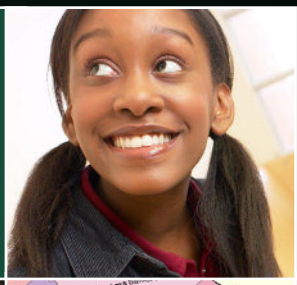
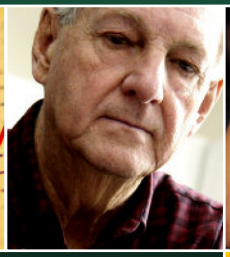
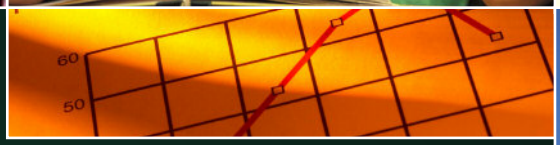
# An Independent Assessment of the Health, Human Services, Cultural and Educational Needs of Montgomery County

## EXECUTIVE SUMMARY



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# EXECUTIVE SUMMARY

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## ABSTRACT

The coalition of philanthropic organizations funding this project wished to conduct a comprehensive health and social service needs assessment for Montgomery County. The goals of the project were to provide an independent assessment that could (1) assist the funders in establishing priorities, (2) provide information to others concerned about the health and quality of life issues in Montgomery County, and (3) stimulate more effective strategies for achieving quality of life and health improvement goals for Montgomery County and its five regions: Western, North Penn, Eastern, Central, and Southeast. The five regional collaboratives, associations of service providers in each of these regions, assisted in the completion of the project and are potential end users of the assessment.

In completing this assignment we reviewed more than 30 recent reports assessing needs and suggesting plans for addressing them in the county and its regions; surveyed approaches to how local communities elsewhere have attempted to address such needs; compiled and analyzed all of the available demographic, health, survey, school, social welfare and criminal justice data on the county and its regions; brainstormed with more than 200 key informants familiar with different aspects of health and social services in the county and its five regions; conducted in-depth focus groups with 100 users of the system whose voices are rarely heard in such assessments; and explored possible strategies with local leaders and experts.

The assessment maps out some long terms goals for the improvement of the health and quality of life in the county, intermediate strategies, and immediate priority investments. The immediate priorities are (1) advocacy and management leadership to drive systems improvement; (2) access to services that meet the complex needs of the region's most vulnerable residents, minorities, the chronically ill and disabled, including early childhood services, and healthcare for the uninsured and underinsured; and (3) infrastructure to support these priorities: affordable housing, fluoridation, information, transportation, and workforce investment. These immediate priorities are also strategic investments that will increase the quality of life, health and equality of opportunity for all of Montgomery County's residents.

# BACKGROUND

The coalition of philanthropic organizations funding this project wished to conduct a comprehensive health and social service needs assessment for Montgomery County. The goals of the project were to provide an independent assessment that could (1) assist the funders in establishing priorities, (2) provide information to others concerned about the health and quality of life issues in Montgomery County, and (3) stimulate more effective strategies for achieving quality of life and health improvement goals for Montgomery County and its five regions: Western, North Penn, Eastern, Central, and Southeast. The five regional collaboratives, associations of service providers in each of these regions, assisted in the completion of the project and are potential end users of the assessment.

Two principles guided our design of this assessment:

1. *The assessment should be broadly focused.* It should look at the interconnections between different systems: regional planning, environmental protection, healthcare, education, the criminal justice, social services, and informal systems. We wanted to look at the potential for interrelationships between the "silos" of funding streams, regulations, and organizational structures affecting these systems.
2. *The assessment should look beyond measures of need and performance and explore root causes of difficulties.* It was not sufficient simply to produce a catalogue of statistics. Effective strategies of system improvement require both analyzing root causes and listening to both service providers and the consumers of their services.

In completing this assignment, we reviewed more than 30 recent reports assessing needs in the county and its regions and suggesting plans for addressing them; surveyed approaches to how local communities elsewhere have attempted to address similar needs; compiled and analyzed all of the available demographic, health, survey, school, social welfare, and criminal justice data on the county and its regions; brainstormed with more than 200 key informants familiar with different aspects of health and social services in the county and its five regions; conducted in-depth focus groups with 100 users of the system, whose voices are rarely heard in such assessments; and explored possible strategies with local leaders and experts.

# THE ASSESSMENT

## Strengths

Montgomery County is the second most affluent county in Pennsylvania and among the most affluent in the nation. Among the 224 counties with a population larger than 250,000 in the United States, it ranks 24th in median household income, 22nd in the percent of adults over 25 with advanced degrees, and it has the 7th lowest percent of children living below the poverty level. It has a diverse economy with an expanding job market, including a strong, well-paying biotechnology sector that attracts talent from all over the world. The county has a growing share of the jobs and the lowest unemployment rate in the region. It is a net importer of workers. In 2000, it had .67 jobs per resident, a higher rate than any county in the Philadelphia metropolitan area. Its residents have a strong sense of identity with local communities and offer much volunteer energy.

As our review of previous needs assessments demonstrated, the county has long been familiar with the challenges it faces. Discussions with key informants revealed no lack of creative initiatives for and commitment to addressing those challenges. Substantial resources are invested in addressing the health and social service needs in the county. Montgomery County residents currently allocate in combined private and public expenditures almost $10,000 per person-about $7 billion a year-in improving their environment, health, education, social services, and public safety. This understates the real investment since much that is done in these areas is informal, done by family members, friends and volunteers and does not count as a part of these overall expenditures. In addition, the rich collection of civic, arts and cultural, ethnic and religious groups expend resources that add much to the vitality and quality of life in the county are not counted either. In short, Montgomery County has an impressive array of resources available for addressing the health and social services needs of its residents and for improving its overall quality of life.

## Challenges

Montgomery County has all of the health and social problems that plague most communities in the United States and has generally not been much more effective in addressing them. Given its resources and the commitment of its residents and service providers to addressing these problems, one would expect more. The county, however, fares poorly on measures of environmental quality, ranking above 80 percent of the counties in the United States in chemical releases and waste generation and above 90 percent of the counties in air releases of recognized carcinogens and in pollution impairment of its watersheds. Overall, age-adjusted mortality rates for most conditions are little different than the overall state rates, and in several cases, such as stroke and prostate cancer, they are higher. While sprawl, traffic congestion and loss of open space and natural areas are by far the major quality-of-life concerns of most residents, these conditions continue to worsen.

More troubling, poverty rates are rising even while median incomes rise, widening the gaps in health, quality of life, and opportunities between the county's advantaged and disadvantaged residents. With the rise in housing costs, 41 percent of renters and 28 percent of homeowners are financially burdened, spending more than 30 percent of their income on housing. Low-income residents and minorities, concentrated in the more financially disadvantaged boroughs have birth and mortality statistics significantly worse than the rest of the county. In Montgomery County, an African American child is almost three times as likely as a white child to die before his or her first birthday. For a small but growing segment of the county, the American dream of equal opportunity does not exist,

and this exacts a toll in domestic violence, drug and alcohol addiction, and crime.

Three fundamental structural challenges contribute to the Montgomery County's failure to achieve its full potential:

1. *The commonwealth structure of governance fragments and duplicates services and undermines regional planning and development creating sprawl and eroding the quality of life.* The county consists of 62 municipalities, 48 separate police departments, and 23 separate school districts. In terms of 22 basic governmental services, the Philadelphia metropolitan area as a whole has the highest level of fragmentation of any of 310 of the nation's largest metropolitan areas. Land use decisions are controlled by local municipalities and driven by their need to enlarge their local tax bases. Since 1950, urbanized land area in the Philadelphia metropolitan area has grown at six times the rate of population growth. This "hollowing out" or "urban sprawl" has affected older urban areas in Montgomery County as well as Philadelphia, generating growing traffic congestion and transforming large tracts of open land into shopping malls and housing developments. If this pattern continues, the Montgomery County Planning Commission forecasts, in the year 2025 there will be 50 percent more traffic and an additional loss of 55,000 acres of open land in Montgomery County. All the current adverse health and quality-of-life effects of sprawl will be greatly exacerbated, and those with the greatest health and social service needs will be the most adversely affected.

2. *The concentration of the economically disadvantaged into a few municipalities adds to the cost of addressing their needs and undermines the effectiveness of these efforts.* The Philadelphia metropolitan area is the 12th most segregated metropolitan area for African Americans and the 7th most segregated for Hispanics in the United States. These regional patterns of economic, racial, and ethnic segregation are reflected in Montgomery County. Norristown has a rate of poverty five times that of the county as a whole. It accounts for 95 percent of the county's Hispanic births and 75 percent of its African American births. Fifty three percent of Norristown and 47 percent of Pottstown school district children are low income, almost five times the average for the county as a whole and almost 10 times that of the highest-performing school districts in the county. Concentration of poverty in neighborhood housing, schools, and other services guarantees failure. The NIMBY ("not in my back yard") effect, accentuated by the fragmented commonwealth structure of governance, adds to this concentration and to the difficulties of undoing it.

3. *Financial pressures and demands for efficiency have narrowed the focus of health and the social service agencies and reduced their ability to respond effectively to the complex needs of those that they serve.* As many of the key informants we talked to observed in frustration, hospitals concentrate on reducing lengths of stay and the costs of admissions, schools focus on test scores, and social service agencies, under pressure to "make their numbers," narrow the scope of their efforts. Across these services, the more socially complex the needs, the less likely they are to be reimbursed or budgeted for and the more likely they will be left unaddressed. More individuals and families fall into the gaps in an increasingly fragmented network of health and social services. As a result, a kidney transplant patient ends up sleeping in a hospital parking lot because she is homeless, an expelled student ends up in prison unable to read, and an exhausted and financially stretched two-wage-earner family gets its reluctant elderly parent admitted to a skilled nursing home for personal care.

## What is Working

There are, however, promising signs that Montgomery County can overcome these internal structural weaknesses. The willingness of funders to pool their resources to explore ways of developing a common agenda in this project is perhaps reflective of some shifts in the thinking about the organization of health and social services in general. As evidenced in our key informant interviews, many health and social service agencies are exploring partnerships to avoid duplication of effort that adds to costs. These efforts will be bolstered by its potentially promising economic future.

Montgomery County is centrally positioned in the Philadelphia metropolitan area and in the Northeast population corridor, with a highly educated population and a diverse, strong, biotech and service industry base. It has a rich history, strong cultural institutions, a vibrant civic life, and real communities that care about their neighbors. It is capable of growing and attracting knowledge industries, the engine of the 21st-century economy.

In addition, the county has developed a comprehensive plan with a clear vision for growth while minimizing sprawl by concentrating development on the revitalization of its older urban centers. This “smart growth” plan protects trees, farm fields, and streams while building attractive, walkable, small towns that preserve the historic character of its older villages. The plan envisions a network of trails and bike paths connecting the region's historic landmarks and natural areas and to those all along the Eastern seaboard. High-density housing resulting from this plan will enhance the viability of public transportation networks and reduce automobile dependency and roadway traffic congestion. The well-organized local opposition to a slots parlor in Limerick and its unanimous rejection by the town supervisors at the end of April 2006 represents a significant victory for this vision and perhaps a growing consensus about how to manage development in the county to best assure the health and quality of life of its residents. The larger regional plan envisions recapturing the American dream of equal opportunity through the increased distribution of affordable housing, equalization of quality education in school districts, and transportation that assures access to regional employment centers for all workers.

## What is Not Working

The basic threats to realizing this vision flow from many short-sighted decisions unrestrained by this emerging consensus. Without strong local opposition to unsuitable development and without county-wide leadership for the comprehensive plan, open space will shrink and low-density development and traffic congestion will grow. Health and social services will become even more fragmented and costly, and access will be even more difficult. The gaps in health and services for low-income, African American, and Hispanic residents and the rest of the county's population will widen. The proposed relocation of Montgomery Hospital from the poorest borough with the most concentrated minority population to one of the county's most affluent provides a vivid example of what is not working. Addressing these threats to the health and quality of life of residents of Montgomery County will require leadership, vision, courage, persistence, and collective political will.

# RECOMMENDATIONS

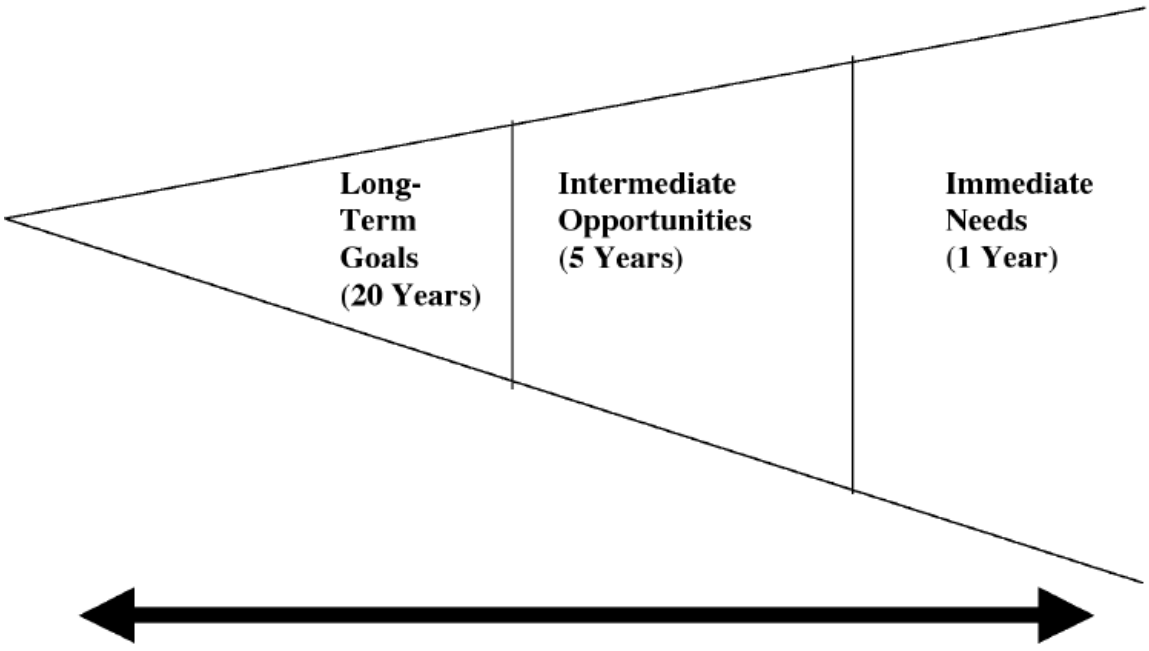
The evidence suggests that it takes sustained and coordinated investments to help those trapped in the shadows, caught in a cycle of disadvantage. They have multiple needs that cross professional, bureaucratic, and governance boundaries. Narrowly focused efforts do not work; they are mistakenly thought to be more cost effective. While we all dream of a magical vaccine that would make complex, difficult health and social problems disappear, such dreams are illusions.

Doing the right thing will not be easy. Certainly the list of the strengths and the challenges faced by the communities in Montgomery County pose a special challenge to the sponsors of this project and their community partners. The whole of their effort has to be more than the sum of its parts. That whole has to be a small part of a larger set of efforts to tie tightly together an even more fragmented patchwork. This means linking the immediate pressing needs to broader, longer-term goals (see **Figure 1**).

Our analysis of the data and our conversations with people in Montgomery County suggest some ways for doing this. We start by listing where most would like all of these efforts to lead in 20 years and then work backwards. We first list the longer-term goals, then the intermediate opportunities, and finally, the immediate priority needs that must be addressed.

In articulating these goals, we borrow from the framework suggested by the Healthy People 2010 national initiative. The partnership directed us to use this framework as a guide for structuring the Montgomery County needs assessment. Healthy People 2010, a broadly based initiative driven by professional and public consensus, formulated two overarching, long-term goals: (1) increasing quality of life years and (2)

**Figure 1. Linking Long-Term Goals to Immediate Needs**



eliminating the economic, racial and ethnic disparities in health in the nation's population. We recommend two similar long-term goals for Montgomery County and a similar process for measuring progress toward their achievement with specific measurable objectives. We outline this process below.

In 20 years, Montgomery County and its regions will be the standard for what other regions will strive to achieve in health and quality of life through (1) increased healthy years of life and (2) the elimination of disparities. These two long-term goals are defined by the measurable objectives below:

### Goal: Increase Healthy Years of Life

*Objectives*

1. All age-adjusted morbidity and mortality rates well below all revised national Healthy People objectives.
2. Access to information and services that assures the highest possible quality of life, regardless of chronic condition, disability, or age, as measured by generally accepted treatment guidelines.
3. Smart growth development that results in
   a. minimum further loss of open lands;
   b. a reduction of traffic congestion by 10 percent and over 50 percent of those employed commuting to work either by public transportation, bike or foot;
   c. revitalized higher-density residential development in the county's older urban centers;
   d. preservation of the walkable village quality of smaller communities.
4. Air, water and waste disposal standards adopted and implemented to place Montgomery County in the top 10 percent of the cleanest in the nation.
5. Diversity in all of its communities at least matching the economic, racial, and ethnic mix of the United States as a whole.
6. A vibrant arts and cultural community that makes the county a growing tourist destination and attracts new industries from outside the county.

### Goal: Eliminate Disparities

*Objectives*

1. Zero disparities in access to services, quality of services, and health outcomes by race, ethnicity, and income.
2. Elimination of homelessness and housing vulnerability.
3. Equalization of the percent of low-income persons in the populations of different schools, school districts, and municipalities.
4. Rates of crime, violence, incarceration reduced to European levels, about one third of the current Montgomery County rate.
5. Equal representation by economic background, race, and ethnicity at the top levels of education, employment, and governance.

## Intermediate Opportunities

Within a five-year framework, Montgomery County could act on many opportunities to build toward these long-term goals by leveraging the existing initiatives of the regional collaboratives, service providers, and communities. The more these diverse, complementary efforts can be tied together, the more effective they are likely to be. There is a tipping point where fundamental changes in behavior, the structure of systems and the culture of communities happen. Taking advantage of opportunities for more broadly based initiatives that cut across systems and geographic boundaries, addressing immediate needs while building towards the longer-term goals of increasing healthy life years and reducing disparities can help get Montgomery County to that point.

Using the county statistics and the ideas of key informants (which are presented in the full report), we presented a menu of what we believed to be the key opportunities in Montgomery County to the steering committee of this project. The committee identified five that it believed to be the most promising and perhaps most worth exploring further. We describe them here as illustrative examples. There are many more.

**1. A Coordinated County-Wide Initiative to Reduce Smoking, Obesity and Sedentary Lifestyles**

Smoking, obesity, and a lack of exercise account for about a third of all deaths, illnesses, and health care costs in Montgomery County. These deaths, illnesses, and costs are preventable. They have a higher prevalence among lower-income populations in the county and in those boroughs with the highest poverty rates. Many school, hospital, agency, and regional collaborative initiatives are underway. Supporting the linkage, coordination, and expansion of these efforts could greatly magnify their impact. The objective of support for such work would be to significantly reduce, in five years, smoking rates, obesity rates, and sedentary lifestyles in all age groups.

**2. Life Transition Plans**

Coordinated services at two critical points, the first five years of life and when a person's site of service shifts, can increase educational outcomes, health, and quality of life while reducing costs to the county.

**The first five years of life.** No transition is more critical to the long-term goals for Montgomery County than the one that takes place in the first five years after birth. Mounting evidence suggests that well-coordinated interventions that facilitate earlier diagnosis and treatment of developmental problems, provide ongoing parenting support, and provide access to expanded Head Start that is integrated into the schools assures improved long-term educational success. The objective would be to make sure that the best possible educational outcomes are achieved.

**Service provider discharge plans.** In spite of good intentions, there is often little continuity in care when a person's site of services shifts. Responsibility for the care and treatment of the developmentally disabled shifts by age, with less than ideal coordination and planning. According to some providers and constituents we spoke with, even records of medications, critical for caring for a person, often do not make it through the transitions from one care setting to another. The hospital discharge plan for an elderly person may often involve simply arranging transportation back to her home; the school discharge often amounts to no more than an expulsion or a diploma; the behavioral health discharge plan, for lack of alternatives, too often involves transporting someone to the Coordinated Homeless Outreach Center (CHOC); and a prison discharge may involve nothing more than providing bus fare. Such lack of coordination and planning creates and perpetuates a costly and destructive "revolving door" of readmissions and re-incarcerations. The regional collaboratives and their constituents address many of these problems of continuity, mostly on a case-by-case basis. Supporting the development of such discharge plans and helping to fill the gaps identified could leverage these efforts. The objective would be to reduce readmissions, increase early interventions, and assure seamless support for the individuals and their families.

**3. Expanded School Health Programs**

School health nurses play an increasingly critical role in assuring that school age children get the guidance, preventive, mental health, dental, and medical services they need. They serve as go-betweens for parents and services and as advocates for the children. In Montgomery County, school nurses dispense more than three doses of prescription medications per student per year, and more than 15 percent of the students they are responsible for have one or more chronic medical problems, such as asthma and ADD/ADHD. As fewer families have adequate health insurance, fewer children have medical homes and the services of school nurses become even more critical. In addition, transportation to services elsewhere is a serious barrier to access for children of low-income families. State regulations specify a ratio of school nurses to pupils of 1:1,500, making even their most circumscribed responsibilities difficult to accomplish, particularly in districts with a higher proportion of low-income children. There is an opportunity to leverage the ease of access of this existing model of care by facilitating investments in additional staffing and by partnering with integrated delivery systems and other service providers. School districts should seek and establish meaningful partnerships with community based prevention and treatment providers and facilitate on-campus programs whenever feasible.

**4. A Consolidated Funding and Coordination Plan**

Services for health, education, welfare, youth, aging, criminal justice, and the like are fragmented according to their different funding streams. In addition to the different public funding streams for services, the affluence of Montgomery County supports a separate, private system of services for those that can afford them. This private system provides services for children, for those suffering from drug and mental health problems, and for seniors in need of assisted living arrangements. The creation of the regional collaboratives, the children's service integration initiative of the county, and even the funding partnership for this needs assessment reflect an acknowledgment of this problem and a willingness to work hard to address it.

There is an opportunity to leverage the resources of private funders to encourage more consolidated funding and coordination through the support of a common plan that shapes their funding guidelines. One option would be to develop a plan with a consolidated global capital budget for the county and its regions. Such budgets would conceptually pool capital funding for healthcare, schools, transportation, housing, and social services. It would then rank projects across all of these systems, in terms of need. Public and private attention and support would be focused on those organizations planning top priority capital projects. This could encourage organizations to be innovative, exploring possible synergies that would typically not be considered within their own traditional funding silos.

**5. A Coordinated Advocacy Program**

Neither greater efficiencies nor more effective funding strategies from private philanthropy will be sufficient to make up the existing deficits in resources to effectively address current needs. Many of these needs are projected to increase (for example, affordable housing and services for ethnic minorities, the disabled, and the frail elderly), while support in public dollars to address these needs are anticipated to decline. Without effective advocacy, resources will continue to be stretched even thinner, and unmet needs will grow. Arguably, many of the perceived savings from program cuts will prove illusory: if we pay less now, we will pay more later. The partners need to develop a coordinated strategy to sustain the necessary public and private resources to assure that the goals of these efforts are met. Within well-defined legal boundaries, public policy work is both a legal and legitimate activity of private and public foundations.

## Immediate Needs

The statistical analysis and what we learned from our discussions point to many needs that are being inadequately met. We have selected what we believe are the most strategically important ones. The wish lists generated by the key informants in each of the five regions reflect three basic needs: leadership, access, and infrastructure. We represent a summary of these needs in **Figure 2**: three concentric circles-widening ripples that we believe will reshape the systems of services, address these three critical needs, and assure the longest and best possible quality of lives for all:

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

The circles also include the top 10 priorities for an action agenda for the funders, the regional collaboratives, and their supporting partners.

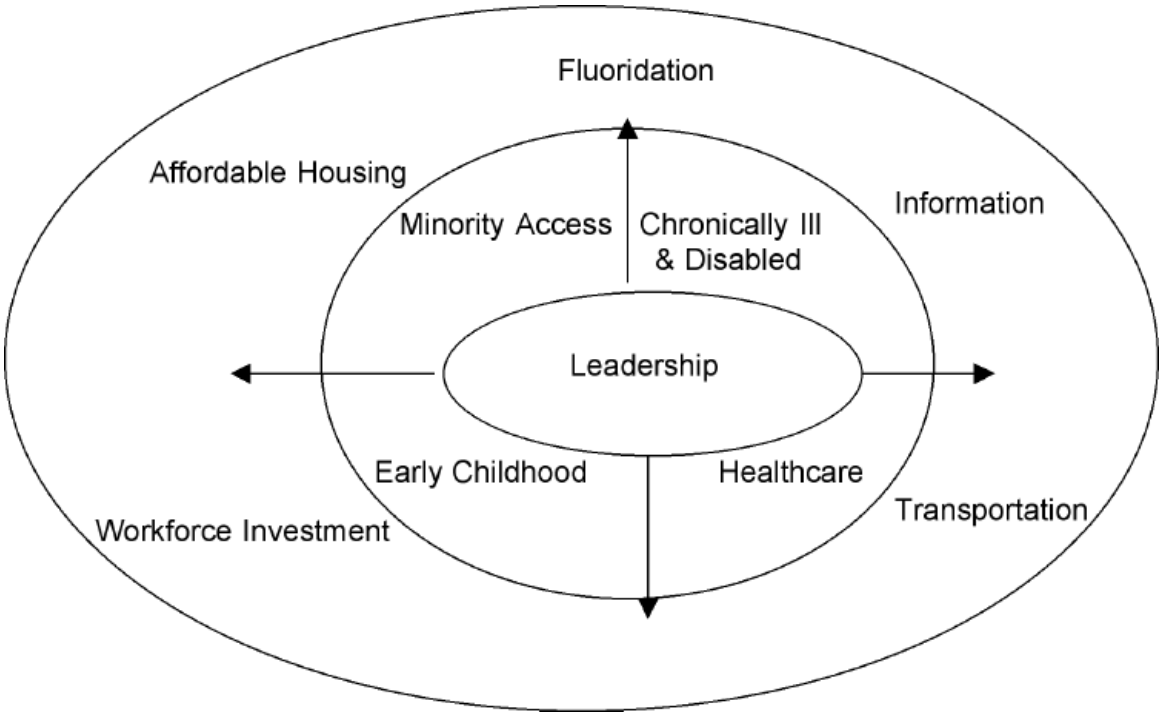
Below, we explain how these needs and priorities intersect, and we offer recommendations for addressing them.

### Leadership

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

- **Community advocacy.** Without community leadership, a shared, data-informed vision, and grassroots support, whatever seeds are sown with the above investments will fall on barren soil. Developing local leadership and energizing grassroots efforts are essential. The real "movers and shakers" of health and social service reform have always been the patients or clients, their families, and those in local communities that care about them. This is particularly true for those with developmental disabilities, mental health and drug and alcohol problems, and chronic conditions. The arts and cultural efforts have always helped to communicate their needs in their most human and persuasive fashion and to create the pride and sense of community that is necessary to address them. *An immediate priority should be to invest in all of these local efforts that promise to bring us closer to a more perfect community.*

**Figure 2. Priority Needs**



- **Management.** By far the most underdeveloped component of the health and social service system infrastructure, however, is management. Consumers, service providers, and funders face a bewildering, fragmented maze. It takes heroic effort to ensure that people get what they need, that providers respond effectively to needs, and that funders do not squander scarce resources. In general, nothing is more necessary and more challenging than the effective harnessing of public, private, and voluntary sector efforts. In Montgomery County, partly as a result of the commonwealth structure of governance, historically independent development of various components of the county, aversion to centralized control, belief in the free market, and, perhaps, its overabundance of resources, it is an even more challenging task. This task is also apparently more difficult in Montgomery County than in the other counties in the Philadelphia metropolitan area. For example:

  – This is the first county-wide comprehensive needs assessment ever completed in Montgomery County. Similar county-wide health needs assessments were completed in its neighboring suburban counties more than a decade ago and have since served as a basis for planning and resource coordination.

  – The conversion of four of the voluntary hospitals that serve the county to for-profit status and the proposed merger and relocation of another from the neediest community in the county to one of the most affluent is unique in the Philadelphia region and poses a special challenge to the conversion foundations responsible for continuing their charitable mission.

It is not only the consumers of services who have problems in figuring how things work; many of the key providers we talked with were often equally bewildered. The regional collaborative organizations represent both a symptom of this problem and a possible promise of its resolution. Many of the key informants we talked with had difficulty clearly explaining the mission and goals of the collaboratives: Are they simply an informal way of meeting to share information and identify resources for addressing the needs of their individual clients or are they a policy-making body with the authority to allocate resources and impose order on the service system? Are they a county initiative or the outgrowth of local service provider efforts? The answers differed by individual and region. Several collaboratives have developed joint coordinated efforts and hired staff and budgets, while others function as ad hoc groups organized around regularly scheduled meetings. The answer lies somewhere between a coherent system and a fragmented one that defends insular prerogatives and studiously avoids addressing the underlying structural problems.

The funders of this project can play a critical role in shaping the evolution of these organizations as role models in terms of their own behavior and in terms of how they choose to support the collaboratives. We see four immediate management priorities:

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

2. *Concentrate the resources on where the need is greatest.* Two municipalities, Norristown and Pottstown, have by far the greatest needs, and several other smaller pockets of need require attention. The partners in the Bucks County Health Improvement Program chose to pool their resources and concentrate them where they were needed the most, in the lower end of the county. An even more convincing case for such concentration could be made in Montgomery County. While hospital conversion foundations face restrictions in the use of their assets beyond the historic service area of the hospital, nothing prevents them from coordinating their efforts with others county wide or in engaging in joint public policy advocacy.

3. *Expand the partnership to include the leadership of all key resources that have a stake in the effective addressing of needs in the county.* The partners in this project should be commended for their leadership in initiating this effort, pooling their resources, and moving away from a piecemeal, fragmented approach. However, it has become clear that the goals and the resulting actions necessary to achieve them far exceed their limited resources. Many other stakeholders will need to come to the table. This includes leadership from private business, the larger health systems, schools and universities, and other research

institutions equally concerned about the future health and quality of life of Montgomery County residents.

4. *Invest in the ongoing maintenance of a management reporting process.* Reports such as this by themselves are lifeless, soon dated, and, at best, relegated to end tables in reception areas. The reporting process needs to be designed by the end users, the partners in the community health improvement effort. An ongoing reporting process, a "leadership dashboard" that lets the end users know whether leaders are moving in the right directions and aids in midcourse corrections, would breathe life into it. Such a reporting process can provide transparency, align goals and objectives with activities, and assist in leadership development and program refinement. The regional collaboratives could be useful vehicles for designing the reporting system, but it should be a county-wide initiative and county government should play a key role.

## Access

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

**Enfranchise 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 Montgomery County is still 84 percent white non-Hispanic, its Asian and Hispanic populations have almost doubled in the last decade. Service providers have lagged in adapting to these demographic shifts. Many of these new immigrants, just as many African Americans do, feel disenfranchised in the county's health and social service system. While rarely expressing their dissatisfaction directly to providers of services, many feel excluded and unwelcome. The research literature suggests that these feeling contribute to disparities in accessing appropriate services. *Our review indicates that the immediate priorities should be to (1) support full compliance for all health and social services providers with Title VI guidelines for services to those with limited English language proficiency; (2) increase minority representation on staffs and governing bodies; and (3) expand activities that create a more inclusive and welcoming atmosphere. Among other things, this means offering more English as a second language courses and providing more scholarships for minorities seeking to prepare for careers in health care or social services.*

**Enhance early childhood services.** The services provided to children and their parents in the first five years of life are a key to breaking the cycle of disadvantage. 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 and preventive and early intervention services. *An immediate priority should be investment in enriching, subsidizing, and expanding high-quality day care and preschool programs for low- and moderate-income families.*

**Expand services for the chronically ill and disabled.** Demographic shifts, accelerated by the growth of senior housing and private assisted living in Montgomery County, are on a collision course with anticipated Medicare and Medicaid cutbacks. Low- and moderate-income families will be most affected by that collision. In particular, the 2006/07 Pennsylvania Department of Public Welfare initiative to relocate patients who no longer require skilled care to community- based living arrangements needs to be closely monitored. *An immediate priority should be to invest in support for these informal care providers who have to adapt to the growing financial constraints on the system.*

**Increase access to health care.** In Montgomery County, low-income persons and those without health insurance are significantly less likely to have a medical home, less likely to receive recommended preventive services and screenings, and more likely to delay seeking care because of the costs. Almost 15 percent of

Montgomery County's adult residents under the age of 65 have no health insurance, and many who do have limited coverage that fails to cover most of their expenses. The proportion of persons without insurance appears to be growing. The uninsured and those with Medicaid coverage report much difficulty obtaining specialty and diagnostic services in Montgomery County, often relying on Philadelphia medical school services that often involve long delays and difficulties in arranging transportation. *An immediate priority should be to invest in facilitating insurance coverage, expanding medical homes, and assuring access to specialty and diagnostic services for the low-income population*.

## Infrastructure

The best health care, educational, and social services in the world are worthless if people lack shelter, live in an environment that undermines whatever help they can receive, do not know about the services, and cannot get to them. For a small but growing segment of the county and its regions, healthcare, education, and social services are irrelevant.

**Affordable housing.** The homeless count in Montgomery County as of January 2005 was 607. The homeless are "housed" in temporary shelters or other precarious temporary arrangements. The lack of sufficient transitional housing that can assist them in overcoming the problems-mental illness, drug and alcohol, domestic abuse, and, increasingly, simply economic circumstances-that led to homelessness traps them at this level. They represent the tip of the iceberg: a growing population is on the verge of homelessness. In 2005, the fair market rent for a two-bedroom apartment in Montgomery County was $947 a month, which, to be affordable, would require an hourly wage of $18 for a 40-hour week. Altogether, 28 percent of home owners and 41 percent of renters in Montgomery County are spending more than 30 percent of their gross income on housing, a benchmark that the federal housing program uses to define affordability. The Housing Choice Voucher Program (formerly the Section 8 Voucher and Certificate Programs) was designed to provide affordable housing to low-wage workers in the private market and avoid the concentration of low-income families in public housing projects. The county has closed the waiting list for such vouchers and anticipates that budget cuts will curtail the overall number of vouchers that are available in the future. Even for those with vouchers, the housing stock that meets the requirements of the program is often unavailable. In a county where transportation is a major problem, low- and moderate-income workers in the county must travel long distances in search of affordable housing. This, in turn, creates a critical problem for employers in recruiting and retaining workers, particularly in health and human services, where the wages for the bulk of the workforce are relatively low. In short, there is an affordable housing crisis in Montgomery County. *The immediate priorities are (1) expanding the capacity of supportive transitional housing programs, and (2) increasing the stock of affordable housing through additional voucher subsidies, development requirements, or voluntary initiatives.*

**Fluoridation.** Fluoridation is an ignored but critical infrastructure investment. As a vivid and concrete example of the costs incurred from the failure to invest in the health of the community as a whole, it has critical symbolic value in the struggle to revitalize a sense of community in Montgomery County. Dental decay is the most common chronic condition. For children, it affects school performance, and for adults, it may limit their employment opportunities. Access to dental care for low- and moderate-income persons is far more restricted than for other health services. It is less likely to be covered under their private health insurance and payment is so restrictive under the Medicaid program that few dentists participate. In many cases, the only hope for receiving care is to travel to the clinics operated by the dental schools in Philadelphia. No investment in health appears to provide a better return. Every dollar investment in fluoridation produces the equivalent benefit in oral health of $38 in direct dental services. Montgomery County lags far behind the nation and state in making such investments. Of the population served by public water systems, 66 percent of the United States and 54 percent of Pennsylvanians receive optimally fluoridated water. In contrast, of the 41 public water systems in Montgomery County, only the Borough of Pottstown's municipal water system fluoridates its water. In other words, about 5 percent of the county's population receives fluoridated water. Ten years ago, California lagged similarly and the California Endowment was able through selective investment to bring the state up to the national average. *The immediate priority is a fluoridation campaign in Montgomery County that will increase the proportion of the population covered by optimally fluoridated water supplies at least to the national average.*

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

**Transportation.** In the last decade, no need assessment study in this county, whether it looked at arts and culture, health services, or social services, has failed to mention transportation as a top concern. In the long term, success in addressing this need can be facilitated by the county's success in implementing its development plan for increasing residential density in the county's urban centers and expanding the use of public transportation. Expansion of inventive programs in the county, such as one for low-income working single mothers who need automobiles and one for hiring recent retirees as subcontractors to transport the frail elderly on a private pay basis, can help alleviate parts of this problem. Over 90 percent of employed residents of Montgomery County commute by automobile. The lack of an automobile is not just a consequence of poverty: it is a barrier to escaping it. Some have proposed tax deductions for automobile ownership for low-income workers to assist them in taking advantage of employment opportunities. Successful privately funded programs such as Vehicles for Change in Washington, DC and Working Wheels in Seattle and Montgomery County help to provide loans and decent cars to poor workers. Family Services of Montgomery County Ways to Work program provides a similar service targeting working single mothers, but the funds provide for only a limited number of loans (less than 20 a year) and the eligibility requirements are restrictive. *The immediate priority is for further expansion of automobile grant and loan programs for Montgomery County's working poor and other programs that expand access to automobile transportation for low-income persons who need them for employment or to assure access to services.*

**Workforce investment.** Montgomery County faces 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, 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 and 47 percent of its licensed practical nurses are over age 50. The combined growth of Montgomery County's elderly population, with its greater care needs, and the aging of its nursing workforce will greatly exacerbate these shortages. The largest current shortages of high-quality staff as reported by the key informants we spoke with, however, are in day care, behavioral health, and personal care attendants. Relatively low wages and the high cost of living increase recruitment difficulties and turnover. These recruitment and retention problems are likely to increase. *The immediate priority is for the further supplementation of loans and scholarships to ease entry for low- and moderate-income students and in ways to support more livable wages in critical health and social service workforce shortage areas.*

These immediate priority needs for leadership, access, and infrastructure in Montgomery County are 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.