



CENTER FOR HUNGER-FREE COMMUNITIES

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A Preliminary Analysis for Ending Hunger in Montgomery County

Prepared by Mariana Chilton, PhD, MPH and Vanesa Karamanian, MD, MPH
Center for Hunger-Free Communities
For the North Penn Community Health Foundation
May 2012



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Executive Summary

Though Montgomery County is listed as the 20th wealthiest county in the United States and has been ranked the 9th Best Place to Raise a Family by Forbes Magazine, it has seen an extraordinary increase in eligibility for food stamps (1). Such an increase suggests that families are struggling to pay for food and other basic needs. Food insecurity, known as the lack of access to enough food for an active and healthy life, is associated with an increase in developmental risk, risk of poor health, and poor school performance (2). Food insecurity is also associated with increased rates of maternal depressive symptoms, exposure to childhood violence, and stress disorders (3-5).

This report provides a preliminary needs assessment regarding food insecurity and hunger for Montgomery County by utilizing multiple data sources, connecting with key stakeholders, and understanding the immediate and long-term needs of low-income families. It describes a variety of measures for food insecurity and food hardship, showing that approximately 16% of children were food insecure in Montgomery County in 2011 (6). For potentially more severe forms of food insecurity, where people cut the size of their meal due to lack of money, the overall rate rose from 5.0% in 2004 to 8.6% in 2010 (7). Increases in this rate were more pronounced in Pottstown and Norristown compared to the North Penn area. Clearly, efforts at protecting vulnerable citizens in the North Penn area have helped to limit the negative effects of the recession.

Stakeholders, including low-income food pantry clients, agreed that some of the top priorities for the county should be increasing access to social services through comprehensive outreach approaches, improving public transportation systems, and rethinking the effectiveness of the emergency food system. Our analysis shows that while there has been an overall increase in food insecurity within Montgomery County, several assistance programs have not yet caught up to meet the needs of their communities. The Center for Hunger-Free Communities has found multiple strengths and challenges that should be considered before launching a widespread hunger-free community effort. While there are clear strengths among non-profit agencies and organizations, some of the major challenges relate to the limited sense of community at the county level, disagreement on the terminology and existence of hunger, and divergent views on the characteristics of solutions to food insecurity and hunger.

The Center recommends that the North Penn Community Health Foundation proceed cautiously with a long-term hunger-free community initiative to ensure effectiveness and sustainability by promoting a public-private partnership. In addition, the Center recommends considering developing a comprehensive data sharing and reporting mechanism on food insecurity and related nutrition assistance programs. This tracking mechanism should be 1) made publically available, 2) updated quarterly and 3) include a systematically distributed annual report. Finally, ending hunger is possible if the Foundation can support and promote a publicly-recognized long-term commitment and can guide the community through the process.

1. Goals and objectives for this report

The North Penn Community Foundation has partnered with the Center for Hunger-Free Communities to investigate the possibility of developing a plan to connect agencies and providers and establish a countywide strategy for developing a multi-year effort to end hunger in Montgomery County. The goal of this report is to provide a preliminary assessment of 1) the social service, public assistance, school nutrition, and elder nutrition landscape in Montgomery County, 2) the experiences and concerns of low-income families, and 3) primary data sources on poverty, food insecurity and public assistance eligibility and participation.

Hunger-free community efforts are underway around the country. Notable examples of countywide, statewide, or community-wide approaches can be found at the Hunger-Free Communities Network website, see <http://www.hungerfreecommunities.org/>. In addition, Share Our Strength has begun to fund state-wide hunger-free efforts, see http://www.strength.org/state_partnerships/. Finally, there are several other inter-agency efforts such as DC Hunger Solutions, see <http://www.dchunger.org/>, and Maryland Hunger Solutions, see <http://www.mdhungersolutions.org/>, that can guide Montgomery County and establish the precedent for a hunger-free community effort.

To proceed with the Montgomery County assessment, we utilized existing federal, state, and county specific data sources to determine a baseline and identify gaps; interviewed and incorporated the insights of key decision-makers and key staff at leading non-profits, public social service agencies, and school nutrition programs; and interviewed and described preliminary common needs and concerns among low-income families in Montgomery County.

2. Food Hardship and Food Insecurity in Montgomery County

Food Hardship. A person is defined as having experienced food hardship if he or she answers yes to the following question: “Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed?”

Measurement. This question is asked frequently and regularly through the Gallup Healthways Wellbeing Index. The Food Research and Action Center (FRAC) regularly monitors this information and releases reports on this large dataset by congressional districts and Metropolitan Statistical Areas (MSA), and most recently, by Senate Agriculture Committee Members’ congressional districts. It is similar to, but not as robust as, the USDA/ERS Household Food Security Survey Module.

Household Food Insecurity. Household Food Insecurity is the lack of access to enough food for an active and healthy life at all times for all household members. This measure is an indication of household risk.

Measurement. The USDA/ERS Household Food Security Survey Module (HFSSM) is integrated into the Current Population Survey of the Economic Research Service (ERS). This measurement was developed in the mid-1990s by the ERS and was based on qualitative research studies conducted by Cornell University. It has been tested for reliability in multiple settings among multiple groups worldwide, and is considered the gold standard in the United States (8). Each year, the USDA releases national and statewide data based on this measurement. Researchers working with specific populations also investigate the impact of food insecurity on health outcomes such as low birth weight, child development, anemia, suicidal ideation, social isolation, depression, diabetes, and obesity. The measure consists of an 18-question scale, known as a Rasche model, that measures the severity and depth of food insecurity as the survey progresses. The Center for Hunger-Free Communities utilizes the HFSSM survey instrument to inform and report research findings related to the Children’s HealthWatch study, including the recent development of a 2-item screen to assess clinical and surveillance data (9).

According to the USDA, food insecurity rates for 2010 were: 14% of the total U.S. population, 21% of all children, and 25% of young children under the age of six (10). When comparing primary national data sets, it is best to rely on the USDA/ERS HFSSM database. However, drilling down to the county or neighborhood-level with the 18-point scale is difficult.

Map the Meal Gap. An alternative measure to the USDA/ERS HFSSM called “Map the Meal Gap” is provided by Feeding America, see <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>. This food insecurity measurement is modeled on a calculation of a combination of factors including rates of unemployment, poverty, median income, and race/ethnicity.

Community Health Data Base (CHDB). Another measure that may come close to food insecurity is the CHDB by the **Public Health Management Corporation (PHMC)**. Even though questions have changed over the past 5 surveys, one question remained constant. It inquires about cutting the size of meals due to cost, a question taken from the HFSSM that gauges a severe form of food insecurity. Thus, while this is an estimate of potentially severe food hardship/food insecurity, it should be considered a very conservative, and potentially an underestimate of the true magnitude of food insecurity in Montgomery County. Our research shows that even the mildest form of food insecurity, as measured by the first two questions of the HFSSM, has a strong negative impact on the health and wellbeing of young children and their caregivers (11). In addition, we have demonstrated that “marginal household food insecurity” is associated with poor health outcomes in the general U.S. population (12). Thus, the “cut a

meal” question does not portray the breadth of food insecurity in the region, but it does help providing a hint of potential and significant food hardship.

In addition, the estimates are based on a household survey, and thus might be inaccurate, or lack specificity. For instance, the CHDB calculates the Montgomery county population to be 200,000 people less than the 2010 U.S. Census. Finally, some of these questions are taken out of context, and are rolled into a much larger survey that has not yet been validated.

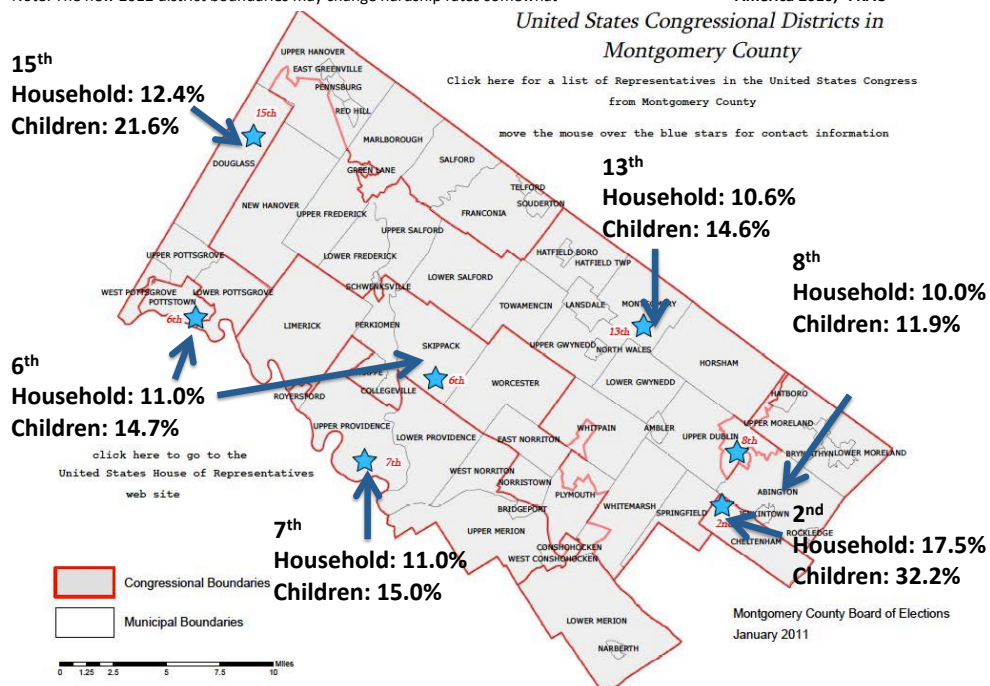
Characteristics of Montgomery County

Food Hardship: Gallup’s ongoing survey on food hardship by congressional districts, as reported by FRAC, shows that the congressional districts in Montgomery County (6th, 7th and 13th) have rates of food hardship that range from 14.6% to 15% among families with children (13). As it is across the country, there is no congressional district that does not report some form of food hardship. As with any geographically-driven data set, the way boundaries are drawn can be arbitrary—they can hide the true rates in a small community or they can overestimate rates. Congressional district #2, for instance, has rates of food hardship for children at 32.2%, but only a small portion of the district lies within Montgomery County (13). This is important to be considered when developing a “county” wide plan, in that the boundaries upon which a county are drawn can be arbitrary or misleading. See Figure 1.

Fig. 1. Current Montgomery County Congressional Districts and Food Hardship Rates 2008-10

Note: All districts also spread into other counties having a strong effect on hardship rates
 Note: The new 2012 district boundaries may change hardship rates somewhat

Data from “Food Hardship in America 2010,” FRAC



Map the Meal Gap. Measures calculated for Montgomery County in 2011 show a food

insecurity rate of 9.8%, of which 16% are families with children. This means that over 28,700 children are at risk for health problems and poor school performance due to food insecurity throughout Montgomery County. In addition, approximately 66% of food insecure children might not be eligible for SNAP benefits. It is important to notice that these estimates are the result of a calculation model based on unemployment rates and a mix of other geographically-related factors. Thus, the rates are an estimate modeled on Census related data, and not individual or household characteristics. See Figure 2.

Fig. 2. Child Food Insecurity Rates from Feeding America’s Map the Meal Gap

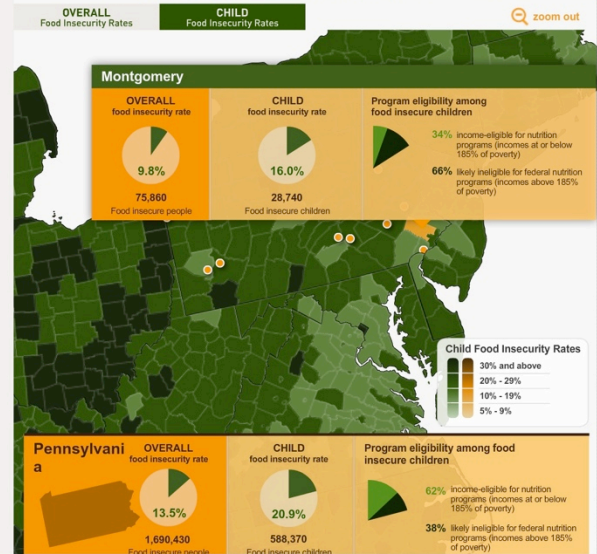
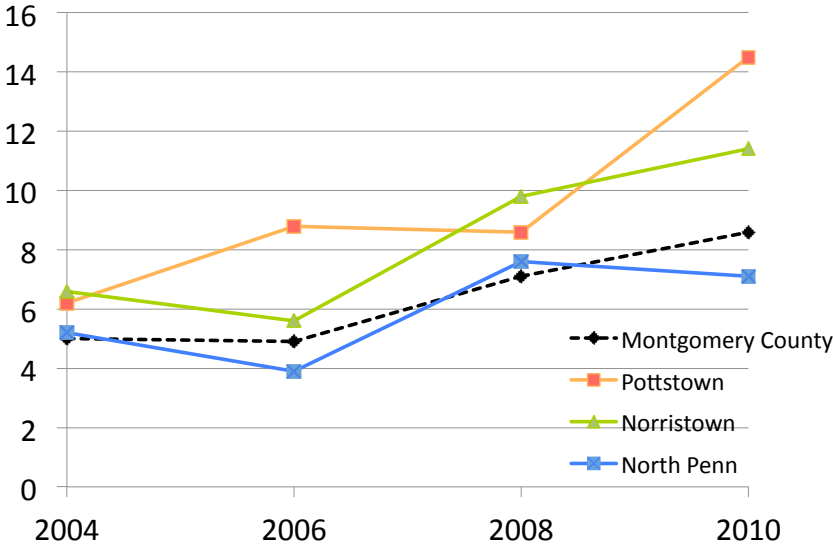


Fig. 3. Percentage of individuals that cut the size of meal due to cost by geographic area zip codes



Source: Source: Public Health Management Corporation's Community Health Data Base (2004, 2006, 2008, 2010) Southeastern Pennsylvania Household Health Survey

“Cut meal” due to lack of money. Since 2004, there has been a significant increase in the prevalence of people who cut meals. In 2010, 8.6% of Montgomery County’s population reported that they had cut a meal. Disparities within the county between communities can be found when comparing Pottstown, Norristown and North Penn. See Figure 3 and Table 1. Specifically, there was a significant increase in Pottstown and Norristown areas, compared to the steady increase in the North

Penn. Clearly, efforts at protecting vulnerable citizens in the North Penn area are minimizing the effects of the recession.

Table 1. Montgomery County projected number and percentage of individuals that cut the size of meals due to cost by geographic area for 2004, 2006, 2008, 2010

		2004		2006		2008		2010	
MONTGOMERY COUNTY		N	%	N	%	N	%	N	%
Total Projected Population		584,333		597,766		602,869		604,443	
	Total	29,285	5.0%	29,216	4.9%	42,920	7.1%	51,894	8.6%
Age	18-39	13,553	6.8%	12,167	6.3%	17,769	9.8%	22,281	12.3%
	40-59	13,295	5.6%	15,263	6.2%	21,102	8.1%	22,360	8.8%
	60 and over	2,436	1.6%	1,785	1.1%	4,048	2.5%	7,253	4.3%
Race/Ethnicity	White	23,094	4.7%	23,642	4.7%	32,136	6.4%	33,572	6.7%
	Black	4,609	11.2%	2,886	6.3%	3,932	8.2%	12,130	24.7%
	Latino	291	2.4%	1,799	5.7%	4,795	24.5%	1,624	12.7%
	Asian	321	1.3%	0	0.0%	511	2.9%	1,755	8.0%
	Other	916	16.6%	887	12.7%	0	0.0%	2,477	25.7%
POTTSTOWN									
Total Projected Population		76,397		78,864		80,145		89,146	
	Total	4,753	6.2%	6,961	8.8%	6,907	8.6%	12,917	14.5%
Age	18-39	2,489	8.6%	2,765	9.1%	2,285	8.5%	7,806	24.3%
	40-59	2,263	7.0%	3,785	11.0%	3,320	9.8%	3,973	11.1%
	60 and over	0	0.0%	410	2.9%	1,301	6.7%	1,136	5.3%
Race/Ethnicity	White	3,957	6.0%	5,606	8.1%	5,305	7.7%	8,302	11.3%
	Black	424	6.7%	646	16.7%	735	12.2%	2,935	48.1%
	Latino	241	12.4%	232	6.3%	227	16.6%	336	17.1%
	Asian	0	0.0%	0	0.0%	255	14.7%	0	0.0%
	Other	79	16.0%	476	37.5%	0	0.0%	1,008	45.1%
NORRISTOWN									
Total Projected Population		124,038		132,953		124,773		125,021	
	Total	8,222	6.6%	7,445	5.6%	12,246	9.8%	14,232	11.4%
Age	18-39	5,129	10.8%	3,413	7.4%	5,772	15.7%	4,729	12.9%
	40-59	2,154	4.5%	3,501	7.0%	5,604	10.4%	5,863	11.1%
	60 and over	938	3.2%	530	1.5%	869	2.5%	3,639	10.3%
Race/Ethnicity	White	5,731	5.7%	4,633	4.6%	6,423	6.7%	7,698	8.1%
	Black	2,121	19.3%	1,562	10.3%	1,959	12.7%	5,306	31.1%
	Latino	0	0.0%	1,249	9.7%	2,995	49.4%	582	13.1%
	Asian	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	369	34.3%	0	0.0%	0	0.0%	646	32.1%
NORTH PENN									
Total Projected Population		110,264		112,719		111,561		109,146	
	Total	5,689	5.2%	4,362	3.9%	8,528	7.6%	7,730	7.1%
Age	18-39	1,894	5.4%	960	2.5%	4,710	11.3%	3,426	9.6%
	40-59	3,530	7.2%	3,066	6.8%	3,077	6.7%	3,906	9.3%
	60 and over	264	1.0%	335	1.2%	739	3.1%	397	1.3%
Race/Ethnicity	White	4,581	4.7%	4,062	4.1%	7,775	8.2%	5,974	6.3%
	Black	792	21.1%	0	0.0%	123	2.7%	0	0.0%
	Latino	0	0.0%	0	0.0%	629	12.2%	0	0.0%
	Asian	0	0.0%	0	0.0%	0	0.0%	1,755	22.1%
	Other	315	46.6%	299	47.2%	0	0.0%	0	0.0%

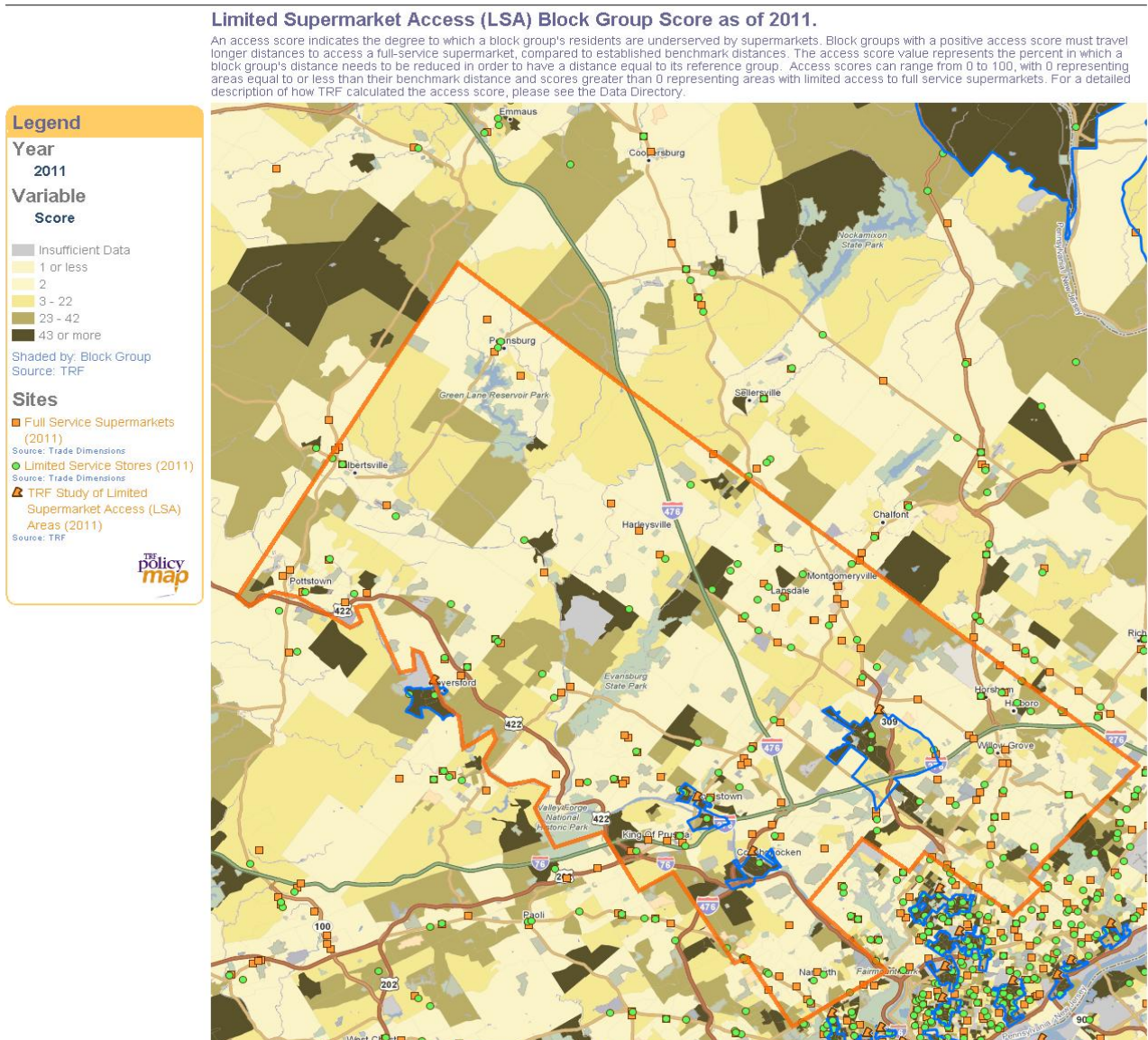
Source: Public Health Management Corporation's Community Health Data Base (2004, 2006, 2008 or 2010) Southeastern Pennsylvania Household Health Survey

3. Food and Nutrition Access

3.a. Grocery Stores and Supermarkets

Grocery stores and supermarkets account for the majority of food purchased. The Reinvestment Fund (TRF) has identified some areas of Montgomery County as having limited supermarket access. Based on a scoring technique on distance travelled to the supermarket and other demographic factors, TRF identified locales in Harleysville, Schwenksville, Norristown, and Conshohocken as areas that may benefit from higher quality grocery stores or supermarkets. See Figure 4.

Fig. 4. Limited Supermarket Access, TRF PolicyMap



According to PHMC's CHDB, there has been a mild increase in the rate of people who are dissatisfied with the quality of groceries in their neighborhoods. People in Pottstown and Norristown were more than twice as likely to report dissatisfaction with groceries than people in the North Penn area. In addition, there are differences among racial and ethnic groups who identify their neighborhoods as having poor quality groceries. According to the CHDB, White individuals are less likely to report dissatisfaction with groceries compared to Black, Latino, or Asian groups. See Tables 2 and 3.

Table 2. Montgomery County projected number and percentage of individuals with fair/poor quality of groceries in neighborhood

		2008		2010	
		N	%	N	%
Total Projected Population		598,897		599,170	
	Total	40,074	6.7%	38,750	6.5%
Age	18-39	16,877	9.4%	19,778	11.0%
	40-59	17,912	6.9%	11,614	4.6%
	60 and over	5,283	3.3%	7,356	4.4%
Race/Ethnicity	White	25,887	5.2%	22,965	4.6%
	Black	7,185	15.3%	9,004	18.6%
	Latino	4,403	22.5%	1,711	13.8%
	Asian	1,473	8.3%	2,094	9.7%
	Other	255	4.6%	1,990	20.6%

Source: Public Health Management Corporation's Community Health Data Base 2010 Southeastern Pennsylvania Household Health Survey

Table 3. Montgomery County projected number and percentage of individuals with fair/poor quality of groceries in neighborhood by geographic area, 2010

		Pottstown (19464, 19468, 19426, 19453, 19460)		Norristown (19403, 19406, 19087, 19405, 19401, 19422, 19462, 19428, 19444)		North Penn (18969, 18964, 19438, 19440, 18915, 19446, 19454, 19436)	
		N	%	N	%	N	%
Total Projected Population		89,007		122,902		108,749	
	Total	7,846	8.8%	12,084	9.8%	4,357	4.0%
Age	18-39	5,114	15.9%	6,274	17.4%	1,081	3.0%
	40-59	1,966	5.5%	4,028	7.7%	1,135	2.7%
	60 and over	764	3.6%	1,781	5.1%	2,140	6.9%
Race/Ethnicity	White	5,105	6.9%	4,957	5.3%	4,021	4.3%
	Black	1,313	21.5%	4,989	29.9%	0	0.0%
	Latino	531	27.1%	499	12.4%	0	0.0%
	Asian	0	0.0%	766	13.3%	336	4.2%
	Other	895	40.1%	646	32.1%	0	0.0%

Source: Public Health Management Corporation's Community Health Data Base 2010. Southeastern Pennsylvania Household Health Survey

3.b. Nutrition Assistance Participation

Federal nutrition and income support programs are the first line of defense against food hardship and insecurity. In 2011, Montgomery County experienced an 18% increase in the number of families using SNAP benefits compared to October 2010, representing approximately 47,900 people who are currently enrolled in SNAP. There has been a 107% increase of SNAP families during the last three years. Some of these changes are explained by population growth and shifts in demographics. While middle and upper-middle class communities are predominant in Montgomery County, families and children who experience food insecurity often go unrecognized. In addition, misperceptions and lack of poverty awareness may cause social service and emergency food providers to miscalculate the true needs of their clients' communities (14).

It is important to remember that public assistance programs can have a very positive impact on the health and wellbeing of low-income families and their children (15-18).

Supplemental Nutrition Assistance Program (SNAP) – formerly food stamps – is a federally-funded program run by state's Department of Public Welfare that provides approximately \$6,483,939 in food assistance to 23,623 households *per month* in Montgomery County. Every dollar of SNAP benefits gets spent, generating \$1.73 in economic activity (19). This accounts for approximately \$11,217,214 per month, or approximately \$134,600,000 per year, in economic activity within Montgomery County.

WIC – Participation in the Special Supplemental Nutrition Program for Women, Infants, and Children is seen in Table 3.5

Table 3.5 WIC Participation in Montgomery County

	Norristown	Pottstown	Abington	Lansdale
Participants	3,744	1,886	1,544	1,699
Participation type				
Pregnant	307	189	124	124
Infant	885	518	445	429
Postpartum	293	191	120	113
Children	2,061	1,076	907	924
Breastfeeding	174	80	109	112
Race/Ethnicity*				
Hispanic	1,677	219	196	297
Black	1,039	466	577	179
White	2,448	1,365	913	1,150

*The total number of race/ethnicity will be higher if participant self-identified as bi-racial, the name will appear on two or more of these categories.

Source: Maternal and Family Health Services, Montgomery County, PA

School Breakfast and Lunch -- Montgomery County has 23 school districts. According to the Pennsylvania Department of Education, 109,870 students were attending schools by October 2011, of which 22,827 were enrolled in free or reduced-priced lunch programs (21% of total students). During the last decade, low-income families have been growing in Pottstown and Norristown. Consequently, Norristown and Pottstown school district have the highest rates of student enrolled in free or reduced-price lunch with 70.4% and 67.1% respectively. The North Penn area has 15% of children participating in free or reduced-price lunch.

One of the most important initiatives to treat and prevent child hunger is to ensure that schools are providing school breakfast to children who are participating in free or reduced-price lunch. The ratio of school breakfast to lunch participation is often an indicator of how well a school is meeting the needs of their students. Table 4 shows an extremely low SLP/SBP ratio for 2007. Thus, improving ratios to at least 80% by ensuring that those on lunch are also receiving breakfast would be extremely beneficial. In addition, it will be important to have access to the updated ratio data from the PA Department of Education. Given that there are disparities among schools within the same district, it is necessary to request a breakdown of data by

Table 4. Montgomery County data report on school lunch programs by school district, 2011

School District	Enrollment	Free Eligible	Reduced Eligible	% Free Enrollment	% Reduced Enrollment	% Free/Reduced Enrollment	SLP/SBP Ratio, 2007*
Abington	7,463	1,128	342	15.11	4.58	19.70	5.80
Boyertown Area	6,722	915	344	13.61	5.12	18.73	n/a
Cheltenham Township	2,997	511	148	17.05	4.94	21.99	0.00
Colonial	4,638	581	119	12.53	2.57	15.09	9.89
Hatboro-Horsham	5,173	512	214	9.90	4.14	14.03	7.18
Jenkintown	621	67	5	10.79	0.81	11.59	n/a
Lower Merion	7,347	441	145	6.00	1.97	7.98	8.62
Lower Moreland	1,434	51	18	3.56	1.26	4.81	0.00
Methacton	5,159	284	118	5.50	2.29	7.79	3.34
Norristown Area	6,992	4,454	472	63.70	6.75	70.45	22.35
North Penn Area	13,821	2,070	576	14.98	4.17	19.14	16.42
Perkiomen Valley	5,919	489	207	8.26	3.50	11.76	11.76
Pottsgrove	3,336	849	200	25.45	6.00	31.44	0.00
Pottstown	3,046	1,865	180	61.23	5.91	67.14	26.67
Souderton	6,684	718	208	10.74	3.11	13.85	4.83
Spring-Ford Area	7,676	635	218	8.27	2.84	11.11	0.00
Springfield Township	2,197	188	62	8.56	2.82	11.38	0.00
Upper Dublin	4,268	307	134	7.19	3.14	10.33	6.37
Upper Merion Area	3,897	752	189	19.30	4.85	24.15	4.95
Upper Moreland Township	3,009	531	197	17.65	6.55	24.19	12.35
Upper Perkiomen	3,044	484	251	15.90	8.25	24.15	11.15
Wissahickon	4,427	560	88	12.65	1.99	14.64	0.71
Total	109,870	18,392	4,435	16.72	3.98	20.70	

Pennsylvania Department of Education, 2011

*Pennsylvania Hunger Action Center, 2007

school. To illustrate this point, we draw attention to Mattison Avenue Elementary School located within the Wissahickon school district (see Table 5). This school has a free and reduced-price lunch enrollment rate close to 50%, meaning the school is likely eligible to participate in after-school and summer meal programs.

Table 5. Wissahickon School District Free and Reduced-price Lunch Participation, 201:

School name	Total Students	Students on free/reduced SLP	% free/reduced enrollment
Blue Bell Elementary School	414	52	13
Lower Gwynedd Elementary School	475	58	12
Mattison Avenue Elementary School	169	82	49
Shady Grove Elementary School	481	111	23
Shady Grove Elementary School	372	25	7
Wissahickon Middle School	1040	149	14
Wissahickon High School	1445	198	14
Total	4396	675	15

Information provided by Wissahickon School District.

Table 6. Montgomery County Summer Feeding Programs

Summer Food Service Programs

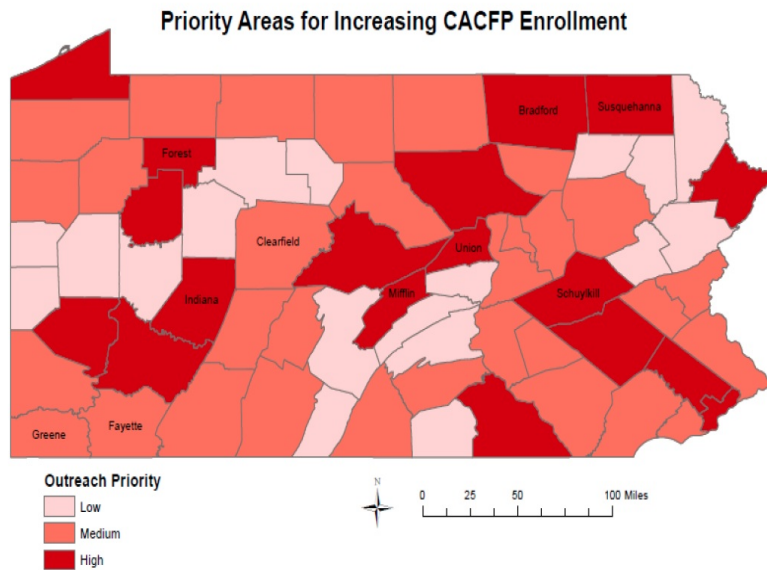
Summer breakfast and lunch programs are not usually provided by school districts with free or reduced-price lunch enrollment rates lower than 50%. Table 6 shows the current programs that are providing summer meals in Montgomery County. According to the Archdiocese of Philadelphia's Nutritional Development Services, there has been more interest recently in the North Penn area to start summer feeding programs.

Organization	City	Meal provided
Penn Christian Academy**	East Norriton	L, S
Carson Simpson Farm	Hatboro	B, L, D
College Settlement of Phila	Horsham	B, L, D
Salem Baptist Church	Jenkintown	L
Central Montgomery MHMR Center- FLECS Program**	Norristown	B, L
DeKalb Day School	Norristown	B, L, S
ACLAMO**	Norristown	L
New Life Christian day care	Norristown	B, L
Elmwood Park - PAL center	Norristown	L
The George Washington Carver Community Ctr.	Norristown	L, S
Patrician Society Summer-Camp	Norristown	L
Siloam Baptist Church	Norristown	D
New Life Child and Family Development Ctr.	Norristown	L, S
Grace Lutheran Church-Camp Grace	Norristown	B, L
YMCA Strong @ Roosevelt School**	Norristown	L, S
Creative Health	Pottstown	B, L
Franklin*	Pottstown	n/a
Lincoln*	Pottstown	n/a
Middle School*	Pottstown	n/a
Ricketts*	Pottstown	n/a
Rupert*	Pottstown	n/a
YMCA Lower Pottstown	Pottstown	B, S
Tenants Organization of Park Spring Apts	Spring City	L
Wee R the world early learning center	Willow Grove	B, L

*Summer camps funded by Pottstown County Department of Parks and Recreation.
 **Organizations participating in "at-risk" programs. B, breakfast; L, lunch; S, snack; D, dinner--all year long.

CACFP – The Child and Adult Care Food Program (CACFP) is designed to support young children in childcare, along with the elderly in day care homes and homeless families living in shelters. While CACFP participation rates are relatively low in childcare centers across the state, Montgomery County has some of the very lowest participation rates. Montgomery County should be considered a top-priority county to enhance and improve enrollment rates in the CACFP. See Figure 5.

Fig. 5. Source: Improving Nutrition in Pennsylvania’s Childcare Centers. Expanding participation in the Child and Adult Care Food Program (CACFP), 2012. Unpublished report by Rachel Cahill, Center for Hunger-Free Communities

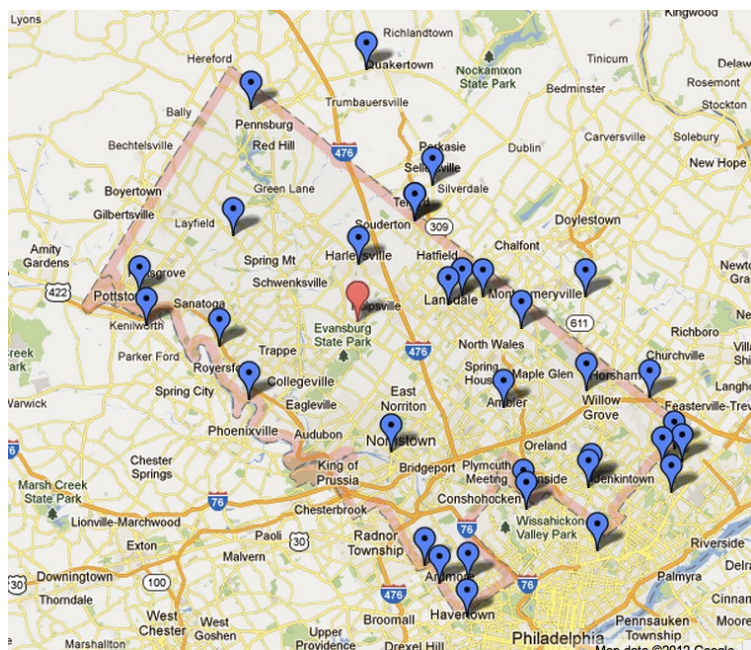


Based on this analysis, there are 18 Pennsylvania counties that should be targeted for CACFP outreach, including Allegheny, Berks, Bradford, Centre, Clarion, Erie, Forest, Indiana, Lycoming, Mifflin, Montgomery, Philadelphia, Pike, Schuylkill, Susquehanna, Union, Westmoreland, and York counties.

Congregate Meals for Elders, CSFP, and Meals on Wheels

Coverage of programs such as Meals on Wheels and the Commodity Supplemental Food Program (CSFP) was depicted as comprehensive throughout the county. See Fig 5 for geographic reach of Adult Daily Living Centers. There have been efforts to improve the quality of food provided in congregate meal sites in Montgomery County, and there is a need to provide shuttles and transportation for meal sites, and for grocery shopping. Given the increase in drug trafficking and violent areas, there are commonly cited concerns regarding safety and wellbeing of elders in Norristown.

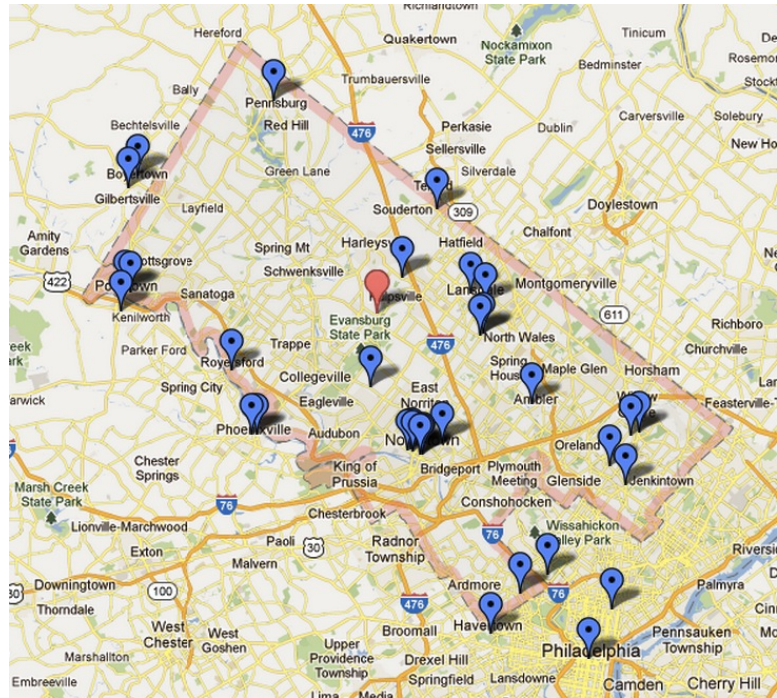
Fig. 6. Map of Adult Daily Living Centers in 2-1-1



3.c. Emergency Food

There is no substantial evidence that emergency food access improves or promotes health and wellbeing, or reduces food insecurity. Indeed, participation in emergency food programs is an indicator itself for food insecurity and thus any type of measure indicates limited access to resources to buy food. Given that the rates of food insecurity are increasing, there is a need for regular, consistent schedules (days and hours) at food cupboards and pantries. See Figure 7 for geographic locations of food cupboards as listed in 2-1-1. See below for our ethnographic assessment of three pantries.

Fig. 7. Map of Food Cupboards/Emergency Food as Listed in 2-1-1



4. Social Services

4.a. Programs Available through the PA Department of Welfare

The public welfare system is a network of services and programs that provide assistance to eligible residents of Montgomery County who are experiencing economic hardship. This complex system includes organizations and agencies that assist with access to food, health, housing, behavioral health, domestic violence, and day care programs.

Temporary Assistance for Needy Families (TANF) provides minimal monetary support to families and access to workforce development and training. TANF funds may sometimes assist

Table 7. March 2012: Number of Adults and Children Eligible for Assistance, by County

County	Medical Assistance	Temporary Assistance for Needy Families (TANF)	General Assistance	SNAP (formerly Food Stamps)
STATE TOTAL	2,201,116	213,336	69,075	1,835,816
Montgomery	70,218	3,602	1,425	50,290
Bucks	56,292	2,447	1,059	38,836
Chester	37,179	2,046	764	25,437
Delaware	85,979	7,507	1,794	66,822
Philadelphia	521,678	98,245	34,948	474,192

with other basic needs such as transportation and business attire. As of March 2012, there were 3,602 individuals enrolled in this program in Montgomery County.

The **General Assistance (GA) program** provides monetary support for single adults and childless married couples who are unable to work due to disability, domestic violence, drug/alcohol rehabilitation, or other approved status. According to the Pennsylvania Department of Public Welfare, 1,459 individuals in Montgomery County were enrolled in this program. It is important to note that GA recipients are poised to lose access to these benefits within the next several months due to steep cuts in the state budget. This will lead to a significant increase in homelessness, emergency room visits, and need for behavioral health services. For more information on the Governor's proposal to cut General Assistance, please see the Community Legal Services, Inc. website, <http://clsphila.wordpress.com/2012/02/07/eliminating-general-assistance-is-morally-and-economically-wrong/>.

4.b. Housing Programs

There are twenty-three agencies and organizations that provide housing-related assistance in Montgomery County. These programs provide support to individuals related to rent and mortgage assistance, emergency shelter and counseling, or for transition to permanent residence. The North Penn Community Health Foundation and others support a number of housing programs. While there have been countywide efforts to reduce homelessness and housing insecurity, our stakeholder interviews did not reflect a unified vision on improving the network of safe and affordable housing programs. Tension between housing-first efforts and agencies that provide emergency shelter is evident.

4.c. Associated Programs

In any countywide effort, including the agencies and organizations that attend to behavioral health, domestic violence, elder care, and childcare is important. The Center for Hunger-Free Communities focused on the previously mentioned programs, but found that, according to 211-SEPA database, there are sixteen agencies/organizations offering supports to victims of domestic violence. In addition, senior programs have been growing during the last several years with approximately thirty-three agencies and organizations serving Montgomery County. These programs assist low-income families and adults, and provide a range of services including care management, in-home services, meals-on-wheels, information and referral, adult living centers, and comprehensive assessment of senior residents needs.

5. Point of view from people receiving emergency food

Our team visited three pantries (Beth Shalom, Elkins Park; Catholic Social Services, Norristown, and Keystone Opportunity Center, Souderton) to learn more about the flow, challenges, and environment in the Montgomery County emergency food system. These visits also led to interviews with food pantry participants in order to understand their experiences and needs.

Locale and Feel of Food Pantries.

Beth Shalom Pantry is very small and located in the back of Beth Shalom Congregation Synagogue. The entrance is across from a large dumpster in basement-like area that was formerly a men's locker room. It is open on Wednesdays from 1:00 – 3:00pm and is funded by CADCOM (\$5,000), Beth Shalom Congregation Synagogue (\$5,000), the Mitzvah Food Project, and receives food donations from Trader Joe's and Pennypack Farm. The Synagogue also grows food in a community garden during the summer. Pantry recipients usually have little or no waiting time. The vast majority of clients are from Philadelphia with approximately 20% of clients coming from Montgomery County.

The day we visited the pantry, we met 6 volunteers, all women, who actively participate in the Synagogue. They serve between 45-65 households per week. The pantry offers bags with a variety of food (e.g. pasta, almonds, oatmeal, tomato sauce, and canned vegetables). They also offer produce and bread when available. In addition to the walk-in service, the organization distributes bags with kosher food and a \$5 ShopRite gift card to individuals that are not able to visit the pantry during the week. Unused produce and bread are usually donated at the end of the day to a pantry in the area with refrigeration capability. No social services information was available and no food stamp hotline number was provided to the clientele.

Catholic Social Services is located on the first floor of the Catholic Social Services Center building and shares a parking lot with Our Lady of Victory Regional School. The pantry is open on Mondays and Thursdays from 9:00 – 11:00am and Thursdays from 5:00 – 6:30pm. Clients must stand in line in a narrow hallway that is usually full during the morning hours. According to providers, clients stand in line outside the entrance (where the school parking lot/recreation area is located) when the pantry gets over-crowded. Thus the children, school officials, and teachers are able to see who needs assistance from the pantry. This location is close to a bus stop where buses run twice an hour.

The pantry receives food from The Emergency Food Assistance Program (TEFAP), the State Food Purchase Program (SFPP), private donations (1/3 of the pantry), church donations, and Boy Scout donations. The pantry serves 450 people per month, ranging from 18-60 years of age. Seniors represent the largest increase in their population, and they now serve up to 200 seniors

per month. Clients must provide proof of residency, but are not required to show proof of income. Homeless individuals (and those who cannot prove residency) are only allowed to get donated food that is not supplied by the federal or state government (i.e. TEFAP or SFPP). Given that the federal and state governments are primary supporters of the pantry, these clients are allowed to get just one bag of food per month.

The pantry has refrigeration capability and is able to stock and offer produce on a regular basis. During our visit, bags contained a variety of food including cereals with sugar, meat, bread, two cans of vegetables, and one can of fruit. CADCOM and Visiting Nurses Association provide outreach flyers within the pantry as well as nutrition education once per quarter.

The program manager and volunteers have been working at the pantry for approximately 15 years. There were a total of 4 volunteers, all of whom are currently retired. The manager is hoping to modify the pantry to a “choice pantry” but the volunteers are not supportive of this effort.

Keystone Opportunity Center (KOC) is located on a busy street with access through a parking lot in the rear section of the building. In addition to emergency food, KOC provides caseworker services, English as a Second Language (ESL) classes, and family literacy services. However, those that regularly participate in these activities usually differ from the pantry clientele.

The pantry was well organized and received food from Montgomery County, Bucks County, private donations, and community food drives. They have refrigeration capability with 5 fridges and 1 freezer. The pantry has been open for 15-20 years and has approximately 30 volunteers that rotate during the week. The pantry is open on Tuesdays, Wednesdays and Thursdays from 10:00am – 2:00pm and Thursday evening from 5:00 – 7:00pm. To qualify for food pantry services, applicants must be a resident of the Souderton School District area. First time visitors are required to provide a valid photo ID, proof of residency (such as a driver’s license or current utility bill), and proof of income (such as paycheck stub, SSI or disability statement) in order to receive food from the pantry once a month. Food was available in pre-packed bags which included frozen and canned meats, canned vegetables and fruits, soup, cereal, pasta and sauce. Participants also have the option to choose from items that rotate throughout the month (i.e. choice pantry). Pre-packed products account for two-thirds of food distributed (2 bags) while choice products account for the other one-third of food.

Bucks County requires pantries to provide SNAP outreach and to track the number of pantry clients that also receive SNAP or WIC. This information is collected by checking a box on the client’s Buck’s County form. The Montgomery County form also requests information on SNAP status, and follow-up occurs if an individual indicates they would like to be contacted for assistance with their SNAP application. If a client is in an emergency situation, the pantry is

authorized to provide food more than once a month. If a client needs special food, such as gluten-free, the pantry will notify them as soon as appropriate items are in stock. Recipes and meal-tasting events related to pantry products are also offered during certain hours. The pantry offers nutrition education classes but participation has been extremely low.

The pantry also promotes an initiative funded by Philabundance that provides free, fresh produce every Tuesday from 1:00 - 2:00pm at the Grace Bible Church parking lot in Souderton.

Food Pantry Clients

A total of 12 individuals were interviewed ranging in age from their mid-20s to senior citizens. Participant characteristics are: immigrant (n=8), female (n=8) and had children (n=5). We spoke with 5 people that self-identified as Hispanic/Latino, 5 as White/Caucasian, and 2 as Black/African American. We asked participants about their experiences regarding food insecurity, employment, health, transportation, housing, and children.

Major themes from in-person interviews

Shame. Participants were grateful to receive food but many described feeling embarrassed or ashamed about their need to visit pantries for food. An elder couple felt so ashamed that they said they usually go to the pantry very quickly because they cannot stand visiting it. This quick engagement and lack of eye contact with volunteers was noted at all three food cupboards. Other participants said they had to overcome their experience of embarrassment, because when times were hard, they had no other choice but to overcome it.

Transportation. Limited public transportation to access food pantries was the most frequently cited barrier. One woman said she had to coordinate her pantry visit with other families in the neighborhood so they can drive together or share a friend's car. Another woman said she could not find accessible transportation so she must borrow her son's car for 2 hours while he is working. She also mentioned that one of her friends does not have a car either so she picks her up to drive together to the pantry once a week.

Employment. Unemployment, part-time jobs, and insufficient retirement funds were the most common reasons that individuals needed to rely on food pantries. Another common theme, especially among the immigrant population, was the negative impact that limited English proficiency has when applying for jobs. Spanish speakers were interested in taking ESL classes, but they were not aware of any such classes available. Two women said they used to work as housekeepers in a hotel but were fired when the company policies changed regarding undocumented immigrants. Two disabled participants said it

has been difficult to find or keep employment. Both of them applied to receive disability benefits and both of their applications were rejected. Each of the participants who were unemployed at the time of the interview expressed enthusiasm for finding a job. This suggests that improving employment opportunities by promoting workforce development, job placement assistance, training and education, as well as providing legal and other help to undocumented and disabled individuals must be considered as part of a long-term approach to reducing food insecurity.

Public Assistance. Among those we interviewed, there did not appear to be any obvious trends related to participation in public assistance programs. One participant was receiving Medicaid, TANF, SNAP and LIHEAP benefits at the time of the interview. She reported waiting as long as 6 months to receive benefits, so by the time her application was accepted her financial situation had changed. Thus, she had to reallocate her meager TANF benefits for housing and start visiting the pantry for food. Another participant said he feels embarrassed about applying for SNAP benefits so relies on food pantries instead. One father said that he applied for WIC but was turned down because he does not have custody for his daughter and her mother seems unwilling or incapable of asking for help. Several clients explained that their kids were not receiving school lunch or breakfast, nor did they have any knowledge of summer feeding programs. There seemed to be a lack of general information about federal and state benefit application processes, potential benefit amounts, office locations, and other available resources. This suggests that education and outreach programs might provide low-income families with the necessary information, access to computers for online applications through COMPASS, and motivation to apply for and receive various forms of public assistance.

Health Care. Health coverage concerns were a common theme among *all* participants. One immigrant woman said she does not have a job and does not qualify for health insurance. She went on a payment plan to pay off the \$1,500 she owes to a local health clinic. Many immigrants are undocumented but have children who are citizens and eligible to participate in the Children's Health Insurance Program (CHIP). Unfortunately, children from low-income families that participated in our community assessment were not enrolled in CHIP. One woman said she was not aware that insurance for her children was available.

Another barrier identified by the participants was affordability of medications and physicians visits. One couple said that they have been diagnosed with diabetes and hypertension and currently have health insurance. Even so, they stated that it has been difficult to afford co-payments and prescription medications. In some cases, they have gone without food to pay for medicine, or vice versa. One man explained that he has a

drinking problem but did not feel he needed help to overcome it. These observations confirm the need to promote outreach programs at food pantries in order to help low-income families enroll in health insurance, find affordable alternatives to health coverage, and learn about how they can access behavioral health care services.

Food Pantries. All participants reported that they run out of food at the end of the month, even though 4 participants were also receiving SNAP benefits. Almost all participants explained that they relied on multiple pantries to meet their monthly needs. The range of time that individuals had been visiting food pantries stretched from 3 months to 3 years. Three women reported that the quality of food had decreased during the last several months with more items available as pre-cooked or ready-to-heat in microwaves. These women stated that they prefer to receive basic food items such as rice, beans, and meat in order to prepare healthier, heartier meals. In addition, four participants said they sometimes received expired or soon-to-expire items that they must discard after a few days. Two participants said they only consume half of the products in the pantry bags because of their poor quality or taste.

Children. Participants who were undocumented immigrants did not qualify for SNAP but knew that their children received free or reduced-priced school meals. One woman said she is not worried about her children's lunch because the school provides it, but she is concerned about meals during the summer. One man said his daughter is not receiving a free school lunch because her mother, who has custody, does not want to enroll her. He has difficulty providing \$2.60 per day for his daughter's lunch. Both participants were not aware of summer meal programs in the area and were interested in enrolling their children. Two women said they need help finding affordable childcare so they can find jobs and do housework during the day. We recognized that participants lacked information on programs that would improve the quality of life for their children, including as school lunch, summer meals, summer camps, and childcare centers. This suggests that there is a need to improve outreach efforts, especially at food pantries, that focus on children's enrollment in a variety of assistance programs.

Unequal variety of food by neighborhood. Some participants regretted to report that some pantries were better than others. Despite a stated pride in emergency food offerings, providers and volunteers were also concerned about the disparities in quality. According to an interviewed stakeholder, there are some racial tensions between black and white neighborhoods, and some black members may travel to the supposedly white neighborhoods to find higher quality food at the pantries. In addition, in Souderton, a client reported growing tensions between the immigrant community and long-standing

supposedly white residents. The recent influx of Section 8 housing recipients in this area was also noted as a source for community tension.

6. Key Stakeholder Assessments

We conducted over twenty interviews with key stakeholders to learn about programs and services provided in Montgomery County, as well as to investigate their needs and challenges. We clustered information from interviews according to the type of organization, recurring themes, or priority needs to end hunger in Montgomery County. Key informants included agency directors, a director of a non-profit organization, project managers and educators with many years of experience providing meals and food assistance in pantries, schools, after-school programs, childcare centers and summer camps. For a complete listing see Table 8.

Table 8. Formal Interviews

Stakeholders Formally Interviewed

Contact	Position	Organization	Date 2012
Richard Aichele	Executive Director	Keystone Opportunity Center	29-Mar
	Senior operations manager		
Barbara Thorn	(Montco, Lehigh, Berks counties)	Maternal and Family Health Services (WIC)	29-Mar
Patrick Druhan	Director food resources center	CADCOM	19-Mar
	Lead Teacher ESL /Adult		
Marla Bessy	Education/ After-School Program	ACLAMO	9-Mar
	Program manager United Way of		
Sara Pagni	SEPA	United Way Southeast Penn	16-Mar
Deanna Linn	Volunteer coordinator	Women's Center of Montgomery County	23-Mar
Anne Ayella	Assistant Director	Archdiocese of Philadelphia, NDS	23-Mar
Beth Sturman	Executive Director	Laurel House	29-Mar
Gabriella Mora	Project Manager	The Food Trust	29-Mar
	Director, Federation's Center for		
Brian Gralnick	Social Responsibility	Mitzvah Project	1-Mar
Susan Wendrick	Program Specialist	Montgomery County Aging and Adult Services	6-Mar
Virginia Frantz	President/CEO	Montgomery County Foundation	27-Mar
Sandy Brooks	Acting Executive Director	DPW Norristown	29-Mar
Courtney Grove	Program Coordinator WISE SNAC	Health promotion council	6-Apr
	School nutrition services-		
Lisa Smolinsky	Secretary	North Penn school district	15-Mar
Jane Natali	Supervisor of food services	Souderton school district	20-Mar
Ottilia Blum	Secretary to Asst. Superintendent	Wissahickon school district	8-Mar
Elizabeth Peteraf	Program Manager	Catholic Social Services	19-Mar
Ann Stanley	Nutrition educatot	CADCOM	21-Mar
Cindy Dembrosky	Food Pantry Coordinator	Keystone opportunity center	29-Mar

School. Current school-based nutrition programs that target childhood obesity by promoting healthy food options within schools do not provide outreach for the limited number of low-income families in the area. In addition, one provider said that the main challenge to their program's success has been low parent participation due to lack of motivation or time, as well as limited collaboration between organizations that promote healthy food options in school cafeterias. Even so, the primary need identified by the community was the need to improve public transportation systems.

Summer Feeding. We contacted the Souderton, North Penn, and Wissahickon school districts. Overall, they have an average of 15% of students enrolled in free or reduced-price lunch. Given this low percentage, these school districts do not qualify to participate in federally-subsidized summer meal programs (only schools with at least 50% of students enrolled in free or reduced-priced lunch qualify for reimbursement).

None of these school districts offers free summer camp programs. Two of the districts have a paid summer camp where food is offered. One of the schools also offers a paid "extended care program" where they offer breakfast and snacks. When asked where students enrolled in the free or reduced-priced lunch program can go during the summer for meals, officials were not able to provide an answer. Interestingly, none of the school nutrition stakeholders expressed interest in joining efforts to eliminate hunger in Montgomery County.

Transportation. Stakeholders suggested that the public transportation system needs improvement in Montgomery County. They said that grocery stores are available in many areas of the county, but low-income families do not always have the means to access them. These observations were also described by pantry clients and reinforce the need to promote initiatives to improve public transportation in Montgomery County. We did not investigate whether grocery stores, supermarkets, and food delivery systems are currently reaching low-income customers.

Pantries. Some stakeholders have concerns about the food quality provided at pantries. Three clients at a pantry also brought up this issue stating that food quality has decreased during the last few months.

There is a need to increase awareness of welfare programs and provide outreach at organizations, agencies, pantries and schools. Pantries associated with existing organizations have the capacity to provide case management services that also help sign clients up for SNAP and WIC. However, this is not the norm and clients only see case managers when they need help with other issues (not specifically food insecurity). Case management services are not advertised, so clients may not know that support is

available. Pantries that receive funding from the county have to provide information on how many clients receive SNAP and/or WIC. Yet, pantries are not required to provide outreach. Only a few pantries screened clients to assess needs related to domestic violence, employment, housing, and safety. A pantry in Norristown offers parent group session once a week for immigrant populations. This pantry serves 85 Latino families who are aware of these services by word of mouth (it is not advertised in the pantry). They provide parents with diapers, referrals to caseworkers, SNAP and WIC agencies, as well as ESL classes.

Some pantries have seen an increase in senior clients and immigrants with limited English proficiency. Pantry managers are considering providing information in other languages to connect with immigrant populations.

Some stakeholders stated that nutrition education programs at pantries or the Department of Public Welfare are not meeting the needs of their community.

Some pantries have the capacity to offer special food items (i.e. kosher or gluten-free). Several pantries are affiliated with community gardens in the area and receive fresh produce regularly. Some pantries have expressed interest in offering more choice in order to create a more dignified environment for their clients. The main needs identified by pantries are materials/information for outreach, refrigeration/freezers, volunteers, and infrastructure to develop into a “choice” pantry. However, some volunteers do not support the choice pantry system because it may require more work for them.

Several stakeholders regretted that clients perceived an inherent loss of dignity when receiving free food—whether through the pantry system, home delivery, or other type of donation.

Social Services. A major challenge described by stakeholders was the lack of readily available information for clients regarding welfare programs, application processes, and eligibility criteria.

The Department of Public Welfare (DPW) used to convene meetings with community partners aimed at addressing issues related to welfare programs. These meetings are not happening at this time due to the loss of the DPW Executive Director for Montgomery County, Everett Varan. A new county director has yet to be appointed by DPW.

There are very few organizations that screen for needs outside of their own area of expertise. For example, organizations that provide services for domestic violence may

not screen for food insecurity. Interviews revealed an expressed need for collaboration between organizations to increase the availability of resources within the community.

The priority needs for the community as identified by key stakeholders included transportation, housing (including homeless prevention and rapid re-housing programs), and safety.

7. Important Data Sources

Below are examples of important and available sources of data necessary to track a hunger-free community effort. There are multiple sources of data that are not yet centrally housed. If there were a coordinated, streamlined data gathering and reporting mechanism, tracking progress on hunger would be easier, more transparent, and effective.

Data types	Name & website	Description
Food Hardship & Food Insecurity	Current Population Survey (CPS) http://www.census.gov/cps/	Primary source of labor force statistics sponsored by the U.S. Census Bureau and the U.S. Bureau of Labor Statistics on a selected sample of 60,000 households. Provides information on economic statistics, such as national unemployment rate, and data on issues relating to employment and earnings, such as annual work activity and income. This system also collects general demographic data at the national, state, and local level. Some of the data available are person, family, and household income as well as health insurance coverage, school enrollment, poverty and food security.
	Community Health Data Base (CHDB) http://www.chdbdata.org/	CHDB is a household telephone survey carried out every two years by the Philadelphia Health Management Corporation. Data are available at the census tract, neighborhood, health district, Minor Civil Division (MCD), and ZIP Code levels, as well as by county and region.
	"Map the Meal Gap" http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx	"Map the Meal Gap" is an initiative by Feeding America. It provides two types of community-level data: 1) county-level food insecurity and child food insecurity estimate by income categories, and 2) estimate on the food budget shortfall that food insecure individuals report they experience. These are estimates and may not truly reflect the exact levels of food insecurity.
	FRAC—Food research and Action Center www.frac.org	FRAC releases reports on school breakfast participation, Food hardship by congressional district, and SNAP participation on a regular basis. These reports are not always regular, but they can and do provide important and relevant resources at 3-4 times a year. They also have a calculator, so that for each community one can rate school breakfast participation, summer meals and SNAP.
Food Assistance & Public Assistance	PA Dept of Welfare Joseph Argenio, Supervisor of Data Collection jargenio@pa.gov	This dataset can be sent each month at your request. It provides general data on number of families and children enrolled in SNAP, Medical Assistance, General Assistance, TANF and CHIP.
School Breakfast and Lunch	PA Department of Education http://www.portal.state.pa.us/portal/server.pt/community/national_school_lunch/7487	National School Lunch Program (NSLP) is a federal and state reimbursement program for each meal served that complies with federal requirements. This program serves more than 28 million children nationwide and provided 186 million meals in Pennsylvania during 2004-2005. Sponsor institutions or organizations are entitled to receive USDA supplies for each lunch they serve. Public schools are the main sponsors for NSLP and are required to provide

		detailed information regarding children enrollment rates to the Pennsylvania Department of Education. The available data includes total numbers and percentages of enrolled students, free eligible students and reduced eligible students.
Summer Feeding	Archdiocese of Philadelphia http://www.ndsarch.org/	The Nutrition Development Services (NDS) is an office of the Archdiocese of Philadelphia’s Catholic Human Services. It provides meals to children through the federally funded Summer Meals Program. NDS sponsors several school year programs. For childcare centers and schools, NDS can provide breakfast, lunch, and snack. Meal price is determined by family income. For after-school enrichment programs, NDS provides snack, hot supper, or cold supper. They have reports on active and inactive sites, and type of meal served. In addition, NDS sponsors several school year programs.
	CADCOM	CADCOM can provide a list of summer feeding sites and other school based food programs.
Grocery Stores	The Reinvestment Fund (TRF) http://www.trfund.com/TRF-LSA-widget.html	The “Policy Map” offered by TRF is a methodology to visualize data collected under the Limited Supermarket Access (LSA) initiative. This data is designed to identify areas where residents travel longer distances to reach supermarkets when compared to the average distance traveled by residents of non-low/moderate income areas. Comparative areas are grouped based on similar values for population density and car ownership rates. Data sources include US Census (2010) for population, households, and residential land area, US Census ACS data (2005-2009) for household income, US Census 2000 for car ownership rates; Bureau of Labor Statistics Consumer Expenditure Survey (2009) for demand for food at home; and Trade Dimensions (2011) for supermarket locations. Supermarkets include the following store types: supermarkets, supercenters, warehouse, limited assortment, military commissary, and natural food stores in the analysis.

8. Assessment by Center for Hunger-Free Communities

Strengths

There are *numerous organizations* that have decades of proven expertise in Montgomery County. Leaders and administrators in these organizations have developed long-standing partnerships and collaborations, and have general admiration and respect, creating a platform of good will. The Montgomery County Health Department seems especially strong, and should be considered an important resource and lead agency in a hunger-free community effort.

Wealth. There is a great deal of wealth in Montgomery County in terms of personal wealth and major employers. Generations-old wealth can break down generations of poverty and address new pockets of poverty. The wealth of the county can be harnessed for efforts that help provide political power and authority, as well as fund efforts that encourage community participation and government accountability.

Congressional districts, good representation. Five congressional leaders answering to continuants in a single county is extraordinary. Montgomery County has more representation than other counties across the state. Given that federal assistance and programs support job

creation, workforce development, and tax incentives, Montgomery County has an extraordinary opportunity to harness political power at the federal level to ultimately improve the lives of the people of Montgomery County.

Challenges

Concept of hunger. Among stakeholders, there was a prevailing attitude that hunger in Montgomery County does not exist. A few stakeholders—two of whom strongly identified with anti-hunger efforts in the county—insisted that the lack of access to nutritious food was a bigger problem than hunger itself. In other cases, stakeholders who did not directly work on food assistance failed to see their organization’s relationship with hunger and food access. Those involved in domestic violence, while saying they offered food assistance information, had little to no concept that there may be overlap between lack of access to food and exposure to violence. When organizations did have a concept of how their work might be related to anti-hunger efforts, there were divergent views on how to solve it. There is general confusion among stakeholders about what is meant by the term hunger. A succinct, working definition of hunger/food insecurity must be clarified through community forums to ensure buy-in before moving forward.

Prevailing attitudes about how to address hunger. Throughout our preliminary discussions, the concept of a countywide effort to end hunger was received with interest and with a diversity of views on possible solutions. Montgomery County organizations, as with many organizations around the country, did not think beyond immediate/emergency food needs when considering an effort to end hunger. The agencies and organizations that offered a variety of services such as basic needs assistance, workforce development, and behavioral health referrals had a more realistic view of what it might take to end hunger. However, agencies that had a singular vision—housing, domestic violence, or emergency food – tended to portray or envision an effort to end hunger as one of providing more food to residents. In addition, stakeholders had a strong sense of their organization’s own mission, and did not immediately express interest in thinking beyond their own mission. It will take some time to educate foundations, government agencies, and non-profits that addressing hunger will require attention and effort that goes beyond emergency food and government program participation.

The pressure to get volunteers and to provide volunteer hours in the emergency food system was a common theme. Some agencies did express frustration with current ways of conducting food drives and other activities. For instance, volunteers who want to help often spend a lot of time coordinating and implementing food drives that may not provide much return in terms of food or money. People would drive for miles to deliver food or to volunteer for food drives, and the investment of time for some agencies was considered regrettable. Similarly for housing assistance, volunteers occasionally drive homeless families to church basements in the nearby

area, then providing them with meals made offsite, then drive back the next morning to a centralized location. The lack of convergence between food and housing in this situation was considered a hardship for homeless families. In the case of food donations and the scramble to get food, some suggested that it would be much easier to receive money donations, or at the very least, grocery store/supermarket gift cards.

Countywide effort. If a hunger-free community effort is designed to be countywide, there will likely be some resistance. Aside from government agencies and long-standing community based agencies with decades of experience, there seemed to be little feeling of shared community at a county level among stakeholders and community members. For instance, it may be difficult for organizations from the North Penn area to collaborate and share information – and potentially resources – with organizations in Pottstown or Norristown. In addition, the lack of countywide thinking may also be occurring within foundations, making it difficult for board members to consider efforts that extend beyond the foundation’s borough or township. On the other hand, some organizations work beyond their own county boundaries, and may work in Philadelphia and Bucks County, for instance, making a countywide effort seemingly arbitrary and potentially challenging. In addition, some Philadelphia-based agencies provide essential nutrition assistance and social services in Montgomery County and need to be engaged when planning programs to end hunger. Finally, the activities of the two United Ways in the region have differing funding streams and visions, potentially making collaboration more difficult.

Disengagement from County Assistance Offices & WIC. The community-based organizations and others we spoke with had practically no relationship with the Department of Public Welfare’s local County Assistance Office (CAO). The local CAO provides public assistance (Medicaid, SNAP, TANF, and GA), as well as workforce development services, to low-income families. Recently, the Director of Montgomery County’s CAO was transferred to Philadelphia, and currently there is an acting director who has no relationship with Montgomery County and whose name is unknown even to the front-line workers at the CAO in Norristown. Still, there is little evidence that the previous director was engaged with social services agencies. The WIC offices – one is a drop-in center and the other a call-in center– were also considered an afterthought among stakeholders. Interestingly, workers in both places, including their directors, were difficult to reach through telephone and email.

Worries about, yet another, committee/consortium. In a handful of stakeholder discussions, participants referenced countywide or community-wide consortiums that were started up around a variety of interests but never developed into a lasting effort. Racial/ethnic diversity and geographic distance may also become a barrier when creating committees and consortiums. We recognized potential tension regarding such efforts planned by “outsiders”

coming “in” to Montgomery County with little knowledge of the area, and with supposedly insignificant expertise.

So many school districts, differing operations. It may prove difficult to get all the school districts to cooperate with school lunch and school breakfast efforts. A countywide effort will require coordination at both the state and county level in order to promote data sharing. In addition, there was a noted cavalier attitude among some administrators at the schools about providing summer meals to low-income children.

Wealth disparities. It is not clear how these disparities will play out in a countywide effort, but it will be very important to ensure that low-income communities are not put in a passive, supplicant, and thus disempowered position. Setting up any formalized emergency food system beyond what already exists in the county may only exacerbate a sense of inequality, and feed into the prevailing attitude that hunger can be treated with emergency food.

9. Recommendations

The Center for Hunger-Free Communities suggests that the North Penn Community Health Foundation select a local organization with a long-standing and proven commitment to Montgomery County residents to be a lead agency. The lead agency should have strong countywide ties, and have proven partnerships with public agencies. In addition, a countywide effort should be entitled a **public-private partnership**. Therefore, outreach to county and state health departments, as well as County Assistance Offices and WIC offices, should be a part of the fabric of this endeavor.

The Foundation should make a **long-term commitment** that includes at least a 5-year, but preferably a 10-year effort. Anything shorter than this will be considered yet another consortium or collaboration that is not committed to its stated goals. It will be very important to develop a foundational set of benchmarks and goals that do not change over time. There should also be regular quarterly and annual, publicly available **reporting mechanisms** that are open for comment.

Finally, the foundation should be aware that these efforts would demand **strong advocacy** that will required considerable engagement with elected officials (i.e. lobbying). Attention to advocacy, with a clear agenda and guidelines for such, should be made clear to all the involved participants.

To get started, we recommend developing a working group comprised of local, long-standing stakeholders with a proven track record in promoting health and wellbeing. This working group

should ensure that, alongside the strong non-profit organizations, the County Assistance Office, WIC, aging, workforce development agencies, as well as key employers are at the table.

Harness the efforts of this group to identify ways to:

1. Set a goal.
2. Identify six to ten strategies to end hunger in Montgomery County.
3. House data at a shared site to identify a baseline for food hardship, and to track progress on benchmarks. The 2-1-1 system may be the best infrastructure through which to house this data sharing mechanism.
4. Share data and information on a regular basis—meet quarterly, track quarterly.

These **strategies** should be **developed together with the stakeholders** to ensure buy-in and ownership of the strategies.

The Center for Hunger-Free Communities suggests that such strategies may include:

1. **Housing a comprehensive data sharing and reporting mechanism.** Currently, data on food insecurity for Montgomery County is negligible. Consider working with PHMC's CHDB to ensure that the two-item screen for food insecurity is conducted for survey participants in Montgomery County, and providing monetary support for monitoring food insecurity through PHMC or the County Health Department. In addition, this data should be part of a larger data sharing mechanism that tracks food assistance participation, and other indicators as decided by the collaboration. We highly recommend data management mechanisms that can support a publicly accessible website similar to that of Maryland Hunger Solutions or something akin to the "no kid hungry campaign" that Governor O'Malley of Maryland supports with the mechanism of State Stat, (see http://www.mdhungersolutions.org/facts_stats/index.shtml and <http://www.statestat.maryland.gov/GDUhunger.asp>)
2. **Improving access to federal nutrition assistance programs.** Ensure that all schools are tracking the ratio of school breakfast to school lunch participation, as well as providing outreach and assistance to free and reduced-price lunch participants. Also, increase attention to after-school feeding programs and summer feeding programs. All childcare centers that have low-income children should be participating in the Child and Adult Care Food Program (CACFP). This could also be achieved through more integrated social service systems. Consider the model, again, by Maryland—"no wrong door" of the Governor's plan to end child hunger by 2015 (See www.nokidhungryMD.org)

3. **Improving access to healthy and nutritious foods.** Ensure that grocery stores and supermarkets are attending to low-income customer needs—inclusive of delivery programs, or virtual supermarkets where EBT and WIC vouchers can be utilized, or maximized. Such programs as “healthy bucks” which provides extra funds for EBT users to buy more produce, or grocery store gift cards may be considered. As much as possible, the efforts should be made to target the conventional food system consisting of supermarkets, grocery stores, and farmers markets, and ensuring transportation to and from such locales. Again, any effort to “improve” the emergency food system is effort spent on a system that lacks accountability in terms of quality of food, hours of operation, and people served. The emergency food system disempowers and potentially shames recipients and unduly burdens non-profits. Currently, The Emergency Food Assistance Program (TEFAP), the State Food Purchase Program (SFPP), and the Commodity Supplemental Food Program (CSFP), and others are operating in the County, as intended.
4. **Improve and coordinate housing services.** Examples include ensuring that all housing assistance programs are providing appropriate nutrition assistance, primarily through federal nutrition programs, thus requiring strong partnerships with DPW, WIC, and the Department of Education. Agencies can also provide privately-funded food gift certificates that ensure true choice and access to the highest quality foods.
5. **Coordinate food assistance outreach with domestic violence assistance and behavioral health.** Domestic violence is highly correlated with homelessness and hunger. Ensuring that all domestic violence efforts have strong partnerships with housing and food assistance agencies will help to alleviate hunger and hardship. Substance abuse is also associated with poverty and food insecurity. Substance abuse treatment programs and behavioral health outreach should also consider screening for food insecurity and referring for nutrition assistance.
6. **Comprehensive workforce development.** Currently, DPW has strong workforce development programs and contracts with local employers. It will be important to understand how these relationships work, and help to enhance such efforts for low-income county residents who may not be eligible for (or want to receive) TANF, but want to improve their workforce capacity. Also, ensure that local employers are learning more about what they can do to improve workforce development, and to offer special training programs with comprehensive job placement opportunities.
7. **Meaningful assistance to immigrant community.** Our stakeholders reported an increasing tension between undocumented immigrants and long-standing residents in Norristown. Undocumented immigrants need legal assistance and targeted outreach

regarding access to conventional banking, nutritious food, and housing programs. It is important to remember that many undocumented immigrants have children who are citizens, and that all their children are participating in the public school systems. Efforts to address immigrant needs will help alleviate hunger, homelessness, and lack of safety.

In conclusion, efforts to end hunger in Montgomery County will take some time and deliberation, and much of it will be invisible, and, unfortunately, undervalued work. It may also take some time for the public to notice the difference. Efforts to engage the media and existing public forums for discussion will help to bring together people and organizations that are interested in being part of the solution.

The Center for Hunger-Free Communities is grateful for the opportunity to provide a preliminary and cursory assessment of the feasibility of such an endeavor. The Center is willing to provide technical assistance through evaluation and behind-the-scenes guidance, should the North Penn Community Health Foundation, and others, decide to move forward with a hunger-free community effort.

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