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

CENTRAL REGION

October 2006

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PREFACE

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

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

We are most appreciative of the help provided by many people and organizations in the Central Region in the completion of this project. Many professionals took the time out of their busy schedules to participate in key informant sessions and provided much insightful input. We would particularly like to acknowledge the assistance of Linda Bean, coordinator for the Central region's Community Advisory Board. The production of this report has been, in its broadest sense, a community affair. Thanks to all those in that community who assisted.

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

Independence Foundation

Merck and Company Inc.

Montgomery County Foundation Inc.

Montgomery County Health and Human Services

North Penn United Way

North Penn Community Health Foundation

The Philadelphia Foundation

Phoenixville Community Health Foundation

United Way of Southeastern Pennsylvania

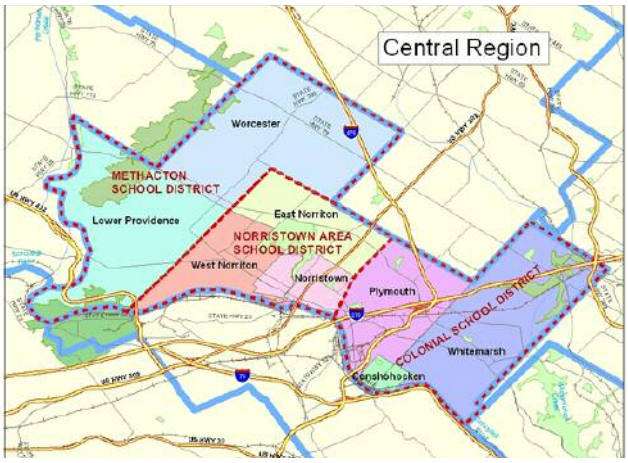
United Way of Western Montgomery County

INTRODUCTION

The coalition of philanthropic organizations funding this project wished to conduct a comprehensive health and social service needs assessment for Montgomery County. The goals of the project were to provide an independent assessment that could (1) assist the funders in establishing priorities, (2) provide information to others concerned about the health and quality of life issues in Montgomery County and (3) stimulate more effective strategies for achieving quality of life and health improvement goals for Montgomery County and its five regions: Western, North Penn, Eastern, Central and Southeast. This report summarizes the findings for the Central region. **Figure 1** presents a map of the area included in this collaborative. It encompasses eight boroughs and townships (colored areas of map) served by three school districts (outlined by dotted lines).

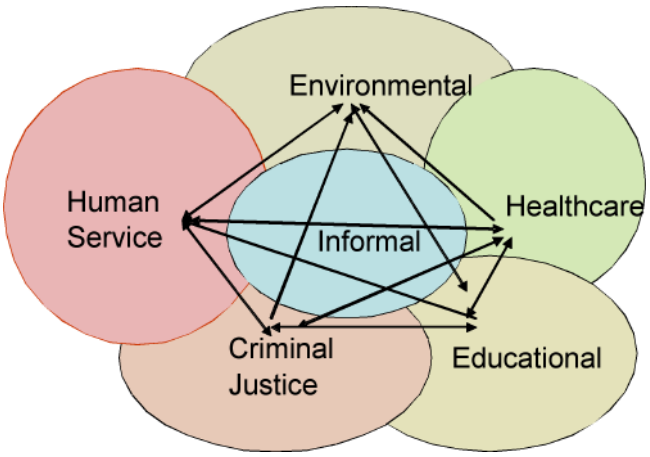
In completing the overall assignment we took advantage of the wealth of existing data sources; made use of the many previous studies and reports that have been completed by various groups that address the health, social service, educational and arts and cultural needs in the county; incorporated the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

Figure 1. Montgomery County's Central Collaborative Region



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

Figure 2. Systems Addressing the Needs of Montgomery County Residents



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

QUANTITATIVE ASSESSMENT

Environmental System

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

Physical Environment

Bordered by Valley Forge National Park, Evansburg State Park, the Schuylkill River and shopping malls, the region is intersected by the Pennsylvania Turnpike and Route 202, and Route 476. Regional planners envision the area playing a key role the future development, economic prosperity and quality of life in the county. One of the 17 "superfund sites" in Montgomery County on the Environmental Protection Agency national priority list is located in Norristown.

Demographics

The Central region, with a total population of 129,909 in 2000 is one of the more densely populated and least rapidly growing regions of the county. The demographic characteristics of the area serve as the basic starting point for the shaping Central Collaborative's agenda. Those characteristics include the following:

- **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 the ages of 25 and 40 remained unchanged, and the population under 5 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), 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; and the Hispanic population grew almost two fold, representing 3.5 percent of the region's population. Mexicans make up more than half of the region's Hispanic population.

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

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

- 5.7 percent (1,413) of those five to twenty years of age, 13.4 percent (10,057) of those age twenty one to sixty-four and 32.7 percent (5,876) of those over the age of sixty five have a disability.
- 833 grandparents serve as primary care givers for their grandchildren.
- 5,366 persons over five years of age have limited English proficiency.
- 3.3 percent (2,600) of persons in the civilian labor force were unemployed.
- 4.7 percent (1,549) of families live below the poverty level.
- 8.7 percent (4,384) of households have no motor vehicle available.
- 34. percent (5,262) of renter-occupied households and about 24 percent (7,671) of owner-occupied households spend more than 30 percent of their income on housing costs, passing beyond the

threshold of what is generally defined as affordable housing.

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

Arts and Culture

Norristown is perceived as the arts and cultural center of the region. The Norristown Library, historically one of the oldest in the metropolitan area, is one of 29 regional libraries in Pennsylvania designated by the State Department of Education. Norristown's Montgomery County Cultural Center has received awards for their theater and children's programs Artists and artisans are discovering Norristown and a growing number of art galleries and studios have opened along with textile workshops and stores featuring marble, plaster, wood and ornamental ironworks. Many anticipate a similar transformation to what has taken place in the Northern Liberties in Philadelphia.

Healthcare System

Resources

The Central region, relative to other areas of the county is facing major changes that will affect the resources available to residents. Mercy Suburban and Montgomery Hospital combine to provide the region 343 acute hospital beds. The proposed relocation of Montgomery could potentially reduce the number of beds in the region by more than half. Currently the bed population ratio for region is about 2.6, roughly equivalent that of the county as a whole (2.5 for the county and 2.7 for the state). Currently, about 20 percent of admissions to residents in the Central region take place outside the region.

- Norristown State Hospital currently accommodates about 307 general psychiatry (civil section) and to 120 forensic psychiatry patients, and the Montgomery County Mental Health/Mental Retardation Emergency Service has an average daily census of about 42. Norristown provides behavioral health inpatient services for the county through Montgomery County Emergency Services, Inc. and for a broader multi-county region through Norristown State Hospital.
- Primary care physician ratios and particularly specialty physician ratios (see **Figure 24** and **Figure 25** in the full county report) tend to be about average for the county across in the Central region. Norristown includes federally designated medically underserved areas in the county served by the only federally qualified health center in the county. While it provides medical services to the low income and uninsured population in this area, maternity services have been difficult to arrange. In general, specialty services have been difficult to come by for Medical Assistance and uninsured patients in the region.

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

Health, Access, and Behavioral Risk Problems in the Central Region

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

Our estimates suggest the following:

- 18 percent (18,352) of the region's population over the age of 18 would rate their health fair or poor and 40 percent (39,685) had one or more days in the past 30 when their health was not good.
- 13 percent (13,191) of adults in the region have been told at some time they had diabetes and 14

percent (14,510) been told that they have asthma. Prevalence rates among children would be expected to be roughly comparable and higher in the lower income population. Asthma related childhood hospitalization and death rates in lower income neighborhoods in the United States have risen.

- 17 percent (17,023) of adults in the region have lost more than five of their permanent teeth due to tooth decay or gum disease, while 24 percent (24,032) have not visited a dentist in the past year.
- 18 percent (14,567) of adults between the age of 18 and 65 in the region have no health insurance, 16 percent (15,847) of adults have no personal healthcare provider and 14 percent (14,377) chose not to see a physician when they needed to in the last year because of cost.
- 24 percent (5,184) of women over the age of 40 have not had a mammogram in the past two years, 17 percent (8,812) of adult women have not had a pap test within the past three years, 22 percent (4,360) of men over the age of 50 have never had a digital rectal exam and 43 percent (7,859) of adults over 50 have never had a sigmoidscopy or colonoscopy.
- 27 percent (26,784) of adults currently smoke, 25 percent (25,357) binge drink, 25 percent 31,152) did not participate in any leisure time physical activity in the last month and 28 percent (28,250) are obese. According to the 2003 Pennsylvania Youth Survey, about 25 percent of high school seniors report currently smoking, and 31 percent report binge drinking; the rates in the Central region are probably roughly comparable.
- Estimates for all of these indicators are somewhat worse for Norristown which has a lower income population than the region as a whole.

Figure 3. Esimates of Health Problems, Lack of Access to Care and Behavioral Risks in the Central Region 20004	Norristown		Central Region	
	Percent	Number	Percent	Number
A. Health Status				
1. Percent adults health rated fair or poor	24%	5,738	18%	18,352
2. percent adults 1+ days in past 30 physical health was not good	45%	10,590	40%	39,685
3. Percent adults 1+days in past 30 mental health was not good	44%	10,346	38%	37,688
4. Percent adults currently have asthma	20%	4,640	14%	14,510
5. Percent of adults ever told had diabetes	18%	4,164	13%	13,191
6. Percent adults have had 0-5 permanent teeth removed due to tooth decay or gum disease	83%	19,624	83%	83,446
7. Percent limited in activities due to physical, mental or emotional problems	26%	6,210	21%	21,367
B. Health Care Access				
1. Percent no health insurance (18-64)	27%	3,308	18%	9,544
2. Percent no personal healthcare provider	22%	5,204	16%	15,847
3. Percent needed to see a doctor but could not due to medical cost in past 12 months	21%	5,066	14%	14,377
4. Percent visited a dentist in past year.	73%	17,127	76%	75,707
5. Percent had teeth cleaned in past year	72%	17,044	76%	75,789
6. Percent had flu shot in past year	38%	8,988	37%	36,743
7. Percent who have ever had vaccination against pnenumococcal disease	33%	7,667	28%	28,187
8. Percent women age 40+ who had a mammogram in the past two years	74%	5,118	76%	24,636
9. Percent of women who have had pap test within past three years	83%	10,181	83%	42,857
10. Percent of men 50+ who ever had digital rectal exam	75%	2,554	78%	13,598
11. Percent of adults 50+ who ever had sigmoidscopy or colonoscopy	55%	1,875	57%	10,022
C. Behavioral Risks				
1. Percent adults who currently smoke	33%	7,797	27%	26,784
2. Percent binge drinking one or more times in past month (5+ drinks on one occasions)	30%	7,053	25%	25,357
3. Heavy Drinker (Male > 2 per day, Female > 1+ per day)	20%	4,797	16%	15,542
4. Percent of adults with no leisure time physical activity in past month	31%	7,332	25%	31,152
5. Percent of obese adults	32%	7,617	28%	28,250
Related Population Estimates				
Total Adult Population 18+	23,567		100,136	
Total Adult 18-64	19,797		80,927	
Total Adult Female	12,314		51835	
Total Adults 50+	8,103		39,431	
Total Male 50+	3,415		17,465	
Total Female 40+	6,937		32,402	
Sources: CDC Behavioral Risk Factor Surveillance System 2004 and				
U.S. Census 2000. See:				
Methodological Appendix for explanation of estimation process.				

Birth and Death Outcomes

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

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

- The rates for heart disease, still the most common cause of death in the county, are higher in the Central region than in the county as a whole. Improved diets, increased regular exercise and reduced smoking rates could potentially reduce these differences.
- Overall cancer death rates are higher for the Central region than for the county. Lung and colon cancer death rates are also higher. Reduced smoking rates, increased screening, and reduction of environmental risks could potentially reduce these differences.
- The teen pregnancy rate in the Central region is higher than that of the county as a whole.
- Birth statistics mask the poorer performance of Norristown, where the infant mortality rate is almost twice as high as the county rate and 42 percent of residents receive less than adequate prenatal care (See the discussion in the full report).
- In terms of overall performance as measured by age adjusted death rates from all causes, the Central region ranks below the other regions in the county.

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

		Central Regon	95% Confidence Interval*	Montgomery County	HP 2010 Goal
Focus Area #3: Cancer		214.8	204.16 - 225.50	192.5	159.9
	Breast Cancer	25.4	20.49 - 30.24	28	22.3
	Prostate Cancer	36.6	29.25 - 43.88	32	28.8
	Cervical Cancer	1.7	0.33 - 3.01	1.7	2.0
	Melanoma	3.3	1.96 - 4.66	2.9	2.5
	Colon Cancer	24.3	20.70 - 27.87	19.9	13.9
	Lung Cancer	57.1	51.59 - 62.53	48.8	44.9
Focus Area #12: Stroke		59.4	53.70 - 65.02	59.7	48.0
Heart Disease		239.2	227.83 - 250.54	204.9	
Focus Area #5: Diabetes (2003)		16.0	9.47 - 22.57	14.1	45 (see note)
Focus Area #16: Infant Death		6.1	4.44 - 7.75	5.6	4.5
	Neonatal	4.3	2.94 - 5.74	4.4	2.9
	Postneonatal	1.8	0.87 - 2.65	1.2	1.2
Focus Area #9: Births (15-17 yrs)		32.3	27.90 - 36.62	7.9	43 (see note)
	(Teen Mothers)				

Notes:

Focus Areas (relate to Healthy People 2010 indicators)

HP: Healthy People

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

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

HP2010 rates for teen pregnancies include induced abortions

2003 Population Data Source: Montgomery County Planning Commission

= Confidence Interval regional rate above County Rate

= Confidence interval for regional rate below County Rate

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

Educational System

Figure 5 summarizes the demographic and performance characteristics of the five school districts within the boundaries of the Central region.

Most of the minority and the low-income students in the region are concentrated in the Norristown Area School District. Fifty-three percent of the children in the Norristown Area School District are low income. In the region, 87 percent of the children whose families are receiving Temporary Assistance to Needy Families (TANF) and 93 percent of the African American school children are in the Norristown Area School District. Cost per pupil is roughly equal in the school districts in the region. The region performs below the average of the county as a whole in basic math and reading scores.

A growing number of school children are diagnosed with chronic conditions, such as attention deficit disorder and asthma, which require management during the school day. School nurses have assumed increasing responsibilities for supervising the administration of medications for children. **Figure 6** illustrates the size of the problem in the school districts in the Central region. 3.09 doses of prescription medications for ADD/AHD,

Figure 5. Central Region School District Demographics and Performance Indicators

	Colonial SD	Methacton SD	Norristown Area SD	Central Total
Race of Pupils				
Am Ind/ Alask Nat	0	8	7	15
Asian/Pacific Islander	10	560	131	701
Black (Non-Hispanic)	110	182	3,505	3,797
Hispanic	4	66	936	1,006
White (Non-Hispanic)	391	4,522	2,256	7,169
Total	515	5,338	6,835	12,688
% of Region	4%	42%	54%	1
%Black	21.4%	3.4%	51.3%	29.9%
%Hispanic	0.8%	1.2%	13.7%	7.9%
%Asian	1.9%	10.5%	1.9%	5.5%
Poverty				
Low Income	12%	3%	53%	30%
TANF 2004	74	24	680	778
Performance				
% PSA Math Below Basic	19%	10%	30%	21%
% PSA Reading Below Basic	14%	9%	25%	18%
SAT Verbal	489	522	460	487
SAT Math	507	549	472	506
Per Pupil Cost	$ 11,796	$ 9,800	$ 10,380	$ 10,193
Sources:				
Pennsylvania Department of Education				
http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&Q=70724				
Standard and Poors School Matters				
http://www.schoolmatters.com/				

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

	Number of Students	Psychotropics (ADD/ADHD & Others)	Asthmatics	Other	Total	Total Per Pupil
Colonial SD	6,890	10,872	1,951	7,484	20,307	2.95
Methacton SD	5,069	7,569	2,478	3,484	13,531	2.67
Norristown Area SD	9,210	16,772	7,292	7,418	31,482	3.42
Region Total	21,169	35,213	11,721	18,386	65,320	3.09
Source: Pennsylvania Department of Health. Medication Administration for School Year 2002-2003						
April 14, 2004 http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&q=234265						
*Data reported by school districts. The repsponsibility for the accuracy lies with the individual school						
districts and, in some cases, may have been incorrectly reported.						

asthma, and other conditions were administered in the 2002-03 school year in the Central region for every student enrolled. The rate is highest in the Norristown Area School District.

Figure 7 summarizes the violence and weapons incidents in school districts in the Central region during the 2002-2003 school year. A total of 41 students were arrested, 51 suspended, 14 expelled, and 22 assigned alternative education. Many of these students become the responsibility of the criminal justice system.

Criminal Justice System

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

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

		Inicidents	Incidents		Offenders
	Enrollment	Number	Per 1,000	Offenders	Per 1000
Colonial SD	4,612	2	0.43	3	0.65
Methacton SD	4,741	35	7.38	35	7.38
Norristown Area SD	6,959	25	3.59	37	5.32
Central Total	**16,312**	**62**	**3.80**	**75**	**4.60**

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

Social Service System

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

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

A total of 11,131 persons were receiving some form of assistance (General Assistance, TANF, Foods Stamps, SSI, and Medical Assistance), and 8,103 received full Medicaid coverage. Of the resident of the region, 8.6

Figure 8. Reported Crimes In the Central Region 2004			
Part I. Crimes			
Police Department	**Population**	**Total**	**Rate.100,000**
CONSHOHOCKEN BORO	7,794	182	**2,335**
EAST NORRITON TWP	13,638	343	**2,515**
LOWER PROVIDENCE TWP	23,784	349	**1,467**
NORRISTOWN BORO	31,172	1,871	**6,002**
PLYMOUTH TWP	16,246	758	**4,666**
WEST NORRITON TWP	14,981	392	**2,617**
Region Total	107,615	3,895	**3,619**
County Total	775,492	17,043	**2,198**
State Total	12,406,292	326,985	**2,636**
Part II Crimes			
Police Dept.	**Population**	**Total**	**Rate/100,000**
CONSHOHOCKEN BORO	7,794	952	**12,215**
EAST NORRITON TWP	13,638	784	**5,749**
LOWER PROVIDENCE TWP	23,784	776	**3,263**
NORRISTOWN BORO	31,172	4,834	**15,508**
PLYMOUTH TWP	16,246	1,112	**6,845**
WEST NORRITON TWP	14,981	829	**5,534**
Region Total	107,615	9,287	**8,630**
County Total	775,492	35,449	**4,571**
State Total	12,406,292	625,008	**5,038**
Source: Pennsylvania State Police Uniform Crime Reports			

Figure 9. Central Region Public Welfare Benefits, September 2003

Municipality	Total Population	Cash Non-TANF	Temporary Assistance to Needy Families (TANF)	Food Stamps (FS)	Medically Needy Only (MNO)	Medically Needy Program (MNP)	Supplemental Security Income (SSI)	All Assistance	Medicaid Full Coverage*	Percent Population with Assistance
Conshohocken Borough	7,589	17	25	150	50	299	141	682	482	9.0%
East Norriton Township	13,211	0	9	21	4	49	21	104	79	0.8%
Lower Providence Township	22,390	6	4	54	21	203	48	336	261	1.5%
Norristown Borough	31,282	251	517	1983	536	4370	1553	9210	6,691	29.4%
Plymouth Township	16,045	7	12	55	20	186	55	335	260	2.1%
West Norriton Township	14,901	1	7	31	6	56	25	126	89	0.8%
Whitemarsh Township	16,702	0	3	12	80	174	40	309	217	1.9%
Worcester Township	7,789	0	0	4	1	21	3	29	24	0.4%
	129,909	**282**	**577**	**2310**	**718**	**5358**	**1,886**	**11,131**	**8,103**	**8.6%**

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

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

FS are not medical assistance

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

percent received some form of assistance. The percent of residents on assistance was highest in the Borough of Norristown (29.4 percent) and accounted for 82 percent of all residents in the region receiving assistance. In Pennsylvania in Fiscal Year 2003, 12 percent of those eligible for Medicaid benefits were over the age of 65, and this group accounted for 33 percent of all vendor payment. Twenty-six percent of all vendor payments in the Pennsylvania Medicaid program went to nursing facilities. (See http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/MSISTables2003.pdf). One would expect a roughly similar breakdown in the Central region,

A special concern of the social service system is the welfare of children. As indicated in **Figure 10**, a total 361 cases in the region of child abuse and neglect were referred to the Montgomery County Office of Children and Youth in 2004. The rate of referrals to total population was highest in the Borough of Norristown (8.6 percent) which accounted for 74 percent of all referrals in the region.

The census distinguishes persons living in households and those living in "group quarters," institutional settings such as prisons and nursing homes, and group homes for those with disabilities, drug and alcohol, or mental health rehabilitation needs. As indicated in

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

Municipality	Total popula-tion	Child Abuse Referrals	Child Neglect Refferalls	Total	Total Per 1,000 Population
Conshohocken Borough	7,589	12	13	25	3.3
East Norriton Township	13,211	10	3	13	1.0
Lower Providence Township	22,390	15	8	23	1.0
Norristown Borough	31,282	114	154	268	8.6
Plymouth Township	16,045	5	4	9	0.6
West Norriton Township	14,901	7	7	14	0.9
Whitemarsh Township	16,702	4	1	5	0.3
Worcester Township	7,789	2	2	4	0.5
	129,909	**169**	**192**	**361**	**2.8**

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

Figure 11, a total 4,414 persons in the region were housed in group quarters.

Poverty is not just related to social welfare needs but is strongly related to health, educational, and criminal justice problems. As indicated in **Figure 12**, 60 percent all persons in poverty in the region are located in Norristown. Forty-four percent of those persons below poverty are either under the age of 18 or over the age of 65.

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

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

	TOTPOP	Percent in Group Quarters	Total Group Quarters	Institutionalized population	Correctional institutions	Nursing homes	Hospitals/wards, hospices, and schools for the handicapped	Group homes
Conshohocken borough	7,589	0.2%	17	0	0	0	0	0
East Norriton township	13,211	4.6%	604	574	0	534	40	21
Lower Providence township	22,390	8.5%	1,912	1,892	1,500	0	196	11
Norristown borough	31,282	3.2%	995	848	6	231	611	45
Plymouth township	16,045	1.5%	235	193	0	126	67	25
West Norriton township	14,901	0.9%	141	120	0	0	60	17
Whitemarsh township	16,702	3.0%	506	370	0	370	0	7
Worcester township	7,789	0.1%	4	0	0	0	0	4
Total	**129,909**	**3.4%**	**4,414**	**3,997**	**1,506**	**1,261**	**974**	**130**
Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data								
NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see http://factfinder.census.gov/home/en/datanotes/expsf1u.htm.								

Figure 12. Persons Living Below Poverty in the Central Region by Age

Total Popualtion	Total Population	% Total Population Below Poverty	Income in 1999 below poverty level:	Under 5 years	5 years	6 to 11 years	12 to 17 years	18 to 64 years	65 to 74 years	75 years and over
Conshohocken borough	7,579	5.79%	439	19	15	24	49	181	58	93
East Norriton township	12,518	2.90%	363	15	5	22	34	154	59	74
Lower Providence township	20,507	4.45%	912	115	14	106	46	549	38	44
Norristown borough	30,419	17.22%	5,238	503	116	547	640	2,954	247	231
Plymouth township	15,813	4.29%	678	43	0	42	18	448	35	92
West Norriton township	14,730	3.05%	450	7	0	19	29	248	43	104
Whitemarsh township	16,331	2.94%	480	16	0	31	27	334	48	24
Worcester township	7,735	1.68%	130	0	0	0	54	37	25	14
Total	**125,632**	**6.92%**	**8,690**	**718**	**150**	**791**	**897**	**4,905**	**553**	**676**
Source: US Census 2000										
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data										
http://factfinder.census.gov										

QUALITATIVE ASSESSMENT

The qualitative assessment involved listening to people representing all the different perspectives touched on by the statistics in the previous section. Twelve separate hour-and-a-half group discussions were held with key service providers in these different areas. The Central regional collaborative assisted in selecting the participants and hosting the sessions. A total of more than 60 professionals participated in these sessions.

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 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 6 months of age to 5 years, and accompany these books with developmentally appropriate advice to parents about reading aloud with their child." 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 suggestions are not viable options, he suggested the following model: 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 in the county each 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?" 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.

"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 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 the 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. There are no home health services 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.

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.

"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 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 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. 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. The 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.

"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."

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 Police Athletic League (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 they 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 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 workforce development programs. There are programs targeting children ages 6 to13, 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 (AAA).

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."

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."

"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."

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.

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.

"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."

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.'"

"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.

"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."

Session 12: Arts and Culture

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

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.

CONCLUSIONS

Summary

The quantitative assessment of the Central region presented in this report describes an area struggling in the midst of surrounding growth:

- Its population grew by only 5.2 percent between the last two censuses, about half the rate of growth of the county as a whole.
- Among the five regions in the county, it has the lowest median household income ($58,000) and the highest percent of individuals in poverty (6.9 percent).
- Sixty percent of the region's population living below poverty is concentrated in Norristown. The relatively affordable housing within Norristown has concentrated a population in need of health and social services and strained resources to adequately address those needs.
- The largest proportion of adults with poor health, asthma, diabetes and other chronic conditions, and the largest number lacking health insurance or a personal health care provider is concentrated in Norristown.
- The region has the highest age-adjusted death rates (heart disease, cancer, and overall) and the highest teen birth rate of the county's five regions. The infant mortality rate in Norristown is twice the rate of the county as a whole and 42 percent of births in the city received less that adequate prenatal care.
- More than half the children in the Norristown Area School District are low income. Eighty-seven percent of the school age children from families receiving public assistance in the region are taught in the Norristown school district.
- The Norristown school district serves 93 percent of the African American school children in the region.
- Crime rates in the region are higher than state and county rates.

Addressing all of these interrelated issues in the county seat is central to improving the health and wellness of the county as a whole.

The concerns of the more than 60 key informants summarized in the qualitative assessment in this report focused on these issues and the need for more effective community leadership, improved access to services and an improved basic infrastructure.

Their "wish list," summarized in **Figure 13**, below, focused on three needs. One need is for better leadership training for parents, peers, and community members so that they can better perform their roles and serve as more effective advocates for the support of critical services and needed institutional changes. Another need is to expand access to services across systems: healthcare, schools, criminal justice, and social services. The third need is assuring that the basic infrastructure is in place so that services such as housing, fluoridation, information, transportation, and workforce development can be provided cost effectively.

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

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

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

Figure 13. Summary of the Central Region Key Informant Wish List for Expansion and Improvement of Health and Wellness

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

RECOMMENDATIONS

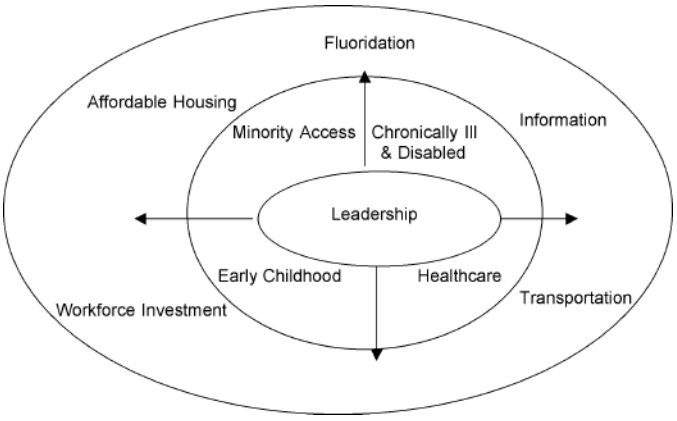
The statistical analysis and our discussions with key informants presented in this regional report identified many needs. In making our recommendations, we focus on what we believe are the best immediate opportunities for moving the region towards longer, higher-quality lives and the elimination of the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

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

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

The circles include the top 10 priorities for an action agenda for the funders, the regional collaboratives, and their supporting partners. These priorities and evidence supporting these priorities for the Central region are summarized below. In the previous table, **Figure 13**, we organized the major recommendations of our key informants to show how they fit into these recommended priorities.

Figure 14. Priority Needs



Leadership

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

Advocacy

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

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

Management

Advocacy will not be effective if resources are not managed efficiently and squandered by duplication. Management is by far most underdeveloped component of the health and social service systems. Consumers, service providers, and funders face a bewildering, fragmented maze: it requires heroic effort to assure people get what they need, providers respond effectively to those needs, and funders preserve scarce resources. In general, nothing is a more needed and more challenging task than the effective harnessing of public, private, and voluntary sector efforts.

In Montgomery County, partly as a result of the commonwealth structure of governance, historically independent development of various components of the county and the Central region, aversion to centralized control, uncritical faith in the market. It is not just the consumers of services that have problems in figuring how things work: many of the key informants we talked with were often equally bewildered. The Central Regional Collaborative represents as much a symptom of the problem as a promise of its resolution. Many of the key informants we talked with had difficulty clearly explaining the mission and goals of the collaboratives: Are they simply an informal way of meeting to share information and identify resources for addressing the needs of their individual clients, or are they a policy-making body with the authority to allocate resources and impose order on the service system? Are they a county initiative or the outgrowth of local service provider efforts? Even in the Central region, answers differed. As with the other collaboratives, the answer lies somewhere between the promise a coherent system and the embodiment of a fragmented system that defends insular prerogatives and studiously avoid addressing the underlying structural problems.

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

1. *Clarify the role of the collaboratives in the planning and management of services and provide them with the budgets and authority that is appropriate.*
2. *Concentrate the resources on where the need is greatest: Norristown* has by far the greatest needs and several other smaller pockets of need require attention. The partners in the Bucks County Health Improvement Program chose to pool their resources and concentrate them where they were needed the most. An even more convincing case for such concentration could be made in Montgomery County and in the Central region.
3. *Expand the partnership to include the leadership of all of key resources that have a stake in the effective addressing of needs in the county.* The partners in this project should be commended for their leadership in initiating this effort, pooling their resources and moving away from a piecemeal fragmented approach. However, it has become clear that the goals and the resulting actions necessary to achieve them far exceed their limited resources. Many other stakeholders will need to come to the table. This includes leadership from private business, the larger health systems, schools, universities, and other research institutions equally concerned about the future health and quality of life of Montgomery County residents.
4. *Invest in the ongoing maintenance of a management reporting process.* Reports such as this, by themselves are lifeless, soon dated, and, at best, relegated to end tables in reception areas. An ongoing reporting process, a "leadership dashboard" that lets leaders know whether they are moving in the right directions and aids in midcourse corrections would breathe life into it. It can also help to facilitate greater consensus about what is important enough to measure and how to collect and report it. Such a reporting process can provide transparency, align goals and objectives with activities, and assist in leadership development and program refinement.

Access

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

Enfranchising Montgomery County's Minority Communities

The civil rights era produced a new definition of what it meant to be an American, and Montgomery County has benefited from this change. The Immigration Reform Act of 1965 eliminated a quota system that favored Northern Europeans and largely excluded immigration from other continents. The Central region is the most racially and ethnically diverse region in the county. While 60 percent of Central region residents report German, Irish, or Italian ancestry and 81 percent are white, the African American and Hispanic members of the region's population are growing more than twice as fast. African Americans represent 12.3 percent of the region's population and over 50 percent of the students in the Norristown Area School District. Of these, 12,639 (or 10.4 percent) speak a language other than English in the home, and 5,386 report limited English proficiency.

The future development of the region, just as elsewhere hinges on its ability to accommodate this demographic shift that will, in the nation as a whole, result in non-Hispanic whites becoming a minority population by 2060. Most of the African American population (16,029) and Hispanic population (4,678) in the region are currently concentrated in Norristown. Service providers have lagged in adapting to these demographic shifts. Many of these new immigrants, just as many African Americans feel disenfranchised in the county's health and social service system. While rarely expressing their dissatisfaction directly to providers of services, many feel excluded and unwelcome. The research literature suggests that these feelings contribute to disparities in accessing appropriate services.

Our review indicates that the immediate priorities should be to (1) support full compliance for all health and social services providers with Title VI Civil Rights guidelines, including those for limited English proficiency language services;, (2) increase minority representation on staffs and governing bodies; and (3) expand activities that create a more inclusive and welcoming atmosphere.

Enhancing Early Childhood Services

The population of children under the age of five in the region declined by 1.1 percent in the last decade to 7,969. About a third of this population is enrolled in nursery school or preschool programs. According to some of our key informants, there is a shortage of such services, and many families have difficulty finding quality nursery and preschool places for their children.

The number of families with children under the age five living below the poverty level increased by 82 percent to 566. In the region, 577 families in the region received Temporary Assistance to Needy Families (TANF) in 2003. Referrals of child abuse and neglect referrals to the County Office of Children and Youth numbered 361 in the central in 2004. In 883 households the grandparents served as the primary caregivers for their grandchildren. Almost two doses of psychotropic medications for attention deficit disorder and other conditions are dispensed in schools in the region for every child enrolled.

The services provided to children and their parents in the first five years of life are a key to breaking the cycle of disadvantaged. Such programs as Head Start have demonstrated their effectiveness in long term school success and success in adult life. After the first 28 days, external causes, such as infections, accidents and physical abuse are the predominant causes of death for infants in Montgomery County. Early diagnosis and treatment of learning and developmental disorders improve outcomes, but, according to the key informants we talked with, such efforts are more likely to be delayed among low-income children. Low- and moderate- income parents cannot afford to stay at home, nor can they afford high-quality day care and preschool care without assistance. Yet, enriched high quality day care and preschool programs are ideal locations for facilitating parental education, preventive and early intervention services. *An immediate priority should be advocacy for investment in enriching, subsidizing and expanding high quality day care and preschool programs for low- and moderate-income families.*

Supporting Services for the Chronically Ill and Disabled

In the Central region, the number of persons over the age of 85 in the region grew 27 percent in the last decade to 2,056. In the region, 4,760 householders are over the age of 65. Of the 18,973 persons over age 65 living in the region, one third (5,8761) report a disability. The census reports 1,261 persons living in nursing homes in the region. Demographic shifts, accelerated by the growth of senior housing and private assisted living in Montgomery County are on a collision course with anticipated Medicare and Medicaid cutbacks. Low- and moderate- income families will be most affected by that collision. *An immediate priority should be to advocate for support for these informal care providers that have to adapt to the growing financial constraints on the system and assist them in by expanding the alternative supportive housing options for the frail elderly.*

Increasing Access to Health Care

Approximately 18 percent or 9,544 adults in the Central region between the ages of 18 and 64 have no health insurance. Sixteen percent of adults (or 15,847) have no personal healthcare provider and 14 percent (14,377) needed to see a doctor in the last twelve months but could not because of the cost. Because a higher proportion of persons with low or moderate incomes reside in the Borough of Norristown, the proportion lacking insurance and access to care is probably higher. Norristown includes the only federally qualified health center in the county. In general, medical resources are less plentiful in this region than in the rest of the county and access to specialty care for the medical assistance population and the uninsured is particularly problematic. They are often forced to rely on Philadelphia medical school services that often involve long delays and difficulties in arranging transportation. Access to obstetric care appears to be particularly problematic in Norristown, where 42 percent or receive less-than-adequate prenatal care. *An immediate priority should be to invest in facilitating insurance coverage, expanding medical homes, and assuring access to specialty and diagnostic services for the low-income population.*

Infrastructure

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

Affordable Housing

Twenty-seven percent (or 12,933) households in the Central region allocate more than 30 percent of their income for housing, above the federally defined threshold for affordability. Much of the recent growth and strain on the region's resources has been driven by the search for affordable housing as those seeking homes seekers have tried to balance commuting and rapidly rising housing costs. Service providers seeking sheltered or transitional housing for their homeless, disabled, or recovering mental health and drug and alcohol clients have also been caught in this same squeeze. The lowest cost location in the region is the Borough of Norristown. The homeless count in Montgomery County as of January 2005 was 607. Some of these homeless are "housed" temporarily overnight in some the churches in the Central region that volunteer their assistance. The lack of sufficient transitional housing that can assist them in overcoming their problems—mental illness, drug and alcohol, domestic abuse, and, increasingly, simply economic circumstances—that led to homelessness traps them at this level. They represent the tip of the iceberg: a growing population teetering is on the edge of homelessness.

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. The Housing Choice Voucher Program (formerly the Section 8 Voucher and Certificate Programs) was designed to provide affordable housing to low-wage workers in the private market and avoid the concentration of low income families in public housing projects. The county has closed the waiting list for such vouchers and anticipates that budget cuts will curtail the overall number of vouchers that are available in the future. Even for those with vouchers, the housing that meets the requirements of the

program is often unavailable. In a county where transportation is a major problem, low- and moderate-income workers in the county must travel long distances in the search of affordable housing. This, in turn, creates a critical problem for employers in recruiting and retaining workers, particularly in health and human services where the wages for the bulk of the workforce are relatively low. In short, there is an affordable housing crisis in the Central region and in Montgomery County. *The immediate priorities are (1) expanding the capacity of supportive transitional housing programs and (2) increasing the stock of affordable housing through additional voucher subsidies, development requirement, or voluntary initiatives.*

Fluoridation

Dental decay is the most common chronic condition. About 17,000 or 17 percent, of all adults in the region have had more than five teeth removed because of tooth decay or gum disease. Dental care can be costly, health insurance coverage is more limited, and many low- and moderate- income persons cannot afford the out-of-pocket costs. About 24,000, or 24 percent, of adults in the region, mostly those with low or moderate income failed to visit a dentist in the last year. For children, dental decay affects school performance, and for adults, it may limit their employment opportunities. For the poor, payment is so restrictive under the Medicaid program, that few dentists participate. In many cases, the only hope for receiving care is to travel to the clinics operated by the dental schools in Philadelphia. The distance and limitations in pubic transportation make this a particular hardship for low and moderate income residents in the Central region of Montgomery County. Fluoridation is an ignored but critical infrastructure investment. As a vivid and concrete example of the costs incurred from the failure to invest in the health of the community as a whole, it has critical symbolic value in the struggle to revitalize a sense of community in Montgomery County. No investment in health appears to provide a better return. Every dollar investment in fluoridation produces the equivalent benefit in oral health roughly $38 in direct dental services. Montgomery County lags far behind the nation and state in making such investments. Of the population served by public water systems, 66 percent of the United States and 54 percent of the Pennsylvania receive optimally fluoridated water. In contrast, of the 41 water systems in Montgomery County, only the Borough of Pottstown's municipal water system fluoridates its water. Ten years ago, California lagged similarly and the California Endowment was able, through advocacy and selective investment, to bring the state up to the national average. *The immediate priority is a fluoridation campaign in Montgomery County that will increase the proportion of the population covered by optimally fluoridated water supplies at least to the national average.*

Information

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

Transportation

In the last decade, no needs assessment study in this county, whether it looked at arts and culture, health services, or social services, has failed to mention transportation as a top concern. This was a particular concern of the key informants we spoke with in the Central region. In the long term, success in addressing

this need can be facilitated by the county's success in implementing its development plan for increasing residential density in the county's urban centers and expanding the use of public transportation. Expansion of inventive programs in the county, such as one for low-income working single mothers who need automobiles and one for hiring of recent retirees as subcontractors to transport the frail elderly on a private pay basis, can help alleviate parts of this problem. More than 89 percent of residents in the Central region who work commute by automobile. About 8.7 percent (or 4,384) housing units in the region lack an automobile. The lack of an automobile is not just a consequence of poverty: it is a barrier to escaping it. Some have proposed tax deductions for automobile ownership for low-income workers to assist them in taking advantage of employment opportunities. Successful privately funded programs, such as Vehicles for Change in Washington, DC and Working Wheels in Seattle, help to provide loans and decent cars to poor workers. Family Services of Montgomery County Ways to Work program provides a model innovative program targeting working single mothers, but the funds provide for only a limited number of loans (less than 20 a year) and the eligibility requirements are restrictive. *The immediate priority to advocate for further expansion of automobile grant and loan programs is for Montgomery County's working poor.*

Conclusion

In 2000, 2.5 percent or 2,600 adults in the region seeking employment were unemployed. The shift from a manufacturing to a service economy has adversely affected the Central region and many of those employed are underemployed in low wage jobs. The county as a whole faces a growing population that attracts affluent young families and retirement age seniors, affordable housing shortages, transportation problems, tightening health and social services financing, and an aging health and social service workforce. This translates into a looming "perfect storm" of workforce shortages that will adversely affect these services and the quality of life of all of Montgomery County's residents. The Pennsylvania Center for Health Careers forecasts a shortage of 7 percent (or 120) of licensed practical nurses and a shortage of 11 percent (or 1,090) of registered nurses in Montgomery County for 2010. The first baby boomers turn 65 in 2011. Currently, 37 percent of Montgomery County's registered nurses and 47 percent of its licensed practical nurses are over age 50. The combined growth of Montgomery County's elderly population with its greater care needs and the aging of its nursing workforce will greatly exacerbate these shortages. The largest current shortages of high-quality staff as reported by the key informants we spoke with, however, are in day care, behavioral health, and personal care attendants. Relatively low wages and the high cost of living increase recruitment difficulties and turnover. These recruitment and retention problems are likely to increase. Underemployed residents of the Central region are ideally positioned to take advantage of these looming shortages. *The immediate priority is to advocate for the further supplementation of loans and scholarships to ease entry for low- and moderate-income students and in ways to support more livable wages in critical health and social service workforce shortage areas.*

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

Appendix I. Central Region Demographic Changes 1990-2000			
1. Age, Race and Ethnicity			
	2000	**1990**	**% Change**
POPULATION			
Under 5 years	7,969	8,054	-1.1%
5 to 24 years	31,685	29,559	7.2%
25 to 44 years	41,490	41,480	0.0%
45 to 54 years	17,853	12,631	41.3%
55 to 59 years	6,554	6,245	4.9%
60 to 64 years	5,385	6,571	-18.0%
65 to 74 years	10,002	10,708	-6.6%
75 to 84 years	6,915	6,571	5.2%
85 years and over	2,056	1,620	26.9%
White	105,272	107,697	-2.3%
Black or African American	16,029	11,551	38.8%
American Indian and Alaska Native	141	118	19.5%
Asian	4,749	2,404	97.5%
Some other race	1,936	434	346.1%
HISPANIC OR LATINO AND RACE			
Hispanic or Latino (of any race)	4,678	1,593	193.7%
HOUSEHOLDS BY TYPE			
Householder living alone	13,789	12,616	9.3%
Householder 65 years and over	4,760	4,561	4.4%
Education			
DP-2: Profile of Selected Social Characteristics			
2. Educational Attainment			
EDUCATIONAL ATTAINMENT			
Population 25 years and over	90,246	84,956	6.2%
Less than 9th grade	3,613	5,308	-31.9%
9th to 12th grade, no diploma	10,274	11,739	-12.5%
High school graduate (includes equivalency)	27,365	27,836	-1.7%
Some college, no degree	15,019	13,278	13.1%
Associate degree	5,335	4,701	13.5%
Bachelor's degree	18,345	15,059	21.8%
Graduate or professional degree	10,295	7,035	46.3%
Percent high school graduate or higher	85	80	
Percent bachelor's degree or higher	32	26	

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

3. Income and Poverty	Central		
	2000	1990	% Change
Households	50,180	46,901	7.0%
Less than $10,000	2,881	3,640	-20.9%
$10,000 to $14,999	2,219	2,582	-14.1%
$15,000 to $24,999	4,915	6,658	-26.2%
$25,000 to $34,999	5,147	7,110	-27.6%
$35,000 to $49,999	8,240	9,627	-14.4%
$50,000 to $74,999	10,430	10,391	0.4%
$75,000 to $99,999	6,818	3,866	76.4%
$100,000 to $149,999	5,965	2,030	193.8%
$150,000 or more	3,565	997	257.6%
Median household income (dollars)	58,886	42,394	38.9%
POVERTY STATUS (below poverty level)			
Families	1,549	931	66.4%
Percent below poverty level	4.7	2.9	
With related children under 18 years	1,200	628	91.1%
Percent below poverty level	3.6	4.4	
With related children under 5 years	566	310	82.6%
Percent below poverty level	1.7	4.8	
Families with female householder, no husband present	880	418	110.5%
Percent below poverty level	2.6	9.6	
With related children under 18 years	802	347	131.1%
Percent below poverty level	2.4	15.0	
With related children under 5 years	379	169	124.3%
Percent below poverty level	1.1	25.1	
Individuals	8,690	5,297	64.1%
Percent below poverty level	6.9	4.5	
18 years and over	6,134	3,848	59.4%
Percent below poverty level	6.3	4.1	
65 years and over	1,229	1,067	15.2%
Percent below poverty level	6.8	6.4	
Related children under 18 years	2,492	1,299	91.8%
Percent below poverty level	4.6	5.1	
Related children 5 to 17 years	1,774	866	104.8%
Percent below poverty level	4.4	4.9	

Source: U. S. Census 1990, 2000

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

	Central	Percent
Total population	129,909	100
SEX AND AGE		
Male	63,838	49.1
Female	66,071	50.9
Under 5 years	7,969	6.1
5 to 9 years	8,582	6.6
10 to 14 years	8,507	6.5
15 to 19 years	7,477	5.8
20 to 24 years	7,119	5.5
25 to 34 years	19,445	15.0
35 to 44 years	22,045	17.0
45 to 54 years	17,853	13.7
55 to 59 years	6,554	5.0
60 to 64 years	5,385	4.1
65 to 74 years	10,002	7.7
75 to 84 years	6,915	5.3
85 years and over	2,056	1.6
Median age (years)	38.4	
18 years and over	99,935	76.9
Male	48,325	37.2
Female	51,610	39.7
21 years and over	96,152	74.0
62 years and over	22,158	17.1
65 years and over	18,973	14.6
Male	7,799	6.0
Female	11,174	8.6
RACE		
One race	128,163	98.7
White	105,272	81.0
Black or African American	16,029	12.3
American Indian and Alaska Native	141	0.1
Asian	4,749	3.7
Asian Indian	1,478	1.1
Chinese	1,090	0.8
Filipino	264	0.2
Japanese	81	0.1
Korean	1,133	0.9
Vietnamese	419	0.3
Other Asian [1]	284	0.2
Native Hawaiian and Other Pacific Islander	36	0.0
Native Hawaiian	12	0.0
Guamanian or Chamorro	6	0.0
Samoan	6	0.0
Other Pacific Islander [2]	12	0.0
Some other race	1,936	1.5
Two or more races	1,746	1.3
Race alone or in combination with one or more other races [3]		
White	106,658	82.1
Black or African American	16,980	13.1
American Indian and Alaska Native	492	0.4
Asian	5,122	3.9
Native Hawaiian and Other Pacific Islander	70	0.1
Some other race	2,448	1.9

HISPANIC OR LATINO AND RACE		
Total population	129,909	100.0
Hispanic or Latino (of any race)	4,678	3.6
Mexican	2,268	1.7
Puerto Rican	1,332	1.0
Cuban	150	0.1
Other Hispanic or Latino	928	0.7
Not Hispanic or Latino	125,231	96.4
White alone	102,873	79.2
RELATIONSHIP		
Total population	129,909	100.0
In households	125,495	96.6
Householder	50,160	38.6
Spouse	25,667	19.8
Child	37,004	28.5
Own child under 18 years	26,998	20.8
Other relatives	6,358	4.9
Under 18 years	2,155	1.7
Nonrelatives	6,306	4.9
Unmarried partner	2,430	1.9
In group quarters	4,414	3.4
Institutionalized population	3,997	3.1
Noninstitutionalized population	417	0.3
HOUSEHOLDS BY TYPE		
Total households	50,160	100.0
Family households (families)	33,082	66.0
With own children under 18 years	14,603	29.1
Married-couple family	25,667	51.2
With own children under 18 years	11,074	22.1
Female householder, no husband present	5,491	10.9
With own children under 18 years	2,757	5.5
Nonfamily households	17,078	34.0
Householder living alone	13,789	27.5
Householder 65 years and over	4,760	9.5
Households with individuals under 18 years	15,931	31.8
Households with individuals 65 years and over	12,957	25.8
Average household size	2.5	
Average family size	3.1	
HOUSING OCCUPANCY		
Total housing units	53,040	100.0
Occupied housing units	50,160	94.6
Vacant housing units	2,880	5.4
For seasonal, recreational, or occasional use	131	0.2
Homeowner vacancy rate (percent)	1.6	
Rental vacancy rate (percent)	6.1	
HOUSING TENURE		
Occupied housing units	50,160	100.0
Owner-occupied housing units	34,610	69.0
Renter-occupied housing units	15,550	31.0
Average household size of owner-occupied unit	2.7	
Average household size of renter-occupied unit	2.0	

Appendix II. Detailed Demographic Profile of Montgomery's Central Region, continued

SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	31,453	100.0
Nursery school, preschool	2,676	8.5
Kindergarten	1,704	5.4
Elementary school (grades 1-8)	13,750	43.7
High school (grades 9-12)	6,683	21.2
College or graduate school	6,640	21.1
EDUCATIONAL ATTAINMENT		
Population 25 years and over	90,246	100.0
Less than 9th grade	3,613	4.0
9th to 12th grade, no diploma	10,274	11.4
High school graduate (includes equivalency)	27,365	30.3
Some college, no degree	15,019	16.6
Associate degree	5,335	5.9
Bachelor's degree	18,345	20.3
Graduate or professional degree	10,295	11.4
Percent high school graduate or higher	84.6	
Percent bachelor's degree or higher	31.7	
MARITAL STATUS		
Population 15 years and over	105,038	100.0
Never married	29,640	28.2
Now married, except separated	58,413	55.6
Separated	2,000	1.9
Widowed	7,192	6.8
Female	5,719	5.4
Divorced	7,793	7.4
Female	4,655	4.4
GRANDPARENTS AS CAREGIVERS		
Grandparent living in household with one or more own grandchildren under 18 years	2,380	100.0
Grandparent responsible for grandchildren	833	35.0
VETERAN STATUS		
Civilian population 18 years and over	100,071	100.0
Civilian veterans	12,995	13.0
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION		
Population 5 to 20 years	24,891	100.0
With a disability	1,413	5.7
Population 21 to 64 years	75,063	100.0
With a disability	10,057	13.4
Percent employed	66.1	
No disability	65,006	86.6
Percent employed	83.1	
Population 65 years and over	17,945	100.0
With a disability	5,876	32.7
RESIDENCE IN 1995		
Population 5 years and over	121,859	100.0
Same house in 1995	75,041	61.6
Different house in the U.S. in 1995	43,905	36.0
Same county	25,124	20.6
Different county	18,781	15.4
Same state	12,542	10.3
Different state	6,239	5.1
Elsewhere in 1995	2,913	2.4

Appendix II. Detailed Demographic Profile of Montgomery's Central Region,

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

Appendix II. Detailed Demographic Profile of Montgomery's Central Region, continued

Population 16 years and over	103,356	100.0
In labor force	68,989	66.7
Civilian labor force	68,924	66.7
Employed	66,324	64.2
Unemployed	2,600	2.5
Percent of civilian labor force	3.3	
Armed Forces	65	0.1
Not in labor force	34,367	33.3
Females 16 years and over	53,254	100.0
In labor force	32,197	60.5
Civilian labor force	32,191	60.4
Employed	30,958	58.1
Own children under 6 years	9,128	100.0
All parents in family in labor force	5,805	63.6
COMMUTING TO WORK		
Workers 16 years and over	65,351	100.0
Car, truck, or van -- drove alone	51,825	79.3
Car, truck, or van -- carpooled	6,303	9.6
Public transportation (including taxicab)	2,731	4.2
Walked	2,070	3.2
Other means	507	0.8
Worked at home	1,915	2.9
Mean travel time to work (minutes)	201	
Employed civilian population 16 years and over	66,324	100.0
OCCUPATION		
Management, professional, and related occupations	26,618	40.1
Service occupations	8,760	13.2
Sales and office occupations	19,884	30.0
Farming, fishing, and forestry occupations	76	0.1
Construction, extraction, and maintenance occupations	4,606	6.9
Production, transportation, and material moving occupations	6,380	9.6
INDUSTRY		
Agriculture, forestry, fishing and hunting, and mining	235	0.4
Construction	3,508	5.3
Manufacturing	9,143	13.8
Wholesale trade	2,965	4.5
Retail trade	8,047	12.1
Transportation and warehousing, and utilities	2,339	3.5
Information	2,512	3.8
Finance, insurance, real estate, and rental and leasing	6,655	10.0
Professional, scientific, management, administrative, and waste management services	8,918	13.4
Educational, health and social services	12,311	18.6
Arts, entertainment, recreation, accommodation and food services	4,349	6.6
Other services (except public administration)	3,117	4.7
Public administration	2,225	3.4
CLASS OF WORKER		
Private wage and salary workers	57,150	86.2
Government workers	5,570	8.4
Self-employed workers in own not incorporated business	3,422	5.2
Unpaid family workers	182	0.3
INCOME IN 1999		
Households	50,180	100.0
Less than $10,000	2,881	5.7
$10,000 to $14,999	2,219	4.4
$15,000 to $24,999	4,915	9.8
$25,000 to $34,999	5,147	10.3
$35,000 to $49,999	8,240	16.4
$50,000 to $74,999	10,430	20.8
$75,000 to $99,999	6,818	13.6
$100,000 to $149,999	5,965	11.9
$150,000 to $199,999	1,954	3.9
$200,000 or more	1,611	3.2
Median household income (dollars)	58,886	
With earnings	41,414	82.5
Mean earnings (dollars)	71,938	
With Social Security income	13,612	27.1
Mean Social Security income (dollars)	12,852	
With Supplemental Security Income	1,506	3.0
Mean Supplemental Security Income (dollars)	7,582	
With public assistance income	1,232	2.5
Mean public assistance income (dollars)	4,190	
With retirement income	8,333	16.6
Mean retirement income (dollars)	17,140	

Appendix II. Detailed Demographic Profile of Montgomery's Central Region, continued

Families	33,284	100.0
Less than $10,000	1,073	3.2
$10,000 to $14,999	739	2.2
$15,000 to $24,999	2,615	7.9
$25,000 to $34,999	2,769	8.3
$35,000 to $49,999	4,695	14.1
$50,000 to $74,999	7,784	23.4
$75,000 to $99,999	5,521	16.6
$100,000 to $149,999	4,893	14.7
$150,000 to $199,999	1,762	5.3
$200,000 or more	1,433	4.3
Median family income (dollars)	68,687	
Per capita income (dollars)	28,306	
Median earnings (dollars):		
Male full-time, year-round workers	46,982	
Female full-time, year-round workers	35,421	
POVERTY STATUS IN 1999 (below poverty level)		
Families	1,549	
Percent below poverty level		4.7
With related children under 18 years	1,200	
Percent below poverty level		3.6
With related children under 5 years	566	
Percent below poverty level		1.7
Families with female householder, no husband present	880	
Percent below poverty level		2.6
With related children under 18 years	802	
Percent below poverty level		2.4
With related children under 5 years	379	
Percent below poverty level		1.1
Individuals	8,690	
Percent below poverty level		6.9
18 years and over	6,134	
Percent below poverty level		6.3
65 years and over	1,229	
Percent below poverty level		6.8
Related children under 18 years	2,492	
Percent below poverty level		4.6
Related children 5 to 17 years	1,774	
Percent below poverty level		4.4
Unrelated individuals 15 years and over	3,479	
Percent below poverty level		8.6

Appendix II. Detailed Demographic Profile of Montgomery's Central Region, continued

	Central	Percent
Total housing units	53,048	100.0
UNITS IN STRUCTURE		
1-unit, detached	25,109	47.3
1-unit, attached	13,123	24.7
2 units	2,305	4.3
3 or 4 units	2,544	4.8
5 to 9 units	2,057	3.9
10 to 19 units	2,009	3.8
20 or more units	5,435	10.2
Mobile home	444	0.8
Boat, RV, van, etc.	22	0.0
YEAR STRUCTURE BUILT		
1999 to March 2000	963	1.8
1995 to 1998	1,990	3.8
1990 to 1994	2,323	4.4
1980 to 1989	5,224	9.8
1970 to 1979	8,261	15.6
1960 to 1969	8,819	16.6
1940 to 1959	13,703	25.8
1939 or earlier	11,765	22.2
ROOMS		
1 room	703	1.3
2 rooms	1,448	2.7
3 rooms	4,606	8.7
4 rooms	6,396	12.1
5 rooms	7,439	14.0
6 rooms	9,999	18.8
7 rooms	7,949	15.0
8 rooms	7,645	14.4
9 or more rooms	6,863	12.9
Median (rooms)	6.3	
Occupied Housing Units	50,174	100.0
YEAR HOUSEHOLDER MOVED INTO UNIT		
1999 to March 2000	8,144	16.2
1995 to 1998	12,902	25.7
1990 to 1994	7,610	15.2
1980 to 1989	8,337	16.6
1970 to 1979	5,575	11.1
1969 or earlier	7,606	15.2
VEHICLES AVAILABLE		
None	4,384	8.7
1	17,952	35.8
2	20,605	41.1
3 or more	7,233	14.4
HOUSE HEATING FUEL		
Utility gas	25,874	51.6
Bottled, tank, or LP gas	772	1.5
Electricity	8,806	17.6
Fuel oil, kerosene, etc.	14,248	28.4
Coal or coke	82	0.2
Wood	112	0.2
Solar energy	0	0.0
Other fuel	230	0.5
No fuel used	50	0.1

Appendix II. Detailed Demographic Profile of Montgomery's Central Region, continued

SELECTED CHARACTERISTICS		
Lacking complete plumbing facilities	167	0.3
Lacking complete kitchen facilities	142	0.3
No telephone service	599	1.2
OCCUPANTS PER ROOM		
Occupied housing units	50,174	100.0
1.00 or less	49,171	98.0
1.01 to 1.50	506	1.0
1.51 or more	497	1.0
Specified owner-occupied units	31,875	100.0
VALUE		
Less than $50,000	647	2.0
$50,000 to $99,999	5,794	18.2
$100,000 to $149,999	9,673	30.3
$150,000 to $199,999	8,713	27.3
$200,000 to $299,999	4,532	14.2
$300,000 to $499,999	2,013	6.3
$500,000 to $999,999	405	1.3
$1,000,000 or more	98	0.3
Median (dollars)	153,788	
MORTGAGE STATUS AND SELECTED MONTHLY OWNER COSTS		
With a mortgage	22,151	69.5
Less than $300	15	0.0
$300 to $499	224	0.7
$500 to $699	1,060	3.3
$700 to $999	3,699	11.6
$1,000 to $1,499	8,783	27.6
$1,500 to $1,999	4,802	15.1
$2,000 or more	3,568	11.2
Median (dollars)	1,366	
Not mortgaged	9,724	30.5
Median (dollars)	450	
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE		
OF HOUSEHOLD INCOME IN 1999		
Less than 15 percent	10,286	32.3
15 to 19 percent	5,783	18.1
20 to 24 percent	4,649	14.6
25 to 29 percent	3,355	10.5
30 to 34 percent	2,201	6.9
35 percent or more	5,470	17.2
Not computed	131	0.4
Specified renter-occupied units	15,457	100.0
GROSS RENT		
Less than $200	422	2.7
$200 to $299	341	2.2
$300 to $499	1,517	9.8
$500 to $749	5,275	34.1
$750 to $999	5,023	32.5
$1,000 to $1,499	1,959	12.7
$1,500 or more	335	2.2
No cash rent	585	3.8
Median (dollars)	793	
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999		
Less than 15 percent	3,069	19.9
15 to 19 percent	2,487	16.1
20 to 24 percent	2,263	14.6
25 to 29 percent	1,572	10.2
30 to 34 percent	1,045	6.8
35 percent or more	4,217	27.3
Not Computed	804	5.2