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

SOUTHEASTERN REGION

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PREFACE

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

This report on the Southeast 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 Southeast 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 Southeast 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 Gail Wright, director of Community Services for Bryn Mawr Hospital, and Ruth Sperber, executive director of ElderNet. The production of this report has been, in its broadest sense, a community affair. Thanks to all those in that community who assisted.

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

Independence Foundation

Merck and Company Inc.

Montgomery County Foundation Inc.

Montgomery County Health and Human Services

North Penn United Way

North Penn Community Health Foundation

The Philadelphia Foundation

Phoenixville Community Health Foundation

United Way of Southeastern Pennsylvania

United Way of Western Montgomery County

INTRODUCTION

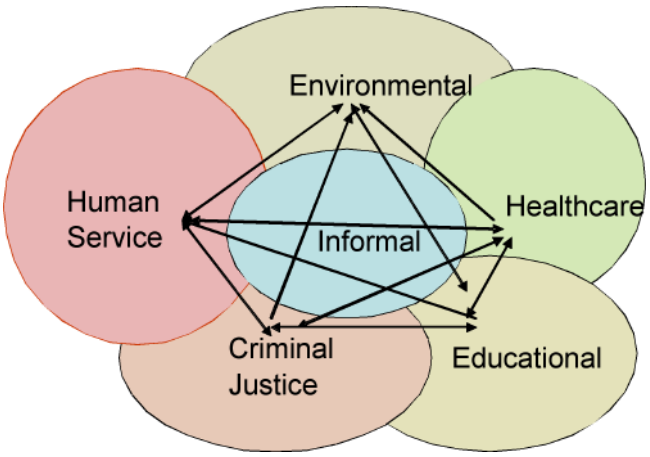
The coalition of philanthropic organizations funding this project wished to conduct a comprehensive health and social service needs assessment for Montgomery County. The goals of the project were to provide an independent assessment that could (1) assist the funders in establishing priorities, (2) provide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

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

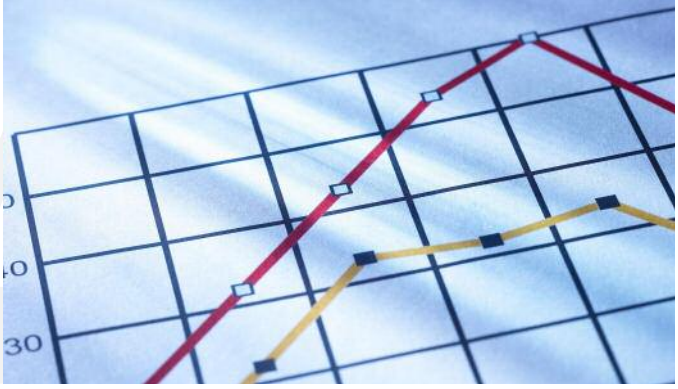
Figure 1. Montgomery County's Southeast Collaborative Region

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

Figure 2. Systems Addressing the Needs of Montgomery County Residents



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



Environmental System

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

Physical Environment

The Southeastern region is bordered by Valley Forge National Park and the King of Prussia Mall to its north and the Schuylkill River to its east, Delaware County to its west, and Philadelphia to its south. One of the older Philadelphia suburbs for the city's affluent, it is connected to the city by the R5 rail line and insulated from the rest of the county. Four sites, two in Upper Merion and two in King of Prussia, are federal Environmental Protection Agency superfund sites. There are a total of 17 superfund sites in Montgomery County, the largest number of any county in Pennsylvania.

Demographics

The Southeast region, with a total population of 96,763 in 2000, is one of the more densely populated and least rapidly growing regions of the county. Addressing both the threats and taking advantage of the opportunities those changes pose should be a major focus of the Southeast Collaborative. Those changes include the following:

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

- **Affluent and most educated.** The region has the highest percent of person people over 25 with a bachelor's degree or a higher professional degree: 59 percent. Twenty percent of the households have incomes of $150,000 or more, more than twice the percent in any other region of the county. Yet, 4.2 percent of individuals in the Southeast region, in all age groups, are living in poverty and that rate has increased since 1990.

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

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.

- 5.2 percent (994) of those 5 to 20 years of age, 9.7 percent (5,434) of those age 21 to 64, and 29 percent (4,581) of those over the age of 65 have a disability.

- 315 grandparents serve as primary care givers for their grandchildren.

- 2,616 (2.9 percent) persons over five years of age have limited English proficiency.

- 5.2 percent (4073) of persons in the civilian labor force were unemployed.
- 1.9 percent (472) of families live below the poverty level.
- 5.9 percent (2,277) of households have no motor vehicle available.
- 31.7. percent (3,463) of renter-occupied households and 21.4 percent (5,049) 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 Southeast region in 2000 is provided in Appendix II.

Arts and Culture

The Southeast region of Montgomery County shapes the arts and cultural environment of the Philadelphia metropolitan area. It encompasses the largest concentration of private liberal arts colleges in the area. Its residents include major supporters and board members of most of the Philadelphia area arts and cultural institutions. The relocation of its Barnes Foundation collection, a world treasure, has been the focus of international attention. Such local institutions as the Main Line Art Center and the Bryn Mawr Film Institute draw participants of all ages and from all over the metropolitan area.

Healthcare System

Resources

- The combined 634 licensed acute hospital bed of Lankenau and Bryn Mawr Hospital translate into a bed-to-population ratio for the region of 6.5 beds per 1,000 population, in contrast to 2.5 beds per 1,000 Montgomery County and 2.7 for Pennsylvania
- The 151-bed Bryn Mawr Rehabilitation Hospital provides the only resource of its kind in the county.
- The region is well supplied with specialists and, overall, the region is served by almost 1,000 physicians. This translated into a physician population ratio more than three times that for Pennsylvania as a whole.
- In contrast to the Western, North Penn and Central regions of the county, the Southeastern region is a net exporter of specialty physician and acute hospital services

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 discussion of the Pennsylvania Health Care Cost Containment Council estimates in the full county report). The Southeastern region is well supplied with primary care and post-hospital discharge services.

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. Our estimates suggest the following:

- 15 percent (11,308) of the region's population over the age of 18 would rate their health fair or poor and 37 percent (28,150) had one or more days in the past 30 when their health was not good.
- 10 percent (7,938) of adults in the region have been told at some time they had diabetes, and 12 percent (8,921) have 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.

- 16 percent (12,597) of adults in the region have lost more than five of their permanent teeth due to tooth decay or gum disease, while 23 percent (17,541) have not visited a dentist in the past year.
- 14 percent (5,865) of adults between the age of 18 and 65 in the region have no health insurance, 13 percent (9,596) of adults have no personal healthcare provider and 10 percent (8,015) chose not to see a physician when they needed to in the last year because of cost.
- 23 percent (56,048) of women over the age of 40 have not had a mammogram in the past two years, 17 percent (6,879) of adult women have not had a pap test within the past three years, 21 percent (1,635) of men over the age of 50 have never had a digital rectal exam, and 41 percent (13,824)) of adults over 50 have never had a sigmoidscopy or colonoscopy.
- 23 percent (17,920) of adults currently smoke, 24 percent (18,042) binge drink, 21 percent (16,011) did not participate in any leisure time physical activity in the last month, and 25 percent (19,237) are obese. According to the 2003 Pennsylvania Youth Survey, about 25 percent of high school seniors report currently smoking and 31 percent report binge drinking, and the rates in the Southeast region are probably roughly comparable.
- Estimates for all of these indicators are somewhat better for the Southeastern region than for the county as a whole.

Figure 3. Esimates of Health Problems, Lack of Access to Care and Behavioral Risks in the Southeastern Region		
	Southeastern Region	
A. Health Status	**Percent**	**Number**
1. Percent adults health rated fair or poor	15%	11,308
2. percent adults 1+ days in past 30 physical health was not good	37%	28,150
3. Percent adults 1+days in past 30 mental health was not good	34%	26,353
4. Percent adults currently have asthma	12%	8,921
5. Percent of adults ever told had diabetes	10%	7,938
6. Percent adults have had 0-5 permanent teeth removed due to tooth decay or gum disease	84%	64,042
7. Percent limited in activities due to physical, mental or emotional problems	18%	14,038
B. Health Care Access		
1. Percent no health insurance (18-64)	14%	5,865
2. Percent no personal healthcare provider	13%	9,596
3. Percent needed to see a doctor but could not due to medical cost in past 12 months	10%	8,015
4. Percent visited a dentist in past year.	77%	59,188
5. Percent had teeth cleaned in past year	78%	59,456
6. Percent had flu shot in past year	36%	27,490
7. Percent who have ever had vaccination against pnenumococcal disease	26%	19,899
8. Percent women age 40+ who had a mammogram in the past two years	77%	20,327
9. Percent of women who have had pap test within past three years	83%	34,618
10. Percent of men 50+ who ever had digital rectal exam	79%	11,798
11. Percent of adults 50+ who ever had sigmoidscopy or colonoscopy	59%	19,611
C. Behavioral Risks		
1. Percent adults who currently smoke	23%	17,920
2. Percent binge drinking one or more times in past month (5+ drinks on one occasions)	24%	18,042
3. Heavy Drinker (Male > 2 per day, Female > 1+ per day)	13%	10,201
4. Percent of adults with no leisure time physical activity in past month	21%	16,011
5. Percent of obese adults	25%	19,237
Related Population Estimates		
Total Adult Population 18+	76,639	
Total Adult 18-64	60,137	
Total Adult Female	41497	
Total Adults 50+	33,435	
Total Male 50+	14,867	
Total Female 40+	26,375	
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 Southeast 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 Southeast region rates 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 lower in the Southeast region than in the county as a whole. Improved diets, increased regular exercise and reduced smoking rates could potentially reduce these rates further.
- Overall cancer death rates are about the same for the Southeast region as those for the county, but above Healthy People 2010 goals. Lung and prostate cancer death rates are lower than the county rates higher. Reduced smoking rates, increased screening, and reduction of environmental risks could potentially reduce these rates further.
- The teen pregnancy rate in the Southeast region is slightly higher than that of the county as a whole.
- Infant death rates are below those for the county as a whole.
- In terms of overall performance as measured by age adjusted death rates from all causes, the Southeast region ranks among the top regions in the county.

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

	South-eastern	95 % CI	Montgomery County	HP 2010 Goal
Focus Area #3: Cancer	182.5	171.91 - 193.02	192.5	159.9
Breast Cancer	29.1	23.49 - 34.67	28	22.3
Prostate Cancer	24.8	18.69 - 30.94	32	28.8
Cervical Cancer	1.1	-0.14 - 2.24	1.7	2.0
Melanoma	2.5	1.27 - 3.71	2.9	2.5
Colon Cancer	19.9	16.43 - 23.32	19.9	13.9
Lung Cancer	41.6	36.52 - 46.59	48.8	44.9
Focus Area #12: Stroke	58.2	52.44 - 63.86	59.7	48.0
Heart Disease	186.2	175.95 - 196.49	204.9	NA
Focus Area #5: Diabetes (2003)	11.1	5.30 - 16.96	14.1	**45 (see note)**
Focus Area #16: Infant Death	3.2	1.61 - 4.70	5.6	4.5
Neonatal	2.4	1.03 - 3.70	4.4	2.9
Post neonatal	0.8	0.02 - 1.56	1.2	1.2
Focus Area #9: Births (15-17 yrs)	9.0	5.89 - 12.14	7.9	**43 (see note)**

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 two school districts, Lower and Upper Merion, within the boundaries of the Southeast region.

Eighty-two percent of e students in these two school districts are white, with Asians representing the largest racial and ethnic minority. Only 7.3 percent of the students are low income, and only .7 percent (75 students) come from families receiving public assistance (TANF). Cost per pupil is roughly more than $4.000, or 40 percent more than the county average and $6,000 or 60 percent more than the statewide average. Basic math and reading performance and SAT scores are substantially above county and state averages.

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

Figure 5. Southeastern Region School District Demographics and Performance Indicato

	Lower Merion SD	Upper Merion Area SD	SE Region	County	State
Race of Pupils					
Am Ind/ Alask Nat	24	3	27	122	2,602
Asian/Pacific Islander	359	393	752	6,372	42,870
Black (Non-Hispanic)	501	277	778	12,416	292,045
Hispanic	100	114	214	3,120	110,003
White (Non-Hispanic)	5,805	2,672	8,477	74,764	1,380,569
Total	6,789	3,459	10,248	105,668	1,828,089
% of Region	66%	34%	100%	100%	100%
%Black	7.4%	8.0%	7.6%	11.8%	16.0%
%Hispanic	1.5%	3.3%	2.1%	3.0%	6.0%
%Asian	5.3%	11.4%	7.3%	6.0%	2.3%
Poverty					
Low Income	6.2	9.6	7.3	12.6	29.1
TANF 2004	41	34	75	1,712	101,400
Performance					
% PSA Math Below Basic	8%	17%	11%	13%	26%
% PSA Reading Below Basic	6%	13%	8%	10%	20%
SAT Verbal	583	535	567	487	501
SAT Math	586	540	570	491	502
Per Pupil Cost	15,058	13,470	$ 14,522	$ 10,408	$ 8,997
Sources:					
Pennsylvania Department of Education					
http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&Q=70724					
Standard and Poors School Matters					
http://www.schoolmatters.com/					

increasing responsibilities for supervising the administration of medications for children. **Figure 6** illustrates the size of the problem in the school districts in the Southeast Region. In the 2002-03 school year, 2.05 doses of prescription medicine for ADD/AHD, asthma, and other chronic conditions were administered in the Southeast 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 Southeast region during the 2002-2003 school year. A total of 11 students were arrested, 87 suspended, 2 expelled, and 16 assigned alternative education. Many of the students with these problems 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 (such as murder, manslaughter, rape, robbery, assault, burglary, and larceny) increased 4.4 percent in Montgomery County between 2002 and 2004. That is still 17 percent below the overall state rate and less than half the national rate. Part II crimes, less serious property and public order offenses, declined by 1.2 percent between 2002 and 2004 and were 9 percent below the state reported rate. Reported Part II crimes that increased the most in Montgomery County between 2002 and 2004 were embezzlement,

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

	Number of Students	Psychotropics (ADD/ADH	Asthmatics	Other	Total	Total
Lower Merion SD	11,177	13,086	2,109	8,019	23,214	2.08
Upper Merion Area SD	4,085	5,279	1,337	1,407	8,023	1.96
Souteast Region	15,262	18,365	3,446	9,426	31,237	2.05

Source: Pennsylvania Department of Health. Medication Administration for School Year 2002-2003 Apri 14, I 2005.
http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&q=234265
*Data reported by school districts. The repsponsibility for the accuracy lies with the individual school districts and, in some cases, may have been incorrectly reported.

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

	Enrollment	Inicidents Number	Incidents Per 1,000	Offenders	Offenders Per 1000
Lower Merion SD	6,662	95	14.26	87	13.06
Upper Merion Area SD	3,447	21	6.09	24	6.96
Southeast Region	**10,109**	**116**	**11.47**	**111**	**10.98**
Montgomery County SD	**101,966**	**590**	**5.79**	**639**	**6.27**
Pennsylvania Schools	**1,821,146**	**22,831**	**12.54**	**22,696**	**12.46**

offenses against families and children, and prostitution. As indicated in **Figure 8**, crime rates for Part I and Part II reported crimes in the Southeast region were above county and state rates in all but Lower Merion Township. 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.

Social Service System

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

Figure 8. Reported Crimes In the Southeastern Region 2004

Part I. Crimes			
Police Department	**Population**	**Total**	**Rate.100,000**
BRIDGEPORT BORO	4,420	150	**3,394**
LOWER MERION TWP	58,996	1,082	**1,834**
NARBERTH BORO	4,227	33	**781**
UPPER MERION TWP	27,194	1,263	**4,644**
WEST CONSHOHOCKEN BOR	1,466	47	**3,206**
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**
BRIDGEPORT BORO	4,420	267	**6,041**
LOWER MERION TWP	58,996	1,718	**2,912**
NARBERTH BORO	4,227	201	**4,755**
UPPER MERION TWP	27,194	1,080	**3,971**
WEST CONSHOHOCKEN BOR	1,466	96	**6,548**
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 summarizes the number of persons receiving welfare benefits living in townships and boroughs in the Southeast region of Montgomery County as of September 2003.

A total of 2,100 persons were receiving some form of assistance (General Assistance, TANF, Foods Stamps, SSI, and Medical Assistance) and 1,530 received full Medicaid coverage. In the region, 2.6 percent of residents received some form of assistance. The percent of residents on assistance was highest in the Bridgeport Borough (4.8 percent). In Pennsylvania in fiscal year 2003, 12 percent of those eligible for Medicaid benefits were over the age of 65, and this group accounted for 33 percent of all vendor 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 Southeast region,

A special concern of the social service system is the welfare of children. As indicated in **Figure 10**, a total 65 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 Bridgeport Borough (2.7).

Figure 9. Southeastern 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
Bridgeport Borough	4,371	6	13	51	14	95	32	211	146	**4.8%**
Lower Merion Township	59,850	31	23	195	126	558	252	1185	864	2.0%
Narberth Borough	4,233	3	1	10	3	24	12	53	40	1.3%
Upper Merion Township	26,863	20	13	93	73	335	103	637	471	2.4%
West Conshohocken Borough	1,446	0	0	4	1	5	4	14	9	1.0%
Total	**96,763**	**60**	**50**	**353**	**217**	**1017**	**403**	**2,100**	**1,530**	2.2%

*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.

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

Municipality	Total population	Child Abuse Referrals	Child Neglect Refferalls	Total	Total Per 1,000 Population
Bridgeport Borough	4,371	4	8	12	2.7
Lower Merion Township	59,850	17	11	28	0.5
Narberth Borough	4,233	3	1	4	0.9
Upper Merion Township	26,863	10	10	20	0.7
West Conshohocken Borough	1,446	1	0	1	0.7
	96,763	**35**	**30**	**65**	**0.7**

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

The census distinguishes persons living in households and those living in "group quarters" (institutional settings such as prisons and nursing homes and group homes for those with disabilities, drug and alcohol, or mental health rehabilitation needs). As indicated in **Figure 11**, a total 4,770 persons in the region were housed in group quarters.

Poverty is related not just to social welfare needs but is strongly related to health, educational, and criminal justice problems. As indicated in **Figure 12**, the highest poverty rate for individuals was in Bridgeport Borough (7.5 percent). Thirty-five 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 Southeast 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 Southeastern Region

	TOTPOP	Percent in Group Quarters	Total Group Quarters	Institutionalized population	Nursing homes	Group homes
Bridgeport borough	4,371	0.2%	8	0	0	0
Lower Merion township	59,850	7.6%	4,548	460	456	351
Narberth borough	4,233	0.1%	6	0	0	0
Upper Merion township	26,863	0.7%	201	182	182	0
West Conshohocken borough	1,446	0.5%	7	0	0	0
Total	**96,763**	**4.9%**	**4,770**	**642**	**638**	**351**
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 Southeastern Region by Poverty Status by Age and Minor Civil Division in 1999

	Total Population	Income in 1999 below poverty level:	Total Percent Below Poverty	Under 5 years	5 years	6 to 11 years	12 to 17 years	18 to 64 years	65 to 74 years	75 years and over
Bridgeport borough	4,370	329	7.5%	15	0	9	24	230	51	0
Lower Merion township	55,887	2,512	4.5%	117	33	113	102	1,564	111	472
Narberth borough	4,233	143	3.4%	7	9	8	0	84	17	18
Upper Merion township	26,638	784	2.9%	15	4	49	29	566	65	56
West Conshohocken borough	1,442	105	7.3%	5	1	10	13	71	2	3
Total	**92,570**	**3,873**	**4.2%**	**159**	**47**	**189**	**168**	**2,515**	**246**	**549**
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. Thirteen separate hour-and-a-half group discussions were held with key service providers in these different areas. The Southeast Regional Collaborative assisted in selecting the participants and hosting the sessions. A total of more than 50 professionals participated in these sessions.

Session 1: Home Health

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

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

Issues

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

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

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

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

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

homes, when they call 911 the paramedics must "work the code." Bracelets that list all relevant DNR information are available in Pennsylvania.

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

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

Session 2: Wellness

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

When asked about the positive and unique aspects of the region, the participants said that there are many social services available in the region. These include a high-quality pre-K program that is used at some sites about "words can hurt as much as our hands." There is a 24-hour domestic violence hotline; the police offer victims information and a women's center will contact them within 24 hours. Pottstown police have a social worker screening domestic violence calls. Police are trained during role call to address domestic violence issues. There is a Yellow Dress presentation in school; it is a reenactment of the story of a girl killed the night before her prom; facilitators lead follow up classroom discussions. There are healthy relationship workshops at the colleges even though campus police do not want to deal with domestic violence issues.

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

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

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

Session 3: Discharge Planners

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

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

babies, life skills, and dads' participation. Children's Health Insurance Plan (CHIP) enrollment helps provide pediatric care.

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

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

Issues

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

Utilities. The Low Income Home Energy Assistance Program (LIHEAP) doesn't work for many people. However, PECO doesn't turn off the heat if there is a baby in the home.

Case management. People over 65 should have a nurse home visit on hospital discharge for an assessment of their needs. The HMOs control the number of home visits as well as the agency the case manager uses. Case managers believe that nurse home visits pay for themselves, and even though they are covered by insurance policies, some Medicare HMO might deny payment for them. Case managers do not always ask if there is someone to help in the home, if patients can manage to get food, or if the patient knows the symptoms of an infection. Many HMOs will not pay for nurses to provide those services. Some people will not sign up for food stamps because they do not know there are no implications to enrolling.

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

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

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

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

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

Session 4: Preschool Age Children

The participants included two preschool program directors.

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

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

The other was the director of a local childcare preschool that served a racially mixed population of low-to-moderate income families from the area and from Philadelphia who work locally. She noted, "I believe that positive experiences when they are little will set the stage for academic success when they are older." She works directly with feeder elementary schools and uses the criteria provided by Kindergarten teachers to enhance her curriculum. She also uses Handwriting Without Tears. She is using PATHWAYS and TEACH to educate her staff and is a Keystone Stars center working on her National Association for the Education of Young Children (NAEYC) accreditation. She helps families sign up for CHIP and the Montgomery County Association for the Blind that provides eye screens. She has a dental program to examine their teeth. There is a link to a local private school and older students who come and work with the younger children. There are also links to two churches that supply toys and other materials.

Issues

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

Children's needs. There is a great need for nurturing. Many children from 18 months to 8 years old are in childcare for almost 12 hours/day. There are eligible children in the township but no Head Start class in Lower Merion. Children talk about the TV shows they watch over the weekend even though they receive the Lower Merion weekend information.

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

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

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

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

Session 5: Elementary and Secondary School Age Children

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

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

Lower Merion has a variety of services (psychological, special needs psychology, occupational therapy and speech therapy). The school nurses do a great job linking children to services they need. Crisis intervention is available for children who do not need hospitalization but are in serious trouble n terms of mental health. The Oleos Bullying Prevention Program is funded by Montgomery County Family Services. This program grew out of three suicides.

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

Issues

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

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

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

There is a good home and school visitor in Lower Merion, but families still have gaps and need more

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

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

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

Housing. Housing is huge issue for Services to Children in their Own Home (SCOH) families in particular.

Recommendations

- Fund Family Services to continue Safe Kids Program.
- Fund services for children who need services less serious than hospitalization.
- Fund the FAST Program (Families and School Together) Get parents early in elementary schools to provide support group; have family therapists to help break down the barriers.
- Fund FLOW (Future Leaders of the World) program.
- Fund family support services for parents to learn to cope with children with mental health issues. Or if the parent has mental health needs, children may be neglected.
- Support schools to work with children and adults with the various abilities: parents may have many limitations- understanding, literacy, problem solving, decision making.
- Provide emotional support for people in crisis.
- Provide speech therapy services: children or elderly not covered by insurance.
- Fund alternative learning activities; for example, it would be helpful to integrate community activities into curriculum (such as cooking for meals on wheels, making birdhouses for the park).
- Fund in-home, pre-SCOH services.
- Fund transportation for elderly in particular
- Develop a life skills program.
- Provide training for nonprofit organizations, such as college courses or professional development with Continuing Education Unit (CEU) credits).

Session 6: Recreation

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

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

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

Issues

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

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

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

Session 7: Elderly

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

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

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

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

Issues

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

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

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

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

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

Session 8: Housing and Transportation

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

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

Issues

Housing. Affordable housing and reliable transportation are critical. Some private money is available for housing but it is affected by market forces. Some areas of the county need much more money because market forces will not operate there as effectively as in Lower Merion. Resources should be put into developing lower-cost apartments over storefronts. Site acquisition is often difficult, expenses during development may be unpredictable, or a municipality may not let it happen. Housing in some communities is difficult to obtain or it is old and in poor condition. Many houses need lead abatement, and there are big houses with one bathroom and no sink. Houses now sell in three months to out-of-town landlords who make them rental properties. The more affordable rentals are in places with no transportation. It is hard to go across the county.

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

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

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

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

There is little support from the business community. Some contributions come from people receiving the services. Part of the transportation problem stems from the way the county has developed the rural,

more affordable areas. Buses may not run anymore than once an hour. "There is no upside for a politician to put affordable housing in his backyard."

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

Session 9: Behavioral Health

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

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

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

"There are no homeless in Lower Merion."

Issues

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

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

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

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

Transportation is an issue.

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

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

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

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

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

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

Session 10: Public Safety

The participants included three police officers from two townships.

When asked about the positive and unique aspects of the region, the participants said there were significant accomplishments in community policing including the DARE Programs. They provide more services with less money. At the beginning, parents' sessions were poorly attended. While the Civilian Police Academy experienced a low turnout in Lower Merion, the Cops and Kids program in grade schools is more about relationship building. They used examples of domestic violence and the use of pepper spray, and children understood what they were saying.

Issues

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

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

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

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

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

departments and 101 volunteer fire departments in the county.

Session 11: Arts and Culture

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

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

Session 12: Minorities and New Immigrants

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

Issues

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

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

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

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

Session 13: Sustained Funding for New Projects

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

CONCLUSIONS

Summary

The quantitative assessment of the Southeast region presented in this report describes an area geographically insulated from the rest of the county. It has a stable, aging population whose 3.3 percent growth matches that of the state as a whole. The Southeast region has the highest average income, highest average educational level and the lowest poverty rate of any of the county's five regions. The region has an acute hospital bed and physician population ratios that are more than twice that of the county as a whole. It provides healthcare services to a population well beyond its boundaries. Its public schools receive 40 percent more funding per pupil than county as a whole. School achievement test performance and average SAT scores are the highest among the county's five regions. Yet, its health indicators are only slightly better, and its crime rate for more serious crimes (Part I crimes) are slightly worse than those for the county as a whole.

However, the 50 key informants we met with, as summarized in the qualitative assessment in this report, expressed concern about essentially the same issues as did those in other regions of the county. They identified as priorities for improving the health and quality of life of the region, the need for more effective community leadership, improved access to services, and an improved basic infrastructure. Their "wish list" is summarized in Figure 13. They focused on three general needs: (1) 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; (2) expanded and easier access to services across systems (healthcare, schools, criminal justice and social services); and (3) assurance that the basic infrastructure was in place so that services—housing, fluoridation, information, transportation and workforce development—can be provided cost effectively.

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

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

RECOMMENDATIONS

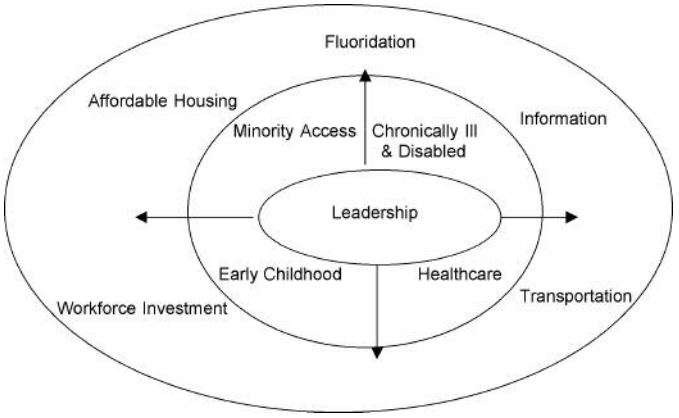
The statistical analysis and our discussions with key informants presented in this regional report identified many needs. We focus on what we believe are the best immediate opportunities for moving the region towards longer, higher quality lives and the elimination of the disparities in achieving such 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 collaborative and their supporting partners. These priorities and evidence supporting these priorities for the Southeast Region will be summarized below. We have also organized the major recommendations of our key informants in Figure 13 to show how they fit into these recommended priorities.

Figure 14. Priority Needs



Leadership

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

Advocacy

The resources in many areas are inadequate to meet existing needs, and, without forceful, credible advocacy, the gaps are likely to grow. 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 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 that 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 Southeast region, aversion to al 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 Southeast 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 Southeast region answers differed. Just 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. We see four immediate management priorities:

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

2. Concentrate the resources on where the need is greatest. 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 Southeast 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 could also help to facilitate greater consensus about what is important enough to measure and how to collect and report it. Such a reporting process could provide transparency, align goals and objectives with activities, and assist in leadership development and program refinement.

Access

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

Enfranchising Montgomery County's Minority Communities

The civil rights era produced a new definition of what it means to be an American and Montgomery County has benefited from this change. The Immigration Reform Act of 1965 eliminated a quota system that favored Northern Europeans and largely excluded immigration from other continents. While in the Southeast region 55 percent of its residents report German, Irish, Italian, and English ancestry and it is still 89 percent white, it has begun to match some of the broader racial and ethnic diversity of the region as a whole. While the white population in the Southeast region declined by 1.3 percent between the last two censuses, the black population increased by 12.4 percent, the Hispanic population by 39 percent, and the Asian population by 99 percent. In the region, 10,517 persons over the age of five speak a language other than English in the home (11.5 percent) and 2,616 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. Service providers have lagged in adapting to these demographic shifts. Many of these new immigrants, as do many African Americans, feel disenfranchised in the county's health and social service system. While rarely expressing their dissatisfaction directly to providers of services, many feel excluded and unwelcome. The research literature suggests that these feelings contribute to disparities in accessing appropriate services. *Our review indicates that the immediate priorities should be to (1) support full compliance for all health and social services providers with Title VI 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 4.9 percent in the last decade to 5,218. Almost half of this population is enrolled either in nursery school programs (1,732) or kindergarten (1,060). 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. Sixty-five child abuse and neglect referrals to the County Office of Children and Youth took place in the Southeast in 2004. In 315 households the grandparents serve 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.*

Expanding Services for the Chronically Ill and Disabled.

The number of persons over the age of 85 in the region grew 45 percent in the last decade to 2,300. In the region 4,153 householders are over the age of 65. Of the 15,790 persons living in the region over 65, 4,581 (or 29 percent) report at least one disability. The census reports 638 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 14 percent or 5,865 adults in the Southeast region between the ages of 18 and 64 have no health insurance. Thirteen percent of adults or 9,596 have no personal healthcare provider and 10 percent ($8,.015) needed to see a doctor in the last twelve months but could not because of the cost. Even with the abundant resources available in the region, low-income or uninsured persons are often forced to rely on Philadelphia medical school services and these often involve long delays and difficulties in arranging transportation. *An immediate priority should be to invest in facilitating insurance coverage, expanding medical homes, and assuring access to specialty and diagnostic services for the low-income population.*

Infrastructure

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

Affordable Housing

Twenty-four percent or 8,512 households in the Southeast region allocate more than 30 percent of their income for housing, above the federally defined threshold for affordability. Many of the services providers (policemen, childcare providers, nurses, and teachers) commute to this region creating problems with turnover, and loss of community cohesiveness. 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 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 is on the edge of homelessness.

In 2005 the fair market rent for a two-bedroom apartment in Montgomery County was $947/month, which, to be affordable, would require an hourly wage of $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 Southeast 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 either through additional voucher subsidies, development requirements, or voluntary initiatives.*

Fluoridation

Dental decay is the most common chronic condition. About 12,262 or 16 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 17,627 or 23 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 Southeast 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 Southeast 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, however, a severe shortage of affordable housing and transitional housing programs, and service providers have a lot of difficulty getting information they need to help their clients. *The immediate priority is for an ongoing regional population planning process that identifies shortages and either develops plans for eliminating them or creates a transparent rationing system for the fair allocation of resources.*

Transportation

In the last decade, no needs assessment study in this county, whether it was looked at arts and culture, health services, or social services, has failed to mention transportation as a top concern. This was also a concern of the key informants we spoke with in the Southeast 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 82 percent of residents in the Southeast region who work commute by automobile. About 5.9 percent or 2,277 of 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.*

Workforce Investment

In 2000, 5.2 percent (or 4,073) adults in the region seeking employment were unemployed. The shift from a manufacturing to a service economy has adversely affected the Southeast 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) licensed practical nurses shortage and a shortage of 11 percent (or 1,090) registered nurses in Montgomery County for 2010. The first baby boomers turn 65 in 2011. Currently, 37 percent of Montgomery County's registered nurses workforce 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 Southeast 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 Southeast 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. Demographic Changes in the Southeastern Region 1990-2000

	Southeastern		
	2000	**1990**	**% Change**
POPULATION			
Under 5 years	4,964	5,218	-4.9%
5 to 24 years	24,359	22,659	7.5%
25 to 44 years	26,332	27,869	-5.5%
45 to 54 years	14,520	11,458	26.7%
55 to 59 years	5,601	5,042	11.1%
60 to 64 years	4,363	5,375	-18.8%
65 to 74 years	8,171	9,109	-10.3%
75 to 84 years	6,153	5,375	14.5%
85 years and over	2,300	1,583	45.3%
Median age (years)			
One race			
White	86,200	87,298	-1.3%
Black or African American	4,147	3,683	12.6%
American Indian and Alaska Native	91	120	-24.2%
Asian	4,547	2,282	99.3%
Some other race	544	206	164.1%
Two or more races			
HISPANIC OR LATINO AND RACE			
Hispanic or Latino (of any race)	1,679	1,206	39.2%
HOUSEHOLDS BY TYPE			
Total households			
Householder living alone	11,557	10,415	11.0%
Householder 65 years and over	4,153	4,377	-5.1%

Appendix I. Demographic Changes in the Southeastern Region 1990-2000, continued

	2000	1990	% Change
INCOME IN 1999			
Households	38,828	37,315	4.1%
Less than $10,000	1,626	2,409	-32.5%
$10,000 to $14,999	1,302	1,404	-7.3%
$15,000 to $24,999	2,440	3,601	-32.2%
$25,000 to $34,999	3,075	4,302	-28.5%
$35,000 to $49,999	4,353	6,064	-28.2%
$50,000 to $74,999	7,344	7,054	4.1%
$75,000 to $99,999	5,047	3,986	26.6%
$100,000 to $149,999	5,597	3,570	56.8%
$150,000 or more	8,044	4,925	63.3%
Median household income (dollars)	61,085	42,297	44.4%
POVERTY STATUS IN 1999 (below poverty level)			
Families	472	411	14.8%
Percent below poverty level	1.9	1.7	
With related children under 18 years	271	234	15.8%
Percent below poverty level	1.1	2.3	
With related children under 5 years	125	81	54.3%
Percent below poverty level	0.5	1.9	
Families with female householder, no husband present	164	152	7.9%
Percent below poverty level	0.7	5.3	
With related children under 18 years	122	99	23.2%
Percent below poverty level	0.5	8.5	
With related children under 5 years	40	13	207.7%
Percent below poverty level	0.2	6.7	
Individuals	3,873	3,498	10.7%
Percent below poverty level	4.2	3.8	
18 years and over	3,310	2,994	10.6%
Percent below poverty level	4.6	4.1	
65 years and over	795	767	3.7%
Percent below poverty level	5.1	4.9	
Related children under 18 years	529	461	14.8%
Percent below poverty level	1.0	2.5	
Related children 5 to 17 years	370	343	7.9%
Percent below poverty level	0.9	2.7	

Source: U.S. Census 1990, 2000

Appendix II. Detailed Demographic Profile of Montgomery's Southeastern Region 2000	Southeast	Percent
Total population	96,763	100
SEX AND AGE		
Male	45,302	46.8
Female	51,461	53.2
		0.0
Under 5 years	4,964	5.1
5 to 9 years	5,546	5.7
10 to 14 years	6,150	6.4
15 to 19 years	6,168	6.4
20 to 24 years	6,495	6.7
25 to 34 years	12,594	13.0
35 to 44 years	13,738	14.2
45 to 54 years	14,520	15.0
55 to 59 years	5,601	5.8
60 to 64 years	4,363	4.5
65 to 74 years	8,171	8.4
75 to 84 years	6,153	6.4
85 years and over	2,300	2.4
		0.0
Median age (years)	37.7	0.0
		0.0
18 years and over	76,708	79.3
Male	35,105	36.3
Female	41,603	43.0
21 years and over	72,548	75.0
62 years and over	19,174	19.8
65 years and over	16,624	17.2
Male	6,885	7.1
Female	9,739	10.1
		0.0
RACE		0.0
One race	95,585	98.8
White	86,200	89.1
Black or African American	4,147	4.3
American Indian and Alaska Native	91	0.1
Asian	4,547	4.7
Asian Indian	1,545	1.6
Chinese	1,268	1.3
Filipino	400	0.4
Japanese	184	0.2
Korean	530	0.5
Vietnamese	251	0.3
Other Asian 1	369	0.4
Native Hawaiian and Other Pacific Islande	56	0.1
Native Hawaiian	13	0.0
Guamanian or Chamorro	10	0.0
Samoan	10	0.0
Other Pacific Islander 2	23	0.0
Some other race	544	0.6

Appendix II. Detailed Demographic Profile of Montgomery's Southeastern Region 2000, continued

HISPANIC OR LATINO AND RACE		
Total population	96,763	100.0
Hispanic or Latino (of any race)	1,679	1.7
Mexican	378	0.4
Puerto Rican	323	0.3
Cuban	179	0.2
Other Hispanic or Latino	799	0.8
Not Hispanic or Latino	95,084	98.3
White alone	85,141	88.0
RELATIONSHIP		
Total population	96,763	100.0
In households	91,993	95.1
Householder	38,930	40.2
Spouse	20,809	21.5
Child	24,768	25.6
Own child under 18 years	19,105	19.7
Other relatives	2,879	3.0
Under 18 years	769	0.8
Nonrelatives	4,607	4.8
Unmarried partner	1,376	1.4
In group quarters	4,770	4.9
Institutionalized population	642	0.7
Noninstitutionalized population	4,128	4.3
HOUSEHOLDS BY TYPE		
Total households	38,930	100.0
Family households (families)	24,607	63.2
With own children under 18 years	10,455	26.9
Married-couple family	20,809	53.5
With own children under 18 years	8,824	22.7
Female householder, no husband present	2,869	7.4
With own children under 18 years	1,292	3.3
Nonfamily households	14,323	36.8
Householder living alone	11,557	29.7
Householder 65 years and over	4,153	10.7
		0.0
Households with individuals under 18 years	10,990	28.2
Households with individuals 65 years and over	11,147	28.6
Average household size	2.3	
Average family size	3.0	
HOUSING OCCUPANCY		
Total housing units	40,552	100.0
Occupied housing units	38,930	96.0
Vacant housing units	1,622	4.0
For seasonal, recreational, or occasional use	294	0.7
Homeowner vacancy rate (percent)	1.1	
Rental vacancy rate (percent)	4.9	
HOUSING TENURE		
Occupied housing units	38,930	100.0
Owner-occupied housing units	27,615	70.9
Renter-occupied housing units	11,315	29.1
Average household size of owner-occupied unit	2.6	
Average household size of renter-occupied unit	1.9	

Appendix II. Detailed Demographic Profile of Montgomery's Southeastern Region 2000, continued

SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	25,627	100.0
Nursery school, preschool	1,732	6.8
Kindergarten	1,060	4.1
Elementary school (grades 1-8)	9,647	37.6
High school (grades 9-12)	4,606	18.0
College or graduate school	8,582	33.5
		0.0
EDUCATIONAL ATTAINMENT		0.0
Population 25 years and over	67,514	100.0
Less than 9th grade	1,265	1.9
9th to 12th grade, no diploma	3,525	5.2
High school graduate (includes equivalency)	11,546	17.1
Some college, no degree	8,770	13.0
Associate degree	2,780	4.1
Bachelor's degree	19,063	28.2
Graduate or professional degree	20,565	30.5
Percent high school graduate or higher	92.9	
Percent bachelor's degree or higher	58.7	
MARITAL STATUS		
Population 15 years and over	80,038	100.0
Never married	21,313	26.6
Now married, except separated	47,180	58.9
Separated	1,036	1.3
Widowed	4,935	6.2
Female	4,019	5.0
Divorced	5,574	7.0
Female	3,607	4.5
		0.0
GRANDPARENTS AS CAREGIVERS		0.0
Grandparent living in household with one or more own gr	1,051	100.0
Grandparent responsible for grandchildren	315	30.0
		0.0
VETERAN STATUS		0.0
Civilian population 18 years and over	76,608	100.0
Civilian veterans	8,784	11.5
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION		
Population 5 to 20 years	19,188	100.0
With a disability	994	5.2
Population 21 to 64 years	55,990	100.0
With a disability	5,432	9.7
Percent employed	67.3	
No disability	50,558	90.3
Percent employed	83.3	
Population 65 years and over	15,790	100.0
With a disability	4,581	29.0
RESIDENCE IN 1995		
Population 5 years and over	91,711	100.0
Same house in 1995	54,709	59.7
Different house in the U.S. in 1995	33,966	37.0
Same county	12,792	13.9
Different county	21,174	23.1
Same state	12,139	13.2
Different state	9,035	9.9
Elsewhere in 1995	3,036	3.3

Appendix II. Detailed Demographic Profile of Montgomery's Southeastern Region 2000, continued

NATIVITY AND PLACE OF BIRTH		
Total population	95,744	100.0
Native	88,027	91.0
Born in United States	87,300	90.2
State of residence	60,657	62.7
Different state	26,643	27.5
Born outside United States	727	0.8
Foreign born	8,717	9.0
Entered 1990 to March 2000	3,183	3.3
Naturalized citizen	4,571	4.7
Not a citizen	4,146	4.3
REGION OF BIRTH OF FOREIGN BORN		
Total (excluding born at sea)	8,717	100.0
Europe	3,271	37.5
Asia	3,771	43.3
Africa	351	4.0
Oceania	111	1.3
Latin America	971	11.1
Northern America	242	2.8
LANGUAGE SPOKEN AT HOME		
Population 5 years and over	91,711	100.0
English only	81,194	88.5
Language other than English	10,517	11.5
Speak English less than 'very well	2,616	2.9
Spanish	1,695	1.8
Speak English less than "very well"	406	0.4
Other Indo-European languages	5,132	5.6
Speak English less than "very well"	955	1.1
Asian and Pacific Island languages	2,652	2.9
Speak English less than "very well"	1,033	1.1
ANCESTRY (single or multiple)		
Total population	95,744	100.0
Total ancestries reported	110,553	114.3
Arab	512	0.5
Czech1	466	0.5
Danish	221	0.2
Dutch	1,201	1.2
English	9,052	9.4
French (except Basque)1	1,955	2.0
French Canadian1	337	0.3
German	13,852	14.3
Greek	718	0.7
Hungarian	1,169	1.2
Irish1	17,580	18.2
Italian	12,831	13.3
Lithuanian	508	0.5
Norwegian	485	0.5
Polish	6,374	6.6
Portuguese	105	0.1
Russian	7,791	8.1
Scotch-Irish	1,643	1.7
Scottish	1,712	1.8
Slovak	944	1.0
Subsaharan African	423	0.4
Swedish	1,142	1.2
Swiss	361	0.4
Ukrainian	995	1.0
United States or American	4,781	4.9
Welsh	1,179	1.2
West Indian (excluding Hispanic groups)	408	0.4
Other ancestries	21,798	22.5

Appendix II. Detailed Demographic Profile of Montgomery's Southeastern Region 2000, continued

EMPLOYMENT STATUS		
Population 16 years and over	78,939	100.0
In labor force	53,895	68.3
Civilian labor force	53,864	68.2
Employed	49,791	63.1
Unemployed	4,073	5.2
Percent of civilian labor force	5.1	
Armed Forces	31	0.0
Not in labor force	25,044	31.7
Females 16 years and over	42,654	100.0
In labor force	25,813	60.5
Civilian labor force	25,813	60.5
Employed	23,406	54.9
Own children under 6 years	5,887	100.0
All parents in family in labor force	3,464	58.8
COMMUTING TO WORK		
Workers 16 years and over	48,970	100.0
Car, truck, or van -- drove alone	36,600	74.7
Car, truck, or van -- carpooled	3,652	7.5
Public transportation (including taxicab)	3,661	7.5
Walked	2,113	4.3
Other means	413	0.8
Worked at home	2,531	5.2
Mean travel time to work (minutes)	116	
Employed civilian population 16 years and over	49,791	100.0
OCCUPATION		
Management, professional, and related occupations	29,476	59.2
Service occupations	3,953	7.9
Sales and office occupations	12,373	24.8
Farming, fishing, and forestry occupations	15	0.0
Construction, extraction, and maintenance occupations	1,771	3.6
Production, transportation, and material moving occupati	2,203	4.4
INDUSTRY		
Agriculture, forestry, fishing and hunting, and mining	62	0.1
Construction	1,743	3.5
Manufacturing	4,341	8.7
Wholesale trade	1,666	3.3
Retail trade	4,562	9.2
Transportation and warehousing, and utilities	1,014	2.0
Information	2,300	4.6
Finance, insurance, real estate, and rental and leasing	5,606	11.3
Professional, scientific, management, administrative, and v	9,129	18.3
Educational, health and social services	13,832	27.8
Arts, entertainment, recreation, accommodation and food	2,459	4.9
Other services (except public administration)	1,788	3.6
Public administration	1,289	2.6
CLASS OF WORKER		
Private wage and salary workers	41,174	82.7
Government workers	3,844	7.7
Self-employed workers in own not incorporated business	4,662	9.4
Unpaid family workers	111	0.2
INCOME IN 1999		
Households	38,828	100.0
Less than $10,000	1,626	4.2
$10,000 to $14,999	1,302	3.4
$15,000 to $24,999	2,440	6.3
$25,000 to $34,999	3,075	7.9
$35,000 to $49,999	4,353	11.2
$50,000 to $74,999	7,344	18.9
$75,000 to $99,999	5,047	13.0
$100,000 to $149,999	5,597	14.4
$150,000 to $199,999	2,631	6.8
$200,000 or more	5,413	13.9
Median household income (dollars)	61,085	
With earnings	32,025	82.5
Mean earnings (dollars)	80,867	
With Social Security income	10,768	27.7
Mean Social Security income (dollars)	13,826	
With Supplemental Security Income	713	1.8
Mean Supplemental Security Income (dollars)	6,616	
With public assistance income	291	0.7
Mean public assistance income (dollars)	3,475	
With retirement income	6,352	16.4
Mean retirement income (dollars)	18,733	

Appendix II. Detailed Demographic Profile of Montgomery's Southeastern Region 2000, continued

Families	24,731	100.0
Less than $10,000	348	1.4
$10,000 to $14,999	273	1.1
$15,000 to $24,999	907	3.7
$25,000 to $34,999	1,262	5.1
$35,000 to $49,999	2,181	8.8
$50,000 to $74,999	4,565	18.5
$75,000 to $99,999	3,747	15.2
$100,000 to $149,999	4,459	18.0
$150,000 to $199,999	2,133	8.6
$200,000 or more	4,856	19.6
Median family income (dollars)	76,186	
Per capita income (dollars)	35,140	
Median earnings (dollars):		
Male full-time, year-round workers	52,231	
Female full-time, year-round workers	36,539	
POVERTY STATUS IN 1999 (below poverty level)		
Families	472	
Percent below poverty level		1.9
With related children under 18 years	271	
Percent below poverty level		1.1
With related children under 5 years	125	
Percent below poverty level		0.5
Families with female householder, no husband present	164	
Percent below poverty level		0.7
With related children under 18 years	122	
Percent below poverty level		0.5
With related children under 5 years	40	
Percent below poverty level		0.2
Individuals	3,873	
Percent below poverty level		4.2
18 years and over	3,310	
Percent below poverty level		4.6
65 years and over	795	
Percent below poverty level		5.1
Related children under 18 years	529	
Percent below poverty level		1.0

Appendix II. Detailed Demographic Profile of Montgomery's Southeastern Region 2000, continued

Total housing units		40,526	100.0
UNITS IN STRUCTURE			
1-unit, detached		21,708	53.6
1-unit, attached		6,010	14.8
2 units		948	2.3
3 or 4 units		1,321	3.3
5 to 9 units		980	2.4
10 to 19 units		1,296	3.2
20 or more units		8,199	20.2
Mobile home		64	0.2
Boat, RV, van, etc.		0	0.0
YEAR STRUCTURE BUILT			
1999 to March 2000		214	0.5
1995 to 1998		927	2.3
1990 to 1994		922	2.3
1980 to 1989		3,316	8.2
1970 to 1979		4,696	11.6
1960 to 1969		6,174	15.2
1940 to 1959		12,403	30.6
1939 or earlier		11,874	29.3
ROOMS			
1 room		658	1.6
2 rooms		1,356	3.3
3 rooms		3,146	7.8
4 rooms		4,397	10.8
5 rooms		4,519	11.2
6 rooms		5,748	14.2
7 rooms		5,405	13.3
8 rooms		5,608	13.8
9 or more rooms		9,689	23.9
Median (rooms)		6.2	
Occupied Housing Units		38,904	100.0
YEAR HOUSEHOLDER MOVED INTO UNIT			
1999 to March 2000		6,698	17.2
1995 to 1998		9,687	24.9
1990 to 1994		5,605	14.4
1980 to 1989		7,063	18.2
1970 to 1979		4,464	11.5
1969 or earlier		5,387	13.8
VEHICLES AVAILABLE			
None		2,277	5.9
	1	13,967	35.9
	2	16,927	43.5
3 or more		5,733	14.7
HOUSE HEATING FUEL			
Utility gas		22,366	57.5
Bottled, tank, or LP gas		377	1.0
Electricity		7,019	18.0
Fuel oil, kerosene, etc.		8,857	22.8
Coal or coke		9	0.0
Wood		11	0.0
Solar energy		0	0.0
Other fuel		211	0.5
No fuel used		54	0.1

SELECTED CHARACTERISTICS		
Lacking complete plumbing facilities	115	0.3
Lacking complete kitchen facilities	103	0.3
No telephone service	128	0.3
OCCUPANTS PER ROOM		
Occupied housing units	38,904	100.0
1.00 or less	38,466	98.9
1.01 to 1.50	280	0.7
1.51 or more	158	0.4
Specified owner-occupied units	23,506	100.0
VALUE		
Less than $50,000	86	0.4
$50,000 to $99,999	1,535	6.5
$100,000 to $149,999	3,801	16.2
$150,000 to $199,999	4,489	19.1
$200,000 to $299,999	4,549	19.4
$300,000 to $499,999	4,763	20.3
$500,000 to $999,999	3,247	13.8
$1,000,000 or more	1,036	4.4
Median (dollars)	190,980	
MORTGAGE STATUS AND SELECTED MONTHLY OWNER COSTS		
With a mortgage	15,736	66.9
Less than $300	0	0.0
$300 to $499	112	0.5
$500 to $699	545	2.3
$700 to $999	1,479	6.3
$1,000 to $1,499	3,877	16.5
$1,500 to $1,999	3,419	14.5
$2,000 or more	6,304	26.8
Median (dollars)	1,505	
Not mortgaged	7,770	33.1
Median (dollars)	463	
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999		
Less than 15 percent	9,768	41.6
15 to 19 percent	3,741	15.9
20 to 24 percent	3,024	12.9
25 to 29 percent	1,840	7.8
30 to 34 percent	1,325	5.6
35 percent or more	3,724	15.8
Not computed	84	0.4
Specified renter-occupied units	11,273	100.0
GROSS RENT		
Less than $200	95	0.8
$200 to $299	58	0.5
$300 to $499	529	4.7
$500 to $749	2,668	23.7
$750 to $999	3,921	34.8
$1,000 to $1,499	2,810	24.9
$1,500 or more	708	6.3
No cash rent	484	4.3
Median (dollars)	800	
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999		
Less than 15 percent	2,531	22.5
15 to 19 percent	2,099	18.6
20 to 24 percent	1,498	13.3
25 to 29 percent	1,041	9.2
30 to 34 percent	652	5.8
35 percent or more	2,811	24.9
Not Computed	641	5.7

Source: U.S. Census 2000