

# APPENDIX I

## **SUMMARY OF SELECTED COMMUNITY NEEDS ASSESSMENTS IN THE PHILADELPHIA METROPOLITAN AREA, MONTGOMERY COUNTY AND ITS SUB-REGIONS**

### **Overview**

If the unexamined life is not worth living, life in Montgomery County is certainly worthwhile. More than 30 recent reports have examined and developed plans for addressing the needs of residents of Montgomery County. Needs assessments related to Montgomery County are a “moving target,” and many that were currently in process or were initiated after this review was completed are not included. We briefly summarize those that were available as of September 1, 2005. They include reports for the Philadelphia metropolitan area as a whole and for sub-areas within Montgomery County. Taken as a whole, these reports suggest that the “pockets of need” and “targets of opportunity” that the funders of this project wish to identify flow from the cascading effects of regional change. Local communities react, often struggling to patch together ways to meet the health and social needs of their members.

Five recurring, interrelated needs are reflected in the majority of these reports.

### **1. Environment**

Almost all of these reports acknowledge the central role that the environment plays in improving health and providing a high quality of life. In its 25-year plan, the Delaware Valley Regional Planning Commission talks about a vision for the region that includes “a clean and sustainable environment with protected scenic landscapes, open space and reduced

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

### **2. Information**

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

### 3. Transportation

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

### 4. Coordination

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

Three factors add to the fragmentation of services. First, there are two systems of services. The private system, which includes private psychiatry, schools, assisted living, and the like, serves those that can afford to pay privately out of pocket or through insurance coverage. A public and voluntary system serves those who cannot. Second, in both the private and public system, the

massive shift away from institutional care to ambulatory and home services has exacerbated the coordination problems. Services are easier to coordinate within a single institutional setting. The coordination challenges this shift poses are particularly noted in Montgomery County's Office of Aging and Adult Services and the Montgomery County Mental Health Services reports. Third, the private charitable sector which could potentially help to bridge these coordination problems is equally fragmented. As reflected by the private foundations supporting this project, many have missions defined as serving a small geographic area or addressing specific purposes, which makes it difficult to pool their resources to address more fundamental county-wide problems.

### 5. Equity

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

## Selected Recent Reports

### Philadelphia Metropolitan Area

Branch, A.Y., *"A Study of Youth Development Opportunities for Youth Who Reside in Low-Income Communities in Philadelphia: Report to the Community."* Philadelphia: United Way of Southeastern Pennsylvania; 1997. The study surveyed students (and their parents) enrolled in 22 middle schools in low-income areas of Philadelphia about how these children spent their after-school hours. One half to two thirds were not involved in any organized after-school activities. Cost, distance, lack of knowledge, and lack of activities that were attractive to them contributed to this lack of participation. Agencies should design activities that better address the individual interests and developmental needs of this age group.

Brookings Institution. *Back to Prosperity: A Competitive Agenda for Renewing Pennsylvania.* Washington, DC: Brookings Institution, 2003. This report contends that the economic future of Pennsylvania depends on revitalizing its demographic mix and curbing some of the nation's most radical patterns of sprawl and abandonment. Above all, the study reveals that Pennsylvania's highly decentralized growth patterns are weakening the state's established communities, undercutting the very places whose assets the state needs to compete in the knowledge economy. Ultimately, the report concludes that these trends are not inevitable, and can be reshaped if the state embraces a dynamic new vision of economic competitiveness that links the commonwealth's desire for prosperity to the need to revive older cities and towns. [See <http://www.brookings.edu/metro/publications/pa.htm>]

*Child Obesity and Nutrition Intervention* This grant is a 15-month pilot program titled Wellness Initiative for the School Environment: Smart Nutrition and Activity Collaborative (WISE SNAC) to assess the nutrition and physical activity needs of two elementary schools in the Souderton Area School District (E. Merton Crouthamel and West Broad Street Elementary Schools) and all five elementary schools in the Wissahickon School District in order to determine how to link, improve and/or implement school-community partnerships that foster the understanding and practice of making healthy food

choices and engaging in physically active lifestyles. The long-term goal of this initiative is to create conditions that promote healthy nutrition and physical activity as a lifelong commitment for faculty, students and families. The four main objectives include (1) assisting in establishing a foundation for the Advisory Health Council; (2) providing technical assistance and resources on local/school wellness policy so that it is established by July 2006; (3) utilizing the Coordinated School Health Program (CSHP) model to assess, coordinate, and enhance nutrition and physical activity messages in the school curriculum and activities outside of the school curriculum; and (4) develop the capacity of administration, faculty, staff and parents to become role models for students. [Contact Vanessa Brigs, ED Health Promotion Council of SEPA; 215-731-6150 or [vebessab@phmc.org](mailto:vebessab@phmc.org)]

Delaware Valley Regional Planning Commission. *"Destination 2030: The Year 2030 Plan for the Delaware Valley."* Philadelphia: Delaware Valley Regional Planning Commission, 2005. This draft long-range plan is a requirement of the U.S. Department of Transportation, which is charged with certifying plans for federal funds. The Delaware Valley Regional Planning Commission (DVRPC) has representatives of the region's three public transit agencies, eight suburban counties and four cities on its board. DVRPC's "Vision for the Year 2030" emphasizes (1) growth management to minimize regional sprawl with higher density, mixed use and public transit oriented development in existing and emerging communities with a strong identity and character; (2) urban revitalization that will enable older suburbs and boroughs to thrive, rejuvenated with improved schools, services, reduced crime and arts and culture; (3) economic development, creating a diversified economy, attractive business environment and a competitive regional advantage; (4) a clean and sustainable environment with protected scenic landscapes, open space and reduced development on rural and agricultural lands; (5) safe, convenient and seamless multi-modal transportation system incorporating sound growth management, urban revitalization, economic development and environmental planning principles; and (6) the removal of all barriers to opportunity for all residents through increased distribution of affordable housing

throughout the region, enhanced resources that equalize quality of education in all school districts and transportation choices that provide reverse commute opportunities to regional employment centers for all workers.

In terms of land use planning, the plan divides the region and Montgomery County into metro sub-centers (King of Prussia/Valley Forge); stable county regional centers (Ardmore, Cheltenham Ave, City Avenue, Jenkintown, Fort Washington/Ambler; county regional centers of growth (Conshohocken, Kulpsville, Montgomeryville, Plymouth Meeting, Route 422, Willow Grove/Horsham); and regional centers in need of revitalization (Lansdale, Norristown and Pottstown). A total of \$57.3 billion is estimated to be available for transportation projects and roughly \$38.3 billion for the Philadelphia sub region over the life of the 25-year plan. The region has a “mature” highway and public transportation system so the bulk of this will go for the maintenance of the existing system. New public transit capacity projects under consideration in the plan include the Schuylkill Valley Metro (R6 extension from Norristown to Wyomissing) and the Quakertown line (New rail line from Lansdale to Hellertown). The plan includes bike and walking trails as a part of the East Coast Greenway that would incorporate existing and new trails in a network that would crisscross Montgomery County. [See [http://www.dvrpc.org/LongRangePlan/2030/Draft2030LRP\(mod\).pdf](http://www.dvrpc.org/LongRangePlan/2030/Draft2030LRP(mod).pdf)]

*Greater Philadelphia Cultural Alliance. “Securing Our Future: The Framework of Cultural Planning” Philadelphia: Greater Philadelphia Cultural Alliance, 2005.* Funded by William Penn Foundation, The Pew Charitable Trusts and Independence Foundation, the group hosted meetings in all five of the Philadelphia area counties. These identified the need for advocacy of the economic and social impact of the arts, more collaboration, and evaluation of the impact of technological change on participation, transportation to assure access and greater visibility and awareness. [See <http://www.philaculture.org/advo/planning.htm>]

*Jackson, C.A., Pitkin, K., Kingston, R. “Evidence-Based Decision Making for Community Health Programs.” Palo Alto, California: RAND, 1997.* The Mainline Health System contracted with RAND to explore how

its community health foundation could use evidence of effectiveness in making funding decisions. The project team conducted focus groups, telephone interviews with individuals involved in such funding decisions elsewhere, and a systematic literature review.

Limited consensus and data, the diffuse mission of such foundations and the diffuse accrued benefits of community health programs currently make this goal largely impractical. Healthcare organizations and private funders could work incrementally with others to move in the direction by supporting the collection of data and evaluation of programs and by partnering with academic, public agencies and other foundations in such efforts.

*Metropolitan Philadelphia Policy Center. “Fight or Flight: Metropolitan Area and Its Future.” Philadelphia: Metropolitan Philadelphia Policy Center, 2001.* This William Penn Foundation- supported project in collaboration with the Pennsylvania Economy League produced a short, simple, well-illustrated argument for the cost of urban sprawl in the region. It argues for concentrating infrastructure improvements in and around older areas and centers of newer suburban growth, conserving the remaining open lands, and building on the region's rich history, culture and abundant natural resource amenities, reducing and equalizing local tax burdens, connecting regional growth through the right transportation, housing and workforce development policies. [See <http://www.metropolicy.org/pdfs/ForF-no%20pix-all%20pages.pdf>]

*Rusk D. “Little Boxes—Limited Horizons: A Study of Fragmented Local Governance in Pennsylvania: Its Scope, Consequences and Reforms.” Washington, DC: Brookings Institution, 2003.* Rusk argues that Pennsylvania has created the nation's most fragmented system of local government within its metropolitan areas. By making its “little boxes” dependent on local property taxes, it has contributed to urban sprawl and made it second only to West Virginia in the consuming the most land for the least amount of population growth. The Miller Metropolitan Power Diffusion Index (MPDI) ranks the Philadelphia metropolitan area above any other in the nation in fragmented delivery of services. The voluntary multi-municipal planning systems have so far produced no effective joint planning with central

city-suburban municipalities. [See <http://www.brookings.edu/es/urban/pa/Rusk.pdf>]

*Smith, D.B. "The Delaware Valley Life Science Workforce: 2003 Update, an Analysis of Current and Future Trends." Philadelphia: Life Science Career Alliance, 2003.* The report distills existing sources of data on employment in the Delaware Valley, assesses existing supply, demand and shortages in the life sciences and health services workforce and forecasts future supply, demand and shortages. Just as with other fields of employment, health employment and residence tie together the five counties of the Philadelphia metro-suburban area, with 35 percent of those employed in the city living outside and 25 percent of those living in the city working outside.

The crest of the regional post-World War II baby boom will reach 65 in 2025, producing a critical problem in matching employment needs with workforce supply. In the life sciences and health services, the high-growth occupations (those projected to grow by 20 percent or more) during this period are physician assistant, audiologist, respiratory therapists, speech-language pathologist, cardiovascular technologists and technicians, emergency medical technicians and paramedics, pharmacy technicians, respiratory therapy technicians, medical records and health information technicians, occupational and physical therapist assistants and aides, medical assistants, and personal and homecare aides. Most of these "high growth" occupations are ones requiring less extensive training and may serve to slow the growth in the cost of providing care for an aging population. Whatever shortages currently exist and are projected in the next few years, these are likely to worsen greatly after 2010 as the first impact of the post-World War II baby boom begins to produce accelerated rates of retirement in an aging life science workforce and an aging regional population has growing service needs. [See <http://www.lscalliance.org/pdfs/DVLSWorkforce2003Update.pdf>]

*Temple University and the William Penn Foundation. "Where We Stand: Community Indicators for Metropolitan Philadelphia 2004." Philadelphia: Temple University, 2005.* The project provides an annual tracking of indicators for minor civil divisions in the region compiled from secondary data sources and a household survey. For survey purposes, minor civil

divisions are divided into five groups: struggling-older, solid-older, working-class, middle-class, and affluent suburbs. Indicators are reported on 14 characteristics: (1) the region's communities, (2) diversity, (3) family well-being, (4) socioeconomic conditions, (5) housing, (6) transportation, (7) economy, (8) government and taxes, (9) education, (10) civic participation, (11) environment, (12) arts and culture, (13) health, and (14) crime and criminal justice. [See <http://www.metrophilaindicators.org/index.php>]

## Montgomery County

*FASD Prevention Project.* The second year of a five-year project to reduce the incidence of Fetal Alcohol Syndrome and Related Developmental Disorders (FASD), the Bucks County Council on Alcohol and Drug Dependence, serves as a local subcontractor for a project funded by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. The project integrates prevention activities into two of the council's ongoing programs, an intensive case management program (MOMS) for pregnant and post-partum women who are substance users and a program for those arrested for driving under the influence. There is a lack of FASD-related prevention, diagnosis and treatment services in the region. Children's Hospital of Philadelphia (CHOP) provides some diagnostic and treatment services, but transportation limits access for many.

The estimated incidence of FASD is roughly about 10 cases per 1,000 births and it is distributed bimodally in terms of income and education with white, college-educated, upper-income women being one of the higher-risk groups. For Montgomery County, this would translate into about 100 cases per year. The effects are long term (mental retardation, ADD, and the like). [Contact: Dr. Stacy Conway, Project Director, Bucks County Council on Alcohol and Drug Dependence, Inc., Ballwick Office Campus, Unit 12, 252 W. Swamp Road, Doylestown, PA 18901; 215-345-6644; [sconway@bccadd.org](mailto:sconway@bccadd.org)]

Kline, J.O. Four Year Plan of the Montgomery County Office of Aging and Adult Services: July 1, 1004 through June 30, 2008. Norristown, PA: Office of Aging and Adult Services, 2004. Montgomery County Office of Aging and Adult Services (MCAAS) serves as the county's area agency on aging, providing services to over 40,000 older county residents, contracting with 120 providers of in home services, adult daily living and other services. MCAAS also provides about 2,500 low-income people and families and physically disabled adults with housing assistance, shelter services, case management, in-home services, and other programs each year. The six area offices (Willow Grove, Norristown, Pottstown, Lansdale, Bryn Mawr, and Pennsburg) respond to more than 25,000 information and referral to service requests each year. The office has 97 staff positions.

MCAAS-supported programs include more than 25 adult daily living centers for the disabled, a bridging to the Pennsylvania Department of Aging (PDA) waiver program, care management, a senior employment service, a family caregiver support program, home care services, a housing and homeless program (emergency shelter services, rental assistance, transition housing), information and referral, long term care assessment, ombudsman services, options services, protective services, senior community center services, transportation services, volunteer services for older adults and the PDA waiver program that provides Medicaid money for home care services for persons who are nursing-home eligible.

Montgomery County has more than 141,815 persons over 60, the third highest number of any county in Pennsylvania and the 85+ population increased 35 percent between 1990 and 2000. The eastern part of the county has the largest proportion. Thirty-three percent of the over-65 population (or 33,494 people) have a disability. Twenty-six percent of county households have a person over 65. Waiting lists for subsidized senior housing range from three months to six years, with an average waiting time of two years. Housing Choice Vouchers (Section 8) waiting list has been closed since January 2003. Montgomery County has close to 60 personal care and assisted living facilities, yet a Personal Care Home Supplement (PCHS) is accepted at only seven of these, which are licensed as personal care homes. An additional seven accept the supplement for residents who have lived in

the facility for years and have depleted their funds. Affordable assisted living is a growing need.

The most dramatic growth between 1990 and 2000 was in black, Asian, and Hispanic populations. The largest growth in the elderly population is among Asians and those reporting themselves as "other." The highest percent of minority populations are concentrated in the Eastern, North Penn, and Central areas. The total number of older adults 55+ is projected to increase 61.9 percent between 2000 and 2025.

The needs assessment process for the four-year plan included town meetings and surveys of the general community elderly (4,000), caregivers (140), and professionals (300). The six most frequently identified hardships over the past year were, in order (1) prescription costs, (2) physical health, (3) sufficient income to meet cost of living, (4) transportation, (5) affordable healthcare, and (6) loneliness/grief/depression/anxiety. Professionals place more weight on transportation and consumers placed more weight on physical health. Minorities were more concerned about housing and less about loneliness. Meal preparation presented a hardship for Asian elderly, who, lacked access and transportation to Asian food markets. Town meeting results were similar, with more emphasis on affordable housing.

The four-year plan strategy for addressing these issues was as follows: (1) income: increased benefits outreach and counseling; (2) affordable housing: develop a home-sharing program and advocate for more housing and shelter options for disabled older adults; (3) mental health needs: increase outreach to isolated, cross training mental health and aging staff, counseling and support of home care givers; (4) physical health: senior community centers will focus on more effective provision of comprehensive preventive services; (5) information needs: increased community education through training of information and referral staff and volunteers and increased outreach to isolated persons; (6) transportation: expanding options and cross county lines when necessary, escort and shared ride system, encourage and schedule group trips, examine the need for door to door rather than curb to curb services; (7) diversity: continue to support community outreach specialist position, fund position with ACLAMO to address

casework needs of older Hispanics, partner with gatekeepers in the Korean community, train and educate a volunteer corps for outreach into minority communities, examine ways to provide meals and nutrition for special ethnic dietary preferences; and (8) support for family caregivers through expanded mentoring programs, mental health counseling and supportive services for adult children and grandparent caregivers. Estimated budget implications for all these plan initiatives is \$180,000 [See <http://www.montcopa.org/mcaas>]

*Migliaccio, J. "BoomerANG Project" 2005.* The project was jointly funded by the County Office of Aging and North Penn Foundation to (1) forecast needs of boomers and (2) make recommendations about the consolidation of senior centers. It includes an asset-based assessment identifying 400 to 500 resources, including work sites. The project included six areas of focus: (1) transportation, (2) access to healthcare, (3) civic engagement, (4) health and wellness, (5) aging services, and (6) collaborative partnerships. Its purpose was assist the senior centers in a market assessment and developing strategic plans to meet the anticipated shortfall in public funding through local fund-raising and through private revenue-generating services.

*Montgomery County Health Department. Montgomery County Health Profile 2004: County and Municipal Service Report, 2005.* Statistical profile summary census, vital statistics, reportable diseases, and household health survey.

*Montgomery County Housing Coalition. 2005 Point in Time Homeless Count. January 26, 2005.* Homeless counted: 607 (0 on street, 359 in shelters and 248 precariously housed). Sub-populations: mental health (81), drug and alcohol (40), HIV (1), veterans (8), domestic violence (49), dually diagnosed (15). In contrast, the March 19, 2001 count was 637 (with 32 on street, 218 in shelter, and 378 precariously housed), and a one-night count of 427.

*Montgomery County Department of Housing and Community Development. Consolidated Annual Performance and Evaluation Report: October 1, 2003 through September 30, 2004.* In fiscal year 2003-04, the county received \$4.5 million in community development block grants (CDBG), \$2.8 million in home investment partnerships (HOME) and \$143,000 in emergency shelter grants (ESG) from the

federal government. In addition, the Section 8 rental assistance program provides federal subsidies for 2,814 units of private housing in Montgomery County for \$19 million. An additional \$767,000 in federal dollars through the Comprehensive Grant Program (CGP) was available to help upgrade 624 eligible units of public housing in the county.

*Montgomery County Office of Children and Youth. Montgomery County Office of Children and Youth 2004 Annual Report. Norristown, PA: Montgomery County, 2005.* In 2004, 6,190 calls, walk-in referrals and requests of information were made, resulting in 1,245 investigations, in turn resulting in 624 Child Protective Service reports; the most frequent source of referrals was schools (35.5 percent). No child deaths reported to Children and Youth. Abuse is more likely to take place in cases of premature birth, colic, and physical and developmental disabilities. Low self esteem, poor impulse control, substance abuse, teen, parent, history of abuses as a child, and punitive child-rearing styles raise risk. Other social characteristics that raise risks include isolation, family and domestic violence, no biological relationship to child, poverty, unemployment and single parenting (Pennsylvania Chapter of American Academy of Pediatrics).

Office of Children and Youth collaboratives to improve service delivery include Human Service Systems Improvement (HSSI), the Collaborative Effort (regional collaboratives), Systems of Care (a Pennsylvania Department of Public Welfare initiative to encourage community-based, culturally competent systems of natural resources and professional services, organized and managed to support the well being and safety of children and sustain ongoing connection between children, families, and communities essential to health social development); family engagement (a philosophy of service delivery to families); family support services; youth enrichment programs; recreational programs and before- and after-school programs; FAST (families and school together) programs; family centers (in Norristown, Pottstown and Lansdale, providing support to parents and children in local neighborhoods). Other services include school-based probation services (12 local school districts), safe school committees, increased independent living preparation and training (adolescents leaving the system), Montgomery County Child Advocacy Project (district attorney's office

organized volunteer lawyers supplement child's legal representation by the public defender's office), maternal and child health program (visiting nurse program of Health Department), Balanced and Restorative Justice Program (joint effort by probation, child advocates and Children and Youth staff to ensure juvenile offenders are held accountable and develop competencies); Montgomery County Mental Health/Mental Retardation/ Drug and Alcohol and Children and Youth increased collaboration through the county's behavioral health care provider (Magellan) and two information services initiatives, one eight-county effort to create an Automated Children and Youth System to replace the defunct statewide program and a county-wide financial service system. [See <http://www.montcopa.org>]

*Montgomery County Department of Housing and Community Development. Department of Housing and Community Development Five Year Consolidated Plan and Annual Action Plan (2000-2001), 2000.* The report, mandated by U.S. Department of Housing and Urban Development (HUD) as a condition for access to federal entitlement and discretionary funds, identified the housing, community and economic development needs of the county and developed goals and objectives for addressing those needs. Montgomery County's Department of Housing and Community Development's major sources of funds include HUD annual entitlement programs (Community Development Block Grants, HOME Investment Partnership Program, the Emergency Shelter Grant, HUD annual competitive grant Continuum of Care Homeless Assistance Funds), Commonwealth of Pennsylvania competitive application funds (Pennsylvania Housing and Finance Agency Funds, and the Department of Community and Economic Development), and local county funds (Affordable Housing Trust Fund, and Community Revitalization Program Funds).

The process of developing the plan included extensive consultations with professional experts and citizen participation. Definitions: "extremely low income" are households with incomes below 30 percent of the county median; "cost burden" households pay more than 30 percent of household income on housing costs, including utilities; "severe cost burden" households pay more than 50 percent. The conclusion was that fair market rents and housing costs to owners

place housing out of reach of many low- and middle-income families.

Many low-income families in Montgomery County will pay 50 percent or more of their income on housing expenses. Forty-two percent of moderate-income elderly renter households were cost burdened. The 1999 homeless count identified 928 persons (475 adults and 453 children) as homeless; 246 of these slept in shelters the previous night and 603 stayed in a "precarious" situation; half were minority; 147 indicated they were on the streets fleeing abuse; 67 had mental health issues; 17 women and 4 girls were pregnant. The primary cause of homelessness is the lack of affordable housing. There are currently 12 shelters and 10 transitional housing facilities in the county, with a total capacity of 221 and 185 beds respectively. Those more at risk of homelessness include those suffering from drug and alcohol addictions, physically or mental disabled, victims of domestic violence, former prisoners and inmates in correctional facilities, households receiving public assistance but scheduled to run out, and those who are long-term tenants of public housing. Others not homeless but having special housing needs include the frail elderly, persons with disabilities, the mentally ill, the mentally retarded, the physically disabled, persons with drug and alcohol addictions, and persons with HIV/AIDS and their families. The total estimated dollars to address these special needs is \$79 million.

Lead paint is a persistent concern: 61 percent of the housing was built before 1950, but lead paint was not completely eliminated until 1978. Total allocation of federal funds: CBG, \$5.8 million (\$4.26 million to sub-recipients; ESG, \$145,000; and HOME, \$1.4 million. Includes list of individuals consulted, sub recipients, public and assisted housing, homeless facilities and services. [See <http://www.montcopay.org>]

*Montgomery County Department of Maternal and Child Health. Montgomery County Health Department Maternal and Child Health Needs Assessment. Norristown: Montgomery County, 2003.* Report submitted to the Pennsylvania Department of Health for Title V Funding was completed to prioritize needs and provide public health programs to address those needs. The report reviewed vital registry system statistics and conducted a survey of parents with special needs (no population data exists). The overall

assessment was positive. Montgomery County surpassed Health People 2000 goals for infant mortality prior to 2000. The incidence of low birth weight, however, increased. There were also persistent disparities by race and residence. Mothers from Norristown Borough and, to a lesser degree, Pottstown Borough failed to meet Healthy People 2000 maternal and child health objectives. A large gap in black-white infant mortality rates persists. The top resulting action priorities were to (1) target minority women residing in low-utilization areas of prenatal care (Pottstown and Norristown), (2) target the same areas for tobacco and substance abuse prevention education, (3) target teens in these same areas to reduce teen pregnancy rates, and (4) expand assistance to parents with children with special needs whose problems become apparent after discharge from the hospital and are not referred for services in a timely matter through the addition of a local resource person to educate parents on available services.

*Montgomery County Mental Health/Mental Retardation Program. Mental Health Annual Plan and Budget FY 2004-2005. Norristown: Montgomery County.* Background: Montgomery County Behavioral Health was established in FY 02/03 to oversee management of HealthChoices behavioral health services. It was seen as a step toward the development of a unified system of care. Transition from institutional care to community based services began in the 1960s. Philadelphia State Hospital closed in 1987 and Haverford State Hospital closed in 1998. The development of a formalized regional coalition, the five-county/state hospital integration coalition, enabled the discharge of 60 people from Norristown State Hospital and a regional coordinator was hired in 2001. A latter of agreement outlines a process of collaboration in the development of specialized regional services. In 1995, Eastern State School and Hospital closed, resulting in the transfer of funds for community development and need for addition services for families and children. Budget requests included expansion of clinical services to improve coordination of inpatient and outpatient psychiatric centers, expand community employment services, long-term supported housing, residential services, forensic support services, consumer- run support,

community treatment teams, case management services, child and adolescent services, transition services, specialized family living program, family-based services, student assistance programs, family support services. The basic treatment model reflected in these changes has shifted from one that essentially focused on the maintenance of the seriously mentally ill to one that focuses on recovery. The Southeast Region Mental Health Regional priorities include continuing “to work toward a unified, recovery-based behavioral health system.” The grand total for the budget was \$29.3 million.

*Organizational Objectives Associates. Feasibility of Designating Medically Underserved Areas and Medically Underserved Populations. Norristown: Montgomery County, 2004.* This was an analysis contracted by the county to determine of whether any additional census tracts in five areas (Bryn Mawr, Lansdale, Willow Grove, Norristown and Pottstown) could be designated as medically underserved and qualify for federal neighborhood health center funding. (Three census tracts in Norristown (2035.00, 2032.02 and 2039.02) and four in Pottstown (2089.01, 2089.04, 2089.05 and 2089.06) had been designated previously has having a medically underserved population (MUP). The formula for the determination of a MUP includes a weighting of the total population by poverty rates, the proportion of elderly and infant mortality rates and then computing the actual full-time equivalent (FTE) supply of physicians to population in the area. With the exception of the Willow Grove, Upper Moreland townships area (census tracts 2003.06, 2003.07 and 2003.09), no additional areas were identified as underserved largely due the number of primary care physicians located in these census tracts. A survey of physicians in the area is required to accurately determine the FTE primary care physicians in the area, and if they do not exceed the threshold needed, an application for shortage designation from the Bureau of Primary Care could be submitted.

*United Way/Partnership TMA Transportation Survey Partnership Transportation Management Association Survey 1999.* Mail survey in the North Penn Area of Montgomery County concluded that the major areas of transportation needs were for medical appointments, work, those physically and visually

challenged, children's outside school activities and senior citizens. Many use TransNet, but there are limitations in services and in understanding how to use the system. Key transportation issues identified were (1) lack of public transportation, (2) funding for new transportation resources, and (3) the inconvenience and timing of public transportation. A number of "solutions" were proposed by the United Way subcommittee on transportation for making better use of the limited resources. However, according to those we interviewed in 2005, the underlying problems have persisted and may even have become more serious. [For more information, contact Partnership Transportation Management Association of Montgomery County, Peggy Schmidt, Executive Director 215-699-2733 or [execdir@ptma-mc.org](mailto:execdir@ptma-mc.org)]

*Pennsylvania Department of Public Welfare. DPW Benefits Report, September 2003.* Persons eligible for benefits by township by type of welfare benefits.

*Pennsylvania Department of Public Welfare. County Medical Assistance Population as of June 2005. Norristown: Montgomery County Health and Social Services, 2005.* Of the county's total population, 5.7 percent (or 42,955) were eligible for medical assistance in June 2005. Blacks and those under the age of five are disproportionately represented. According to Magellan Behavioral Health, the total number eligible for benefits in 2004 was 46,231, with a total of 6,795 clients served, or 14.7 percent of the eligible population. For the age 45–64 population, this rate rose to 29.8 percent. In September 2003, 3.5 of the population were eligible for full Medicaid Coverage, with the Western (4.3 percent) and the Central (6.2 percent) regions above this county average. Norristown has 21.4 percent of the population fully eligible for Medical Assistance, and Pottstown has 13 percent of the eligible. The higher eligibility rates in these two boroughs explain most of the differences in the higher regional rates for the Central and Western regions. [For additional information, contact Lee Ann Moyek, 610-292-4575]

*Pennsylvania Advocates for Nutrition and Activity. 2004-2005 Keystone Healthy Zone Montgomery County Report, 2005.* Forty-eight Montgomery County schools participated in the Keystone Health Zone program. Seventy-one percent of Montgomery

County schools provide "hazardous busing" (bus within a mile of the school), in contrast to 57 percent statewide; fewer average minutes of exercise per week (51 vs. 55 for elementary, 164 vs. 166 for secondary); more likely to have vending machines; less likely to have policies related to how food is sold in school. Yet, these same schools provide and encourage more before- and after-school physical activity programs. [See [http://www.panaonline.org/programs/khz/county\\_pdf/montgomery.pdf](http://www.panaonline.org/programs/khz/county_pdf/montgomery.pdf)]

## Local Community Assessment

*Interagency Council of Norristown. Connections: A Community Resource Guide for Central Montgomery County. Norristown: Interagency Council of Norristown, Inc., 2004.* A comprehensive, 70-page annotated guide to health and social services and other resources in the Norristown area.

*Norristown Area Communities That Care. Risk and Resource Assessment Collaborative Process: Norristown Area Communities That Care, 2005.* The report summarizes the Youth Risk Factor Survey and other crime and violence indicators. Its risk and resource committee identified the following new priority risk factors: (1) availability of drugs/firearms, (2) family management, (3) lack of commitment to school, (4) friends who engage in problem behavior.

*Philadelphia Health Management Corporation. North Penn Community Needs Assessment: North Penn Community Health Foundation, 2002.* The assessment of the North Penn region distills findings from Philadelphia Health Management Corporation's 2000 Household Health Survey, census and vital statistics, six focus groups, and 20 guided interviews with community leaders. While 90 percent are in good health, more than 20,000 adults and 4,000 children in this area are in poor health, and many of these face systematic barriers in obtaining primary and preventive care.

Key findings: (1) 23.9 percent growth in the North Penn population in the last decade; (2) racial and ethnic diversity has increased, with an estimated 6,000 Latinos and 14,000 Asians in the area, many with limited English and many lacking health insurance; (3) 12,000 residents live below 150 percent of the federal poverty level and are in need of low-cost health and social services; (4) 20,000 area adults are in poor

to fair health and prevention and early detection and treatment programs for cardiovascular disease and cancer need more attention; (5) access barriers include lack of insurance, linguistic and cultural difference and lack of knowledge; (6) 16.5 percent of adults smoke cigarettes and 41 percent are overweight; and (7) increased early detection and treatment could improve outcomes and reduce costs. [See [http://www.npchf.org/assessment/np\\_hn\\_assessment.pdf](http://www.npchf.org/assessment/np_hn_assessment.pdf)]

*Philadelphia Health Management Corporation. North Penn Community Health Foundation Special Populations Needs Assessment. North Penn Community Health Foundation, 2003.* Estimates of the size of the “special needs” population were derived from census, the national household survey of drug abuse, vital statistics, the Pennsylvania Department of education reports and other sources. The study also conducted interviews with 12 key providers and three focus groups of residents with special needs, recruited from community organizations. The needs of the diverse special populations were similar: affordable housing, transportation, information, access to respite care for caregivers, and reduction of the stigma associated with their special need. The special populations reviewed in this assessment included the (1) chronically mentally ill, (2) mentally retarded and special education population, (3) the physically disabled, (4) substance abusers, and (5) cancer survivors. [See [http://www.npchf.org/assessment/phaseII/phaseII\\_NPSpecialNeedsAssessment.pdf](http://www.npchf.org/assessment/phaseII/phaseII_NPSpecialNeedsAssessment.pdf)]

*Philadelphia Health Management Corporation. Phoenixville Community Health and Safety Needs Assessment. Phoenixville, PA: Phoenixville Community Health Foundation, 1999.* The geographic area in the assessment included the Borough of Phoenixville and the surrounding Chester and Montgomery County communities (Charlestown, Chester Springs, Collegeville, Coventry, Royersford, Schwenksville, and Spring City). The assessment included the analysis of PHMC survey data, census and vital statistics, eight focus groups and interviews with 16 community leaders. The overall physical and mental health and access to services for the population in this area was generally good. The death rate from strokes, however, was above the county rate. Poverty was related to reports of fair to poor health and high reported rates of chronic conditions. A relatively small proportion population report lack health insurance (4 percent),

access to dental care (13.5 percent), the inability to fill a prescription because of cost (6.7 percent) and the inability to get mental health treatment because of the cost (3.3 percent). Poor adults were twice as likely to smoke (33.7 percent vs. 18.9 percent). The top community problems identified by residents were substance abuse, unemployment, crime, and cost of living. The top health and safety issues were health care, transportation, children, housing, and drugs. Domestic violence, the problems faced by older adults and the needs of minority and ethnic communities are often overlooked. Initiatives to increase outreach and improve access were recommended, possibly by making existing services rather than new ones more accessible and by using the foundation to bring diverse providers together to plan.

*Philadelphia Health Management Corporation. Special Attention to Special Needs: An Assessment of the Special Needs Population of the Greater Phoenixville Area. Phoenixville, PA: Phoenixville Community Health Foundation, 2000.* Findings are based on 22 informational interviews with key service providers, three focus discussion groups of persons with special needs and their caregivers, 1990 census estimates and information derived from the 1998 PHMC survey. An estimated 3,000 adults and 600 children have serious and persistent mental illness, 7,800 persons aged 16 to 64, and 1,400 children under the age of 16 have a severe physical disability, and 1,000 persons have mental retardation or developmental delays, including 480 children. Five primary areas of need were identified: (1) access to appropriate and sensitive care for the Medicaid/Medicare population; (2) access to transportation; (3) access to affordable, supportive housing; (4) access to information and advocacy regarding benefits and entitlements; (5) access to affordable respite care. Modest, incremental steps are suggested in each of these areas.

*Smith, D.B., and DGA Partners. A Health Assessment of the Pottstown Area. Pottstown, PA: Pottstown Area Health and Wellness Foundation, 2004.* The assessment of the Pottstown Area (the 26 minor civil divisions located at the intersection of Berks, Chester, and Montgomery County; or in other words, an approximately 10-mile radius around Pottstown) includes a population of about 150,000. The report distills the results of a telephone health survey of 1,000 households, secondary data, and interviews with 70 key

informants knowledgeable about local health issues. The report concludes that (1) the future health of the area is tied to the contradictory forces shaping its economic development; (2) the health of different minor civil divisions is shaped by differences in income, poverty and crime; (3) the health of its population benefits from the strong family and community ties that exist in the area; (4) while low- and moderate-income persons are more likely to report receiving basic preventive and screening services, access to many services remains a problem; (5) individual risk behavior (smoking, alcohol abuse, lack of regular exercise) contributes to poorer health; and (6) there is much room and opportunity for improvement in the health of this population. A portfolio of targeted interventions focused on (1) improving the environment, (2) strengthening social supports, (3) improving access, and (4) reducing risky behavior can take advantage of these opportunities [See [http://www.pottstownfoundation.org/images/docs/Health-Assessment Download.pdf?Submit=Health+Assessment+Download](http://www.pottstownfoundation.org/images/docs/Health-Assessment%20Download.pdf?Submit=Health+Assessment+Download)]

## Notes

<sup>1</sup>Delaware Valley Regional Planning Commission. "Destination 2030: The Year 2030 Plan for the Delaware Valley." Philadelphia: Delaware Valley Regional Planning Commission, 2005.

<sup>2</sup>Pennsylvania Advocates for Nutrition and Activity. 2004-2005 Keystone Healthy Zone Montgomery County Report, 2005.

<sup>3</sup>Norristown Communities that Care. Risk and Resource Assessment Collaborative Process.

<sup>4</sup>Smith, D.B., and DGA Partners. *A Health Assessment of the Pottstown Area*. Pottstown, PA: Pottstown Area Health and Wellness Foundation, 2004.

<sup>5</sup>Philadelphia Health Management Corporation. North Penn Community Needs Assessment. Lansdale, PA: North Penn Community Health Foundation, 2002.

<sup>6</sup>Smith, 2004.

<sup>7</sup>Jackson C.A., Pitkin, K., and Kington, R. *Evidence-Based Decision Making for Community Health Programs*. Palo Alto, CA: RAND, 1997.

<sup>8</sup>Smith D.B., "The Delaware Valley Life Science Workforce: 2003 Update, An Analysis of Current and Future Trends." Philadelphia: Life Science Career

Alliance, 2003.

<sup>9</sup>See the following: Smith, 2004; Philadelphia Health Management Corporation, 2002; Philadelphia Health Management Corporation. "North Penn Community Health Foundation Special Populations Needs Assessment." Phoenixville, PA: North Penn Community Health Foundation, 2003; Branch A.Y., United Way of Southeastern Pennsylvania. "A Study of Youth Development Opportunities for Youth Who Reside in Low-Income Communities in Philadelphia: Report to the Community." Philadelphia: United Way of Southeastern Pennsylvania, 1997.

<sup>10</sup>Rusk D. "Little Boxes—Limited Horizons: A Study of Fragmented Local Governance in Pennsylvania: Its Scope, Consequences and Reforms." Washington, DC: Brookings Institution, 2003.

<sup>11</sup>Delaware Regional Planning Commission, 2005.

<sup>12</sup>See the following: Branch, 1997; Montgomery County Office of Aging and Adult Services. Montgomery County Aging and Adult Services Four-Year Plan, 2005; Montgomery County MH/MR Program. Mental Health Annual Plan and Budget FY 2004-2005; Greater Philadelphia Cultural Alliance. "Securing Our Future: The Framework of Cultural Planning." Philadelphia: Greater Philadelphia Cultural Alliance, 2005.

<sup>13</sup>Rusk, 2003.

<sup>14</sup>Montgomery County Office of Aging and Adult Services, 2005; Montgomery County MH/MR Program, 2004-2005.

<sup>15</sup>Delaware Regional Planning Commission, 2005.

<sup>16</sup>See Smith, 2004; Philadelphia Health Management Corporation, 2002; Philadelphia Health Management Corporation. "Phoenixville Community Health and Safety Needs Assessment." Phoenixville, PA: Phoenixville Community Health Foundation; 1999.

<sup>17</sup>Montgomery County Department of Maternal and Child Health. "Montgomery County Health Department Maternal and Child Health Needs Assessment." Norristown, PA: Montgomery County,