful partnerships with community based prevention and treatment providers and facilitate on-campus programs whenever feasible.

4. A Consolidated Funding and Coordination Plan

Services are fragmented, reflecting the different public funding streams for health, education, welfare, youth, aging, criminal justice, and the like. The affluence of Montgomery County supports a separate private system of services for those that can afford them. This private system provides services for children, for those suffering from drug and mental health problems, and for seniors in need of assisted-living arrangements. The creation of the regional collaboratives, the children's service integration initiative of the county, and even the funding partners for this needs assessment reflect an acknowledgment of this problem and a willingness to work hard to address it.

There is the opportunity to leverage the resources of private funders to encourage more consolidated funding and coordination through the support of a common plan that shapes their funding guidelines. One option would be to develop a plan with a consolidated global capital budget for the county and its regions. Such budgets would conceptually pool capital funding for healthcare, schools, transportation, housing and social services. It would then rank projects across all of these systems in terms of need. Public and private attention and support would be focused on those organizations planning top priority capital projects. This could encourage organizations to innovate, exploring possible synergies that would typically not be considered within their own traditional funding silos.

5. A Coordinated Advocacy Program

Neither greater efficiencies nor more effective funding strategies from private philanthropy will be sufficient to make up the existing deficits in resources to effectively address current needs. Many of these needs are projected to increase (for example, affordable housing and services for ethnic minorities, the disabled, and the frail elderly), while support in public dollars to address these needs are anticipated to decline. Without effective advocacy, resources will continue to be stretched even thinner and unmet needs will grow. Arguably, many of the perceived savings from program cuts will prove illusory: if we pay less now, we will pay more later. The partners need to develop a coordinated strategy to sustain the necessary public and private resources to assure that the goals of these efforts are met. Within well-defined legal boundaries, public policy work is both a legal and legitimate activity of private and public foundations.

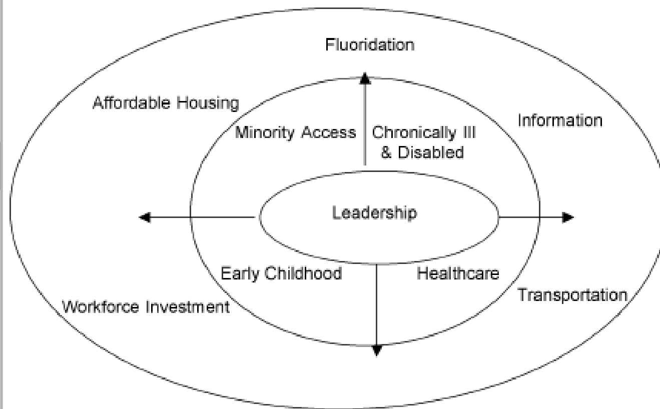
Immediate Needs

The statistical analysis and what we learned from our discussions point to many needs that are being inadequately met. We have selected what we believe are the most pressing and strategically important ones. The wish lists of the key informants in each of the five regions summarized in **Figure 43** reflect three basic needs: leadership, access, and infrastructure. For each, we have explained their importance, suggested concrete opportunities for addressing them, and outlined ways for assessing progress. **Figure 46** summarizes those opportunities: they are represented by three concentric circles—widening ripples that we believe will reshape the systems of services, address the critical needs and assure the longest and best possible quality of lives for all:

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

The circles include the top 10 priorities for an action agenda for the funders, the regional collaborative, and their supporting partners.

Figure 46. Priority Needs



Below, we explain how these needs and priorities intersect, and we offer recommendations for addressing them.

Leadership

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

Community Advocacy. Without community leadership, a shared data informed vision, and grassroots support, whatever seeds are sown with the above investments will fall on barren soil. Developing local leadership development and energizing grassroots efforts are essential. The real "movers and shakers" of health and social service reform have always been the patients or clients, their families, and those in local communities that care about them. This is particularly true for those with developmental disabilities, mental health and drug and alcohol problems, and chronic conditions. The arts and cultural efforts have always helped to communicate their needs in their most human and persuasive fashion and to create the pride and sense of community that is necessary to address them. *An immediate priority should be to invest in all of these local efforts that promise to bring us closer to a more perfect community.*

Management. By far the most underdeveloped component of the health and social service system infrastructure, however, is the management component. Consumers, service providers, and funders face a bewildering fragmented maze. It takes heroic effort to ensure that people get what they need, that providers respond effectively to needs, and that funders do not squander scarce resources. In general, nothing is more needed and more challenging than the effective harnessing of public, private and voluntary sector efforts. In Montgomery County, partly as a result of the commonwealth structure of governance, historically independent development of various components of the county, aversion to centralized control, belief in the free market, and, perhaps, its overabundance of resources it is an even more challenging task. This task is also apparently more difficult in Montgomery County than in the other counties in the Philadelphia metropolitan area. For example:

- This is the first county-wide comprehensive needs assessment ever completed in Montgomery County. Similar county-wide health needs assessments were completed in its neighboring suburban counties more than a decade ago and have served as a basis for planning and resource coordination.

- The conversion of four of the voluntary hospitals that serve the county to for-profit status and the proposed merger and relocation of another from the neediest community in the county to one of the most affluent is unique in the Philadelphia region and poses a special challenge to the conversion foundations responsible for continuing their charitable mission.

It is not just the consumers of services who have problems in figuring how things work. Many of the key providers we talked with were often equally bewildered. The regional collaborative organizations represent both a symptom of this problem and a possible promise of its resolution. Many of the key informants we talked with had difficulty clearly explaining the mission and goals of the collaboratives: Are they simply an informal way of meeting to share information and identify resources for addressing the needs of their individual clients or are they a policy-

making body with the authority to allocate resources and impose order on the service system? Are they a county initiative or the outgrowth of local service provider efforts? The answers differed by individual and region. Several collaboratives have developed joint coordinated efforts and hired staff and budgets, while others function as ad hoc groups organized around regularly scheduled meetings. They lie somewhere between a coherent system and a fragmented one that defends insular prerogatives and studiously avoid addressing the underlying structural problems.

The funders of this project can play a critical role in shaping the evolution of these organizations as role models in terms of their own behavior and in terms of how they choose to support the collaboratives. We see four immediate management priorities:

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

2. *Concentrate the resources on where the need is greatest.* Two municipalities, Norristown and Pottstown, have by far the greatest needs and several other smaller pockets of need require attention. The partners in the Bucks County Health Improvement Program chose to pool their resources and concentrate them where they were needed the most, in the lower end of the county. An even more convincing case for such concentration could be made in Montgomery County. While hospital conversion foundations face restrictions in the use of their assets beyond the historic service area of the hospital, nothing prevents them from coordinating their efforts with others county wide or in engaging in joint public policy advocacy.

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

4. *Invest in the ongoing maintenance of a management reporting process.* Reports such as this by themselves are lifeless, soon dated, and, at best, relegated to end tables in reception areas. The reporting process needs to be designed by the end users, the partners in the community health improvement effort. An ongoing reporting process, a “leadership dashboard” that lets the end users know whether leaders are moving in the right directions and aids in midcourse corrections would breathe life into it. Such a reporting process can provide transparency, align goals and objectives with activities, and assist in leadership development and program refinement. The regional collaboratives could be useful vehicles for designing the reporting system, but it should be a county-wide initiative and county government should play a key role.

Access

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

Enfranchising Montgomery County’s minority communities. The civil rights era produced a new definition of what it meant to be an American, and Montgomery County has benefited from this change. The Immigration Reform Act of 1965 eliminated a quota system that favored Northern Europeans and largely excluded immigration from other continents. While Montgomery County is still 84 percent white non-Hispanic, its Asian and Hispanic population has almost doubled in the last decade. Service providers have lagged in adapting to these demographic shifts. Many of these new immigrants, just as many African Americans do, feel disenfranchised in the county’s health and social service system. While rarely

expressing their dissatisfaction directly to providers of services, many feel excluded and unwelcome. The research literature suggests that these feeling contribute to disparities in accessing appropriate services. Our review indicates that the immediate priorities should be to *(1) support full compliance for all health and social services providers with Title VI guidelines for limited English proficiency language services; (2) increase minority representation on staffs and governing bodies; and (3) expand activities that create a more inclusive and welcoming atmosphere. Among other things, this means offering more English as a second language courses and providing more scholarships for minorities seeking to prepare for careers in health care or in social services.*

Enhancing early childhood services. The services provided to children and their parents in the first five years of life are a key to breaking the cycle of disadvantaged. Such programs as Head Start have demonstrated their effectiveness in long-term school success and success in adult life. After the first 28 days, external causes, such as infections, accidents and physical abuse are the predominant causes of death for infants in Montgomery County. Early diagnosis and treatment of learning and developmental disorders improve outcomes, but, according to the key informants we talked with, such efforts are more likely to be delayed among low-income children. Low- and moderate-income parents cannot afford to stay at home, nor can they afford high-quality day care and preschool care without assistance. Yet, enriched, high-quality day care and preschool programs are ideal locations for facilitating parental education, preventive, and early intervention services. *An immediate priority should be investment in enriching, subsidizing, and expanding high-quality day care and preschool programs for low- and moderate-income families.*

Services for the chronically ill and disabled. Demographic shifts, accelerated by the growth of senior housing and private assisted living in Montgomery County, are on a collision course with anticipated Medicare and Medicaid cutbacks. Low- and moderate-income families will be most affected by that collision. In particular, the 2006/07 Pennsylvania Department of Public Welfare initiative to relocate patients who no longer require skilled care to community-based living arrangements needs to be closely monitored. *An immediate priority should be to invest in support for these informal care providers who have to adapt to the growing financial constraints on the system.*

Health care. In Montgomery County, low-income persons and those without health insurance are significantly less likely to have a medical home, less likely to receive recommended preventive services and screenings, and more likely to delay seeking care because of the costs. Almost 15 percent of Montgomery County's adult residents under the age of 65 have no health insurance, and many who do have limited coverage that fails to cover most of their expenses. The proportion of persons without insurance appears to be growing. The uninsured and those with Medicaid coverage report much difficulty obtaining specialty and diagnostic services in Montgomery County, often relying on Philadelphia medical school services that often involve long delays and difficulties in arranging transportation. *An immediate priority should be to invest in facilitating insurance coverage, expanding medical homes, and assuring access to specialty and diagnostic services for the low-income population.*

Infrastructure

The best health care, educational and social services in the world are worthless if people lack shelter, live in an environment that undermines whatever help they can receive, do not know about the services, and cannot get to them. For a small but growing segment of the county and its regions, healthcare, education, and social services are irrelevant.

Affordable housing. The homeless count in Montgomery County as of January 2005 was 607. The homeless are "housed" in temporary shelters or other precarious temporary arrangements. The lack of sufficient transitional housing that can assist them in overcoming the problems—mental illness, drug and alcohol, domestic abuse, and, increasingly, simply economic circumstances—that led to homelessness traps them at this level.

In 2005, the fair market rent for a two-bedroom apartment in Montgomery County was $947 a month, which, to be affordable, would require an hourly wage of about $18 for a 40-hour week. Altogether 28 percent of homeowners and 41 percent of renters in Montgomery County are spending more than 30 percent of their gross income on housing, a

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

Fluoridation. Fluoridation is an ignored but critical infrastructure investment. As a vivid and concrete example of the costs incurred from the failure to invest in the health of the community as a whole, it has critical symbolic value in the struggle to revitalize a sense of community in Montgomery County. Dental decay is the most common chronic condition. For children, it affects school performance, and for adults, it may limit their employment opportunities. Access to dental care for low- and moderate-income persons is far more restricted than for other health services. It is less likely to be covered under their private health insurance, and payment is so restrictive under the Medicaid program that few dentists participate. In many cases, the only hope for receiving care is to travel to the clinics operated by the dental schools in Philadelphia. No investment in health appears to provide a better return. Every dollar investment in fluoridation produces the equivalent benefit in oral health of $38 in direct dental services. Montgomery County lags far behind the nation and state in making such investments. Of the population served by public water systems, 66 percent of the United States and 54 percent of the Pennsylvania receive optimally fluoridated water. In contrast, of the 41 public water systems in Montgomery County, only the Borough of Pottstown's municipal water system fluoridates its water. In other words, about 5 percent of the county's population receives fluoridated water. Ten years ago, California lagged similarly and the California Endowment was able through selective investment to bring the state up to the national average. *The immediate priority is a fluoridation campaign in Montgomery County that will increase the proportion of the population covered by optimally fluoridated water supplies at least to the national average.*

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

Transportation. In the last decade, no need assessment study in this county, whether it looked at arts and culture, health services, or social services, has failed to mention transportation as a top concern. In the long term, success in addressing this need can be facilitated by the county's success in implementing its development plan for increasing residential density in the county's urban centers and expanding the use of public transportation. Expansion of inventive programs in the county, such as one for low-income

working single mothers who need automobiles and one for hiring of recent retirees as subcontractors to transport the frail elderly on a private pay basis, can help alleviate parts of this problem. Over 90 percent of employed residents of Montgomery County commute by automobile. The lack of an automobile is not just a consequence of poverty: it is a barrier to escaping it. Some have proposed tax deductions for automobile ownership for low-income workers to assist them in taking advantage of employment opportunities. Successful privately funded programs such as Vehicles for Change in Washington, DC and Working Wheels in Seattle and Montgomery County help to provide loans and decent cars to poor workers. Family Services of Montgomery County Ways to Work program provides a similar service targeting working single mothers, but the funds provide for only a limited number of loans (less than 20 a year) and the eligibility requirements are restrictive. *The immediate priority is for further expansion of automobile grant and loan programs for Montgomery County's working poor and other programs that expand access to automobile transportation for low-income persons who need them for employment or to assure access to services.*

Workforce investment. Montgomery County faces (1) a growing population that attracts affluent young families and retirement age seniors, (2) affordable housing shortages, (3) transportation problems, (4) tightening health and social services financing, and (5) an aging health and social service workforce. This translates into a looming "perfect storm" of workforce shortages that will adversely affect these services and the quality of life of all of Montgomery County's residents. The Pennsylvania Center for Health Careers forecasts a shortage of 7 percent (or 120) licensed practical nurses, and a shortage of 11 percent (1,090) registered nurses in Montgomery County for 2010. The first baby boomers turn 65 in 2011. Currently, 37 percent of Montgomery County's registered nurses and 47 percent of its licensed practical nurses are over age 50. The combined growth of Montgomery County's elderly population, with its greater care needs, and the aging of its nursing workforce will greatly exacerbate these shortages. The largest current shortages of high-quality staff as reported by the key informants we spoke with, however, are in day care, behavioral health, and personal care attendants. Relatively low wages and the high cost of living increase recruitment difficulties and turnover. These recruitment and retention problems are likely to increase. *The immediate priority is for the further supplementation of loans and scholarships to ease entry for low- and moderate-income students and in ways to support more livable wages in critical health and social service workforce shortage areas.*

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

NOTES

ii Center for School and Communities. "Building a Partnership for Stronger Communities: Family Systems Service Reform in Pennsylvania 1995-2002." LeMoyne, PA: Pennsylvania Department of Welfare, 2002.

iii Pressler J., "The Philadelphia Story: The Next Borough." *New York Times* August 14, 2005, Section 9, page 1, column 1.

iv Gladwell, M. *The Tipping Point: How Little Things Can Make Big Differences.* Boston: Little, Brown and Company, 2000.

v Toll, J.B., and Schwager, M.J., eds. *Montgomery County: The Second Hundred Years.* Norristown: Montgomery County Federation of Historical Societies, 1983.

vi U.S. Census Bureau. "2004 American Community Survey." (Accessed August 30, 2005 at http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_lang=en&_ts=143547961449)

vii U.S. Census Bureau. "2004 American Community Survey." (Accessed August 30, 2005 at http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_lang=en&_ts=143547961449)

viii U.S. Census Bureau. "American Fact Finder: People: Income and Employment." (Accessed August 30, 2005 at http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_lang=en&_ts=143547961449)

ix U.S. Census Bureau. "Wealth and Asset Ownership of Households: 2000." U.S. Census Bureau, 2005. (Accessed August 30, 2005 at http://www.census.gov/hhes/www/wealth/1998_2000/wlth00-1.html)

x Iceland, J., Weinberg, D. H., and Steinmetz, E. "Racial and Ethnic Residential Segregation in the United States: 1980-2000." Washington, DC: U.S. Census Bureau, 2002. [http://www.census.gov/hhes/www/housing/housing_patterns/pdf/paa_paper.pdf#search=%22Racial%20and%20Ethnic%20Segregation%20in%20the%20United%20States%3A%201980-2000%22]

xi The measure of segregation used here is the most commonly reported one, the Index of Dissimilarity. It describes the proportion of the population that would have to be relocated in order to create the same proportion of each race in every geographic unit. Thus, values could range between 1.00 (complete segregation) and .00 (full integration).

xii U.S. Census Bureau. "2004 American Community Survey." (Accesed August 30, 2005) at http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=datasets_2&_lang=en)

xiii See http://www.npchf.org/news/BoomerANG_%20Report_%20sunflowers.pdf, pp. 10-12. As documented in the BoomerANG Project, Montgomery Count, PA, January 2006, while the total population of Montgomery County is forecasted to grow by 9 percent between 2000 and 2015, the over-50 population will grow by 28 percent, and the 60-65 population, the crest of the "baby boom," will grow by 57 percent. This will have profound effect on health and social services needs, which are not adequately reflected in Figure 6.

xiv Delaware Valley Regional Planning Commission. "Destination 2030: The Year 2030 Plan for the Delaware Valley." Philadelphia: Delaware Valley Regional Planning Commission, 2005.

xv Pennsylvania Advocates for Nutrition and Activity. 2004-2005 Keystone Healthy Zone Montgomery County Report, 2005.

[xvi] Norristown Communities that Care. Risk and Resource Assessment Collaborative Process.

[xvii] Smith, D.B., and DGA Partners. *A Health Assessment of the Pottstown Area.* Pottstown, PA: Posttstown Area Health and Wellness Foundation, 2004.

[xviii] Philadelphia Health Management Corporation. North Penn Community Needs Assessment. Lansdale, PA: North Penn Community Health Foundation, 2002.

[xix] Smith, 2004.

[xx] Jackson C.A., Pitkin, K., and Kington, R. *Evidence-Based Decision Making for Community Health Programs.* Palo Alto, CA: Rand,1997.

[xxi] Smith D.B., "The Delaware Valley Life Science Workforce: 2003 Update, An Analysis of Current and Future Trends." Philadelphia: Life Science Career Alliance, 2003.

[xxii] See the following: Smith, 2004; Philadelphia Health Management Corporation, 2002; Philadelphia Health Management Corporation. "North Penn Community Health Foundation Special Populations Needs Assessment." Phoenixville, PA: North Penn Community Health Foundation, 2003; Branch A.Y., United Way of Southeastern Pennsylvania. "A Study of Youth Development Opportunities for Youth Who Reside in Low-Income Communities in Philadelphia: Report to the Community." Philadelphia: United Way of Southeastern Pennsylvania, 1997.

[xxiii] Rusk D. "Little Boxes—Limited Horizons: A Study of Fragmented Local Governance in Pennsylvania: Its Scope, Consequences and Reforms." Washington, DC: Bookings Institution, 2003.

[xxiv] Delaware Regional Planning Commission, 2005.

[xxv] See the following: Branch, 1997; Montgomery County Office of Aging and Adult Services. Montgomery County Aging and Adult Services Four-Year Plan, 2005; Montgomery County MH/MR Program. Mental Health Annual Plan and Budget FY 2004-2005; Greater Philadelphia Cultural Alliance. "Securing Our Future: The Framework of Cultural Planning." Philadelphia: Greater Philadelphia Cultural Alliance, 2005.

[xxvi] Rusk, 2003.

[xxvii] Montgomery County Office of Aging and Adult Services, 2005; Montgomery County MH/MR Program, 2004-2005.

[xxviii] Delaware Regional Planning Commission, 2005.

[xxix] See Smith, 2004; Philadelphia Health Management Corporation, 2002; Philadelphia Health Management Corporation. "Phoenixville Community Health and Safety Needs Assessment." Phoenixville, PA: Phoenixville Community Health Foundation; 1999.

[xxx] Montgomery County Department of Maternal and Child Health. "Montgomery County Health Department Maternal and Child Health Needs Assessment." Norristown, PA: Montgomery County, 2003.

[xxxi] The maps presented here and in subsequent sections of this report were developed for the Metropolitan Philadelphia Indicators Project (MIP), supported by the William Penn Foundation and Temple University, and we gratefully acknowledge permission for their use.

[xxxii] Environmental Protection Agency. "Superfund Sites in Pennsylvania, 2005." (Accessed December 22, 2005, at http://www.epa.gov/superfund/sites/npl/pa.htm.)

[xxxiii] Scorecard.org. "2002 Rankings: Major Chemical Releases or Waste Generation. 2002."(Accessed December 21, 2005, at http://www.scorecard.org/env-releases/ranking.tcl?fips_county_code=42091.)

[xxxiv] Environmental Protection Agency, 2005.

[xxxv] While fluoridation at appropriate levels has been consistently demonstrated to be a safe and cost-effective preventive measure by more than 60 years of research, it continues to meet strong political opposition from those opposed to such measures in principal and by some concerned about the toxicity of high levels (4 mg/L or higher resulting in a few areas from natural causes or pollution as opposed to the 0.7 to 1.2 mg/L added in water supplies that are fluoridated). On March 22, 2006, the National

Research Council issued a report: *Fluoride in Drinking Water: A Scientific Review of EPA's Standards.* The report addresses the safety of high levels of fluoride in water that occur naturally, and does not question the use of lower levels of fluoride to prevent tooth decay. The committee concluded that the current MCLG of 4 mg/L should be lowered to better protect people from the health risks associated with high natural fluoride levels. For more information on this report, see http://www4.nationalacademies.org/news.nsf/isbn/030910128X?OpenDocument. The overall value and safety of community water fluoridation has been endorsed by the Centers for Disease Control and Prevention, by the U.S. Surgeon General's report Oral Health in America (May 2000), and by the U.S. Task Force on Community Preventive Services in 2001. Community water fluoridation also has been endorsed by numerous public health and professional organizations, including the American Dental Association, the American Medical Association, the American Association of Public Health, U.S. Public Health Service, and the World Health Organization.

[xxxvi] McCarthy, K, Ondaatje E.H., Zakaraas, L, and Brooks, A. *Gifts of the Muse: Reframing the Debate about the Benefits of the Arts.* Santa Monica, CA: Rand Corporation, 2004.

[xxxvii] Center for Workforce Information and Analysis. Montgomery County Profile. Harrisburg: Center for Workforce Information and Analysis, Pennsylvania Department of Labor and Industry, 2005.

[xxxviii] Pennsylvania Department of Health. "2003 Behavioral Health Risk of Pennsylvania Adults." Harrisburg, PA, 2005, p. 7.

[xxxix] Pennsylvania Department of Insurance. Pennsylvania Health Insurance Status Survey, 2005.

[xl] Pennsylvania Health Care Cost Containment Council. "Avoidable Hospitalizations in Pennsylvania." Report No. 3, November 2004.

[xli] Pennsylvania Department of Health. "2003 Behavioral Risks of Adults." Harrisburg, PA: Pennsylvania Department of Health, 2004, pp. 58-59.

[xlii] Montgomery County Health and Social Services. Maternal and Child Health Needs Assessment, Report No. 3a, 2005, p. 6.

[xliii] Pennsylvania Department of Corrections. Annual Statistical Report, 2003.

[xliv] Mauer M., "Comparative International Rates of Incarceration: An Examination of Causes and Trends." Washington, DC: The Sentencing Project, 2003.

xlv Mauer, 2003.

[xlvi] National Low Income Housing Coalition. "2005 Housing Affordability Report." (Accessed December 23, 2005, at www.nlihc.org/oor2005/.)

[xlvii] McCormick, M.C., Brooks-Gunn, J., Buka, S.L., and Goldman, J. "Early Intervention in Low Birth Weight Premature Infants: Results at 18 Years of Age for the Infant Health and Development Program."

SOURCES

Branch, A.Y., “A Study of Youth Development Opportunities for Youth Who Reside in Low-Income Communities in Philadelphia: Report to the Community. “Philadelphia: United Way of Southeastern Pennsylvania; 1997.

Center for School and Communities. “Building a Partnership for Stronger Communities: Family Systems Service Reform in Pennsylvania 1995-2002.” LeMoyne, PA: Pennsylvania Department of Welfare, 2002.

Center for Workforce Information and Analysis. Montgomery County Profile. Harrisburg, PA: Center for Workforce Information and Analysis, Pennsylvania Department of Labor and Industry, 2005.

Delaware Valley Regional Planning Commission. “Destination 2030: The Year 2030 Plan for the Delaware Valley.” Philadelphia: Delaware Valley Regional Planning Commission, 2005.

Environmental Protection Agency. Superfund Sites in Pennsylvania, 2005.(Accessed December 22, 2005, at http://www.epa.gov/superfund/sites/npl/pa.htm.)

Gladwell, M., *The Tipping Point: How Little Things Can Make Big Differences.* Boston: Little, Brown and Company; 2000.

Greater Philadelphia Cultural Alliance. “Securing Our Future: The Framework of Cultural Planning.” Philadelphia: Greater Philadelphia Cultural Alliance, 2005.

Iceland, J., Weinberg, D. H., and Steinmetz, E. “Racial and Ethnic Residential Segregation in the United States: 1980-2000.” Washington, DC: U.S. Census Bureau, 2002.

Jackson, C.A., Pitkin, K., Kington, R. *Evidence-Based Decision Making for Community Health Programs.* Palo Alto, CA: Rand, 1997.

Mauer, M. “Comparative International Rates of Incarceration: An Examination of Causes and Trends.” Washington, DC: The Sentencing Project, 2003.

McCarthy, K., Ondaatje, E.H., Zakaraas, L., and Brooks, A. *Gifts of the Muse: Reframing the Debate about the Benefits of the Arts.* Santa Monica, CA: Rand Corporation, 2004.

McCormick, M.C., Brooks-Gunn, J., Buka, S.L., and Goldman, J. “Early Intervention in Low Birth Weight Premature Infants: Results at 18 Years of Age for the Infant Health and Development Program.” Pediatrics 2006,117 (3): 771-80.

Montgomery County Department of Maternal and Child Health. Montgomery County Health Department Maternal and Child Health Needs Assessment. Norristown: Montgomery County, 2003.

Montgomery County Health and Social Services. Maternal and Child Health Needs Assessment, Report No. 3a, 2005.

Montgomery County Mental Health/Mental Retardation Program. Mental Health Annual Plan and Budget FY 2004-2005. Norristown, PA: Montgomery County, 2004.

Montgomery County Office of Aging and Adult Services. Montgomery County Aging and Adult Services Four-Year Plan, 2005.

National Low Income Housing Coalition. “2005 Housing Affordability Report.” (Accessed December 23, 2005, at www.nlihc.org/oor2005/.)

Norristown Communities that Care. Risk and Resource Assessment Collaborative Process.

Norristown: Norristown Communities that Care April 25, 2005.

Pennsylvania Advocates for Nutrition and Activity. “2005-2006 Keystone Healthy Zone Montgomery

County Report" (Accessed September 8, 2006 at http://www.panaonline.org/programs/khz/county_pdf_2006/montgomery.pdf)

Pennsylvania Department of Corrections. Annual Statistical Report, 2003.

Pennsylvania Department of Health. "2003 Behavioral Health Risk of Pennsylvania Adults." Harrisburg, PA, 2005.

Pennsylvania Department of Insurance. Pennsylvania Health Insurance Status Survey, Harrisburg, PA: 2005.

Pennsylvania Health Care Containment Council. Avoidable Hospitalizations in Pennsylvania: Pennsylvania Health Care Cost Containment Council, Report No. 3, 2004.

Philadelphia Health Management Corporation. "North Penn Community Health Foundation Special Populations Needs Assessment." Phoenixville, PA: North Penn Community Health Foundation, 2003.

Philadelphia Health Management Corporation. "North Penn Community Needs Assessment." Lansdale, PA: North Penn Community Health Foundation, 2002.

Philadelphia Health Management Corporation. "Phoenixville Community Health and Safety Needs Assessment." Phoenixville, PA: Phoenixville Community Health Foundation, 1999.

Pressler J., "The Philadelphia Story: The Next Borough." *New York Times* August 14, 2005: section 9, page 1, column 1

Rusk, D. "Little Boxes-Limited Horizons: A Study of Fragmented Local Governance In Pennsylvania: Its Scope, Consequences and Reforms." Washington, DC: Bookings Institution, 2003.

Scorecard.org. "2002 Rankings: Major Chemical Releases or Waste Generation." (Accessed December 21, 2005 at http://www.scorecard.org/env-releases/ranking.tcl?fips_county_code=42091.)

Smith, D. B. and DGA Partners. "A Health Assessment of the Pottstown Area." Pottstown, PA: Pottstown Area Health and Wellness Foundation, 2004.

Smith, D.B. "The Delaware Valley Life Science Workforce: 2003 Update, An Analysis of Current and Future Trends." Philadelphia: Life Science Career Alliance, 2003.

Toll, J.B., Schwager, M.J., eds. *Montgomery County: The Second Hundred Years.* Norristown, PA: Montgomery County Federation of Historical Societies, 1983.

U.S. Census Bureau. "2004 American Community Survey." (Accesssed September 19, 2005 at

http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_lang=en&_ts=143547961449

U.S. Census Bureau. "American Fact Finder: People: Income and Employment." 2005. Accessed September 19 2005 at http://factfinder.census.gov/home/saff/main.html?_lang=en)

U.S. Census Bureau, "Wealth and Asset Ownership of Households: 2000." 2005 (Accessed August 30, 2005 at http://www.census.gov/hhes/www/wealth/1998_2000/wlth00-1.html.)