

A PCCY Report on Montgomery County



Left Out:
The Status of Children in
Montgomery County

October 2016

PCCY public
citizens for
children + youth

PCCY could not have completed this report without the tireless work done by our interns: Cory Johnson, Nicole Ventrone, Emilia Hinckley, Justin Escobar, Amanda Solch, and Eleanor Carpenter.

PCCY is also grateful for Patrick J. Egan, Associate Professor and Director of Undergraduate Studies, New York University Department of Politics, for helping us think through the PCCY Child Wellness Index; and for Ira Goldstein, President, Policy Solutions, Reinvestment Fund, for calculating the share of children in rent burdened households.

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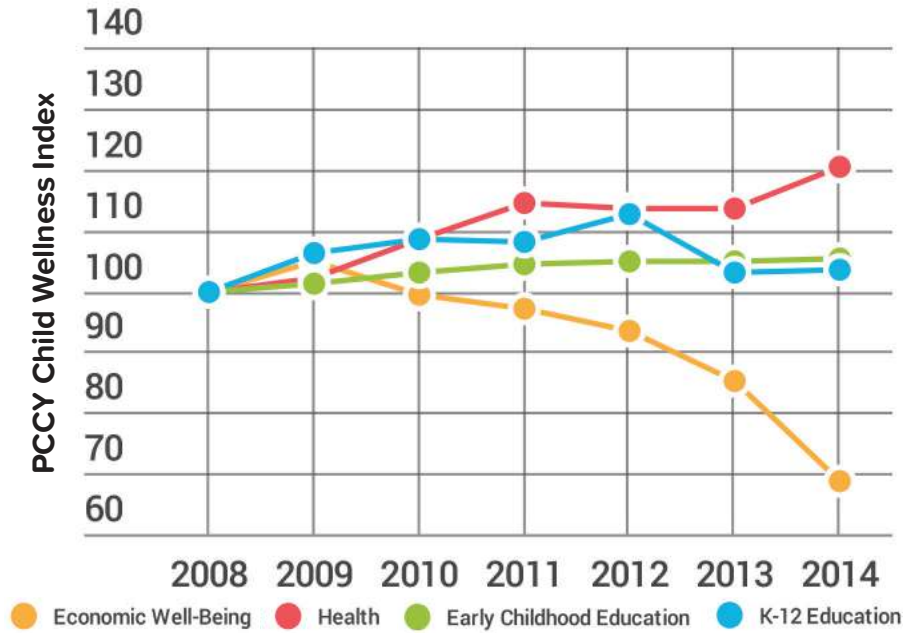
It's been more than four years since America's rebound from the Great Recession. Montgomery County, Pennsylvania has experienced a full recovery in the number of jobs and the official unemployment rate now hovers at about 5%. It would stand to reason then that things should be going well for the 176,000 children in Montgomery County, right? Unfortunately, that is not the case.

The county's child poverty rate, which shot up during the first year of the Great Recession, continued to increase through 2014 and only in 2015 did it drop below its pre-recession level. Still more than 7% of the children in Montgomery County live in poverty. Poverty is unfortunately becoming one of the nation's greatest predictors of a child's life outcomes. But poverty alone is not the only indicator of child wellness. That's why Public Citizens for Children and Youth (PCCY) created the PCCY Child Wellness Index. The Index presents a more robust and comprehensive analysis of how children have fared since the recession. Companion reports will examine child wellness in the other four southeastern Pennsylvania counties. The facts and trends vary slightly across the counties, but across the region the conclusions are the same:

- While the full GDP rebound from the recession occurred four years ago, the share of children who are suffering or facing hardships is higher than it was during the depth of the recession.
- Where children are doing better it is due in large measure to effective public policy that protected them from the hardships of the recession.

The PCCY Child Wellness Index presents a snapshot of how children have fared since the onset of the recession in 2008 to 2014. The Index looks at four domains that research tells us are key determinants of lifetime outcomes: Economic Well-Being, Health, Early Childhood Education, and K-12 Education.

CHART 1: CHANGE IN THE WELLNESS OF MONTGOMERY COUNTY CHILDREN SINCE 2008



Economic Well-Being: The PCCY Index ends in 2014 when more children were in poverty than at the onset of the recession. The good news is that recently released Census data indicates that by 2015, the share of children in poverty finally dropped below the pre-recession levels of 2008. Unfortunately, the data also shows that recovery for children lagged far behind seniors. In 2015, 7.1% of children lived in poverty compared to 4.3% of seniors. That’s 12,513 children living in poverty, or about 500 classrooms of children.

One consequence of such a stubbornly high percentage of children in poverty or low income families is hunger. Federally subsidized school meals are an essential anti-hunger strategy. In spite of the compelling research that shows that if children are hungry they can’t learn, far too many children still do not receiving these federal subsidized meals in school.



12,513 children in Montgomery County are living in poverty.



Health: The Index shows the biggest boon for children can be found in the Health domain. Almost every child, 97%, in the county is insured; the first step to boosting child health outcomes. However, the Index shows a strikingly small percentage of children screened for lead poisoning. The data also shows that much more progress must be made in ensuring that all black and Hispanic families can access quality health care. The racial disparities shown in the data for infant mortality and dental care offer ample evidence that health care systems must significantly change their delivery models in order to boost the health outcomes of every child.

With respect to lead, in spite of increased public concern over the risk of lead poisoning among children, only 30% of children under three who are most at risk were tested for lead exposure, as required by federal law. Every year those tests have identified children who were poisoned and needed treatment. Because of the long-term consequences of lead poisoning, the failure to test young children is putting their life chances at grave risk.

Early Childhood Education: The Index also shows modest improvement in the Early Childhood Education domain. That's especially good news since high quality child care (including pre-k) and full day kindergarten have proven track records for boosting school and lifetime outcomes. Although the trend is mostly positive for these critical system expansions, still 83% of eligible three and four year olds are shut out of high quality public pre-k programs and nearly half of all public school kindergarten students still only get a half day of school due to a shortage of resources.

Working families rely on the child care systems but across the county the options for high quality care are too sparse. Meanwhile the data in the Index demonstrates that no real progress was made in increasing the supply of child care providers that affordably offer parents access to high quality services for their children. The lack of quality supply is particularly pronounced for infant and toddlers, especially since the cost of care has escalated each year.

K-12 Education: The fourth domain of K-12 Education shows once again that the trend for children is going in the wrong direction. Every school district had significantly more low income children than were enrolled during the recession. While the 2015 drop in the absolute measure of child poverty is good news, the share of students from low income families in every district grew substantially since 2008.

During the recession, state and federal funds helped school districts avoid layoffs and ensured continued high quality supports for students. Since those state and federal funds disappeared in 2012, most districts across the county lost ground, negatively impacting students' educational experience. In fact, 75% of the districts had fewer funds available for instructional needs than they had in the worst years of the recession.

While money alone doesn't boost student performance, as funds have dwindled student performance worsened. Compared to 2011, all progress was lost in reducing the share of students lagging behind in math and 1,800 more students were added to the ranks of the 6,000+ who were unable to pass state reading assessments.

The PCCY Child Wellness Index for Montgomery County shows that there has been incremental improvement in some areas of the well-being of children. However, the data also demonstrates that far too many children in the county are suffering and only where effective public policies were in place to address the needs of children were they protected from the hardship inflicted by and since the recession.

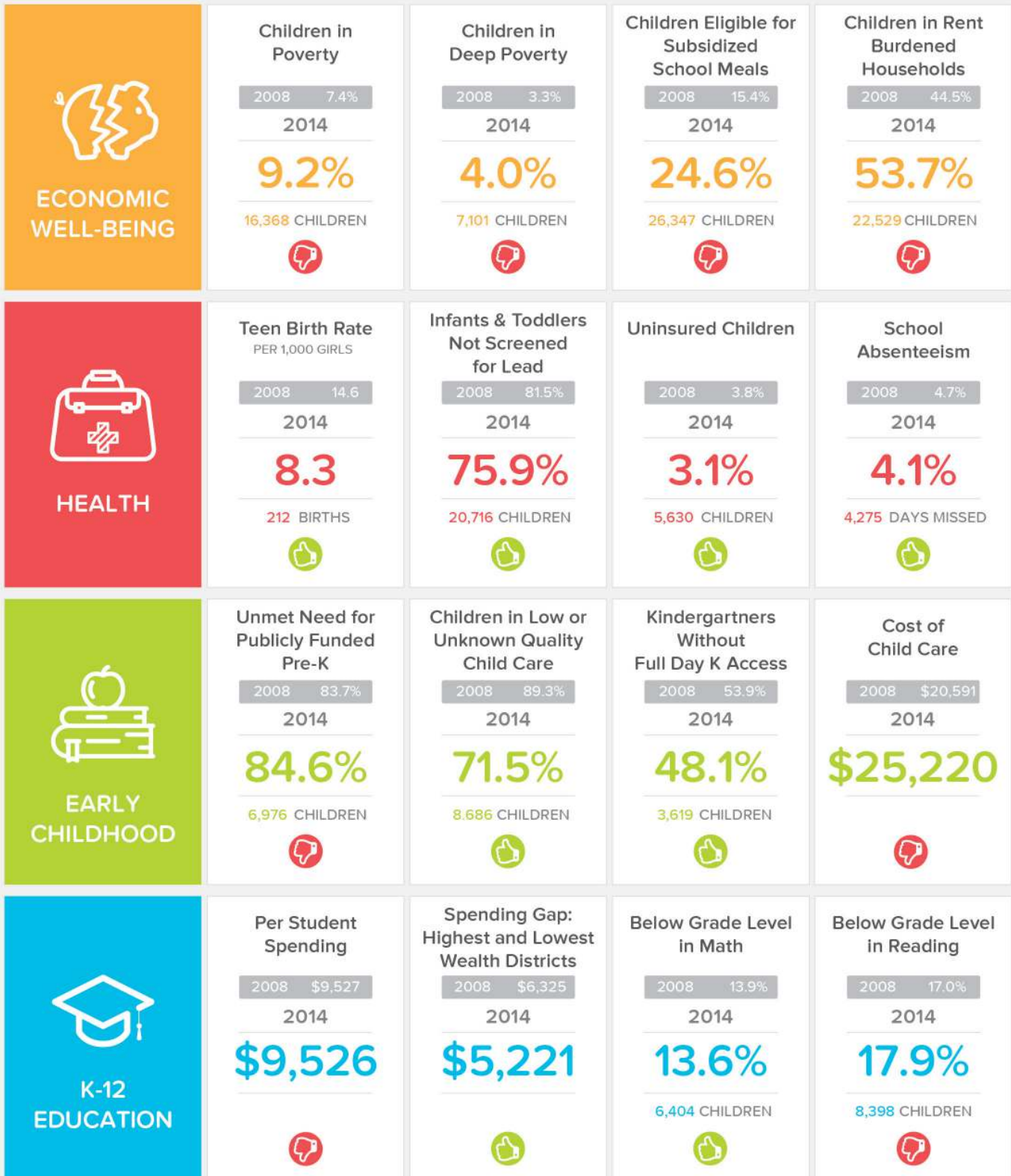


How to Boost Montgomery County's Child Wellness Index

Because good public policy matters and has been demonstrated to change the life outcomes of children, PCCY recommends that to boost the Child Wellness Index going forward elected officials of all parties and professions, along with parents, must build the public will for the following public policies to be adopted:

- **Economic Well-Being:** Boost household income of families by raising the minimum wage, making available new or expanded forms of public assistance and tax credits that augment earned income, and enacting workplace regulations that promote job longevity, including predictable scheduling and paid and sick and family leave.
- **Health:** Expand health insurance to every child including those who are undocumented and improve the oversight of Pennsylvania's public health insurers and providers, with the goals of ensuring compliance with federal lead exposure testing for children under three and eliminating health disparities between minority and white children.
- **Early Childhood Education:** –Ensure that every family can afford high quality child care and pre-k and that all children start school with a year of full day kindergarten under their belt.
- **K-12 Education:** Enable success at school districts with the largest percentage of students struggling to meet academic standards by using the newly adopted state Basic Education Funding Formula and adequately funding schools.

PCCY Child Wellness Index: Montgomery County Indicators



What is the PCCY Child Wellness Index?

PCCY created the Child Wellness Index to provide a comprehensive picture of how children have fared in southeastern Pennsylvania since the onset of the Great Recession. The methodology mirrors the approach used by the Foundation for Child Development's Child and Youth Well-Being Index.¹

An index measures change over time compared to a base year. The PCCY Child Wellness Index starts with a base year of 2008, the year that the recession took hold nationally. Thus, using 2008 as a frame of reference demonstrates change to the well-being of children through the recession and recovery.

To develop the index, PCCY relied exclusively on publicly available data for key indicators of child well-being that were consistently available for each year from 2008 through 2014. For some indicators, 2015 data was available and is referenced in the text of the report. However, the index was only calculated through 2014, the latest year for which data for all indicators was available.

For each indicator, the base year of 2008 was assigned an index value of 100. For each subsequent year, the rate of change against 2008 was measured. The rate of change was then subtracted from 100 to get the indicator's index value for a given year.² The index is oriented such that a higher index value means an improvement for children.

<i>Sample Data</i>	2008	2009	2010
Below grade-level reading rate	17.0%	16.2%	15.9%
Below grade-level reading index	100	104	106

The indicator data was categorized into four domains:

- **Economic Well-Being**
- **Health**
- **Early Childhood Education**
- **K-12 Education**

To calculate the domain indices, the index values for the indicators within each domain were summed and then divided by four (the total number of indicators in each domain) to get the average index value for a given year.

Each indicator was given an equal weight. The equal weighting method was chosen based on research showing that without a clear ordering of the importance of indicators that has a high degree of consensus among the population, equal weighting will achieve the most agreement amongst the greatest number of people.³

Key Definitions

Source for following definitions: US Dept. of Health and Human Services

- + Poverty: 100% of the Federal Poverty Level, which is an annual income of \$24,300 for a family of four.
- + Deep poverty: 50% of the Federal Poverty Level, which is an annual income of \$12,150 for a family of four.
- + Low income families: Families with earnings at or below 200% of the Federal Poverty Level, which means earning no more than \$48,600 for a family of four.
- + Free or reduced price school meals eligible: Students in households earning under 185% of the Federal Poverty Level (\$44,955 a year for a family of four); or students who are in foster care, homeless, migrants, or in households receiving SNAP or TANF benefits.
- + Low income students: Students who are eligible for free or reduced price school meals (see eligibility definition above).
- + Medicaid eligible: Children age six and older in households earning up to 138% of the Federal Poverty Level (FPL) (\$33,500 a year for a family of four). Children ages one to six in households earning up to 162% FPL. Children under one year old in households earning up to 220% FPL. Children must have current immigration documents.
- + CHIP eligible: Any child who is not eligible for Medicaid is eligible for CHIP. Children must have current immigration documents.

Source for child care categories: Pennsylvania Office of Child Development and Early Learning

- + Publicly-funded Pre-K eligible: Households earning up to 300% of the Federal Poverty Level (\$72,900 a year for a family of four).
- + Child care subsidy eligible: Households earning up to 200% of the Federal Poverty Level (\$48,600 a year for a family of four).
- + High quality child care: Programs with a Keystone STARS rating of 3 or 4.
- + High quality early learning program: High quality child care programs (see definition above) as well as Head Start and Pre-K Counts programs.

Source for recession definition: The US Bureau of Economic Analysis

- + The official definition of the Great Recession is based on the nation's GDP, which fully rebounded in the second quarter of 2011, from the beginning of the recession in the third quarter of 2007.
- + For most families, the recessionary impact lingered until employment rebounded. The US economy regained all of the jobs lost during the recession in September 2014.

Child Economic Well-Being

“The economy may be improving, but our clients are still struggling to make ends meet. Even though most of them work, their salary is still too low to even cover their basic needs. They have to choose between paying the bills and feeding their families. Poverty is a real, tangible life experience for most of these families and their children.”

Nelly Jimenez-Arevalo, Executive Director and CEO,
ACLAMO Family Centers

President Hubert Humphrey summoned our better angels when he said, “The moral test of government is how it treats those in the dawn of life, the children, those who are in the twilight of life, the aged, and those in the shadows of life, the sick, the needy and the handicapped.” Given the depth of poverty, especially for children, we are failing that moral test.

On its face, Montgomery County posted a strong economic comeback following the Great Recession. By the end of 2014, nearly 29,000 more of the county’s residents were employed than at the economy’s nadir in 2009.⁴ Despite the job market’s strong comeback, far too many breadwinners with children struggled to make ends meet during and after the downturn.

The PCCY Child Wellness Index, which ends in 2014, shows that more children were in poverty than at the onset of the recession. A positive sign can be found in the recently released September, 2015 Census data that shows the share of children in poverty finally dropped below the pre-recession levels of 2008. As good as that news sounds, if you are one of the children still in poverty, it rings hollow.

Children are Still Suffering from the Effects of the Recession

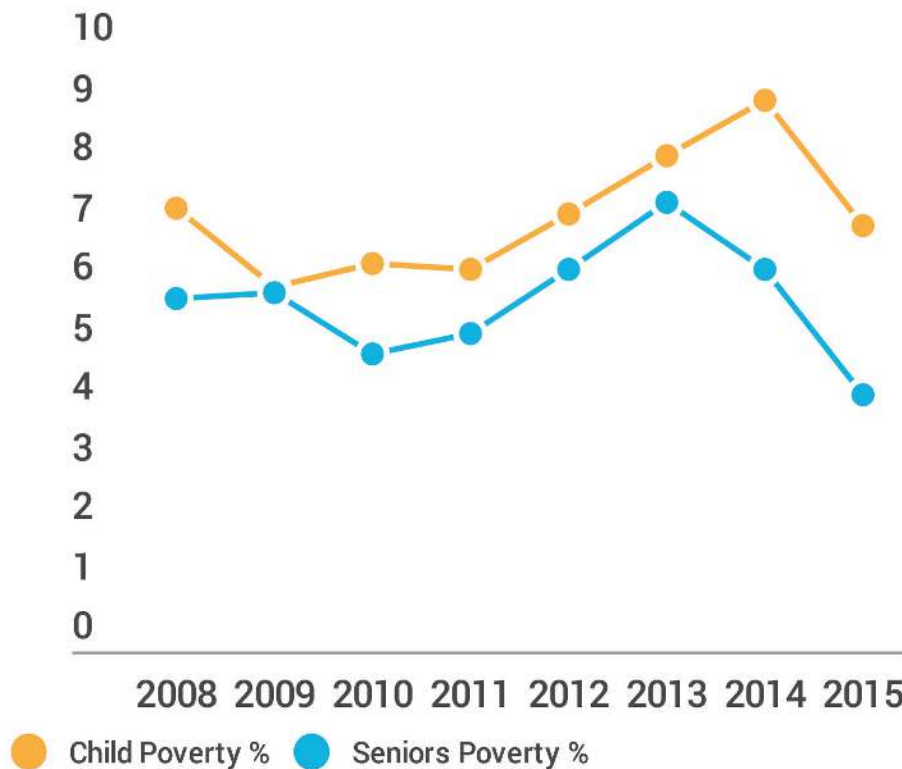
Between 2008 and 2014, the child poverty rate rose from 7.4% to 9.2%; a net increase of 3,100 more children growing up in poverty.⁵ By 2014, Montgomery County was home to more than 16,300 poor children, which is about the same as the total number of students in the Abington and Cheltenham school districts combined. Even more startling is the sustained increase in the share of children in deep poverty post-recession, with 7,100 children growing up in families facing extremely challenging conditions in 2014. To make matters worse, over 740 children were homeless in 2014, nearly 200 more than in 2012.⁶

The child poverty rate declined to 7.1% in 2015. While this is welcome news for many families, the level of child poverty remains stubbornly high in a growing Montgomery County economy.

Children are Still More Likely to Live in Poverty Than Seniors

The recovery has been slower to reach children than seniors. The child poverty rate was higher than the comparable rate for seniors every year between 2008 and 2015, and the gap between the two rates nearly doubled from 1.5% to 2.8% during this time period. The poverty rate turned a corner for seniors in 2013, a year earlier than the rate for children started to improve. These trends suggest the rising tide of the recovery did not lift all boats equally and that children were more likely to be left at the dock.

CHART 3: POVERTY RATE HIGHER FOR CHILDREN THAN SENIORS EVERY YEAR SINCE RECESSION

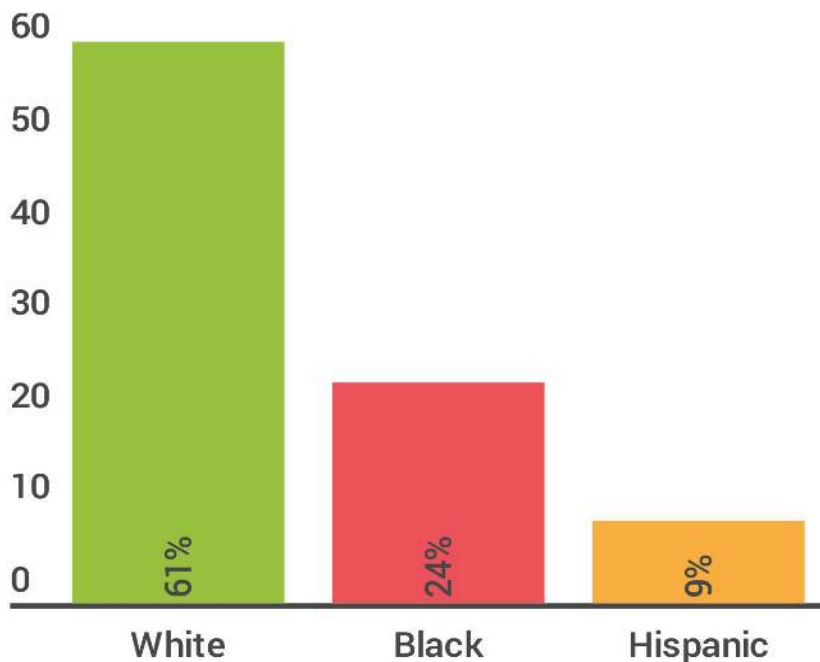


Poverty Varies by Race and Ethnicity, but Most Poor Families are White

In terms of demographics, white families make up the majority of all poor families living in Montgomery County; one in four are black.⁷ Fewer than one in ten poor families are Hispanic.

Even though most poor children in the county are white, Hispanic and black children are significantly more likely to be growing up poor. The poverty rate for Hispanic children (12%) is three times the comparable rate for white children (4%) while the rate for black children is more than five times as high (25%). Put another way, only one in 25 white children are growing up poor, versus one in eight Hispanic children and one in five black children.⁸

CHART 4: TWO OUT OF THREE POOR FAMILIES ARE WHITE



More Students Qualified for Free or Reduced Price School Meals in 2014 Than in 2008 in Every School District

One of the most serious side effects of poverty is child hunger, which puts children at greater risk of behavioral, emotional and academic problems. According to research compiled by the Food Research and Action Center, children experiencing hunger have lower math scores and are more likely to repeat a grade, and teens experiencing hunger are more likely to be suspended from school and have difficulty getting along with other children.

One of the major policy responses to reduce child hunger is the National School Lunch Program. Students are eligible for free or reduced price school breakfasts and lunches, depending on family income.

The percentage of children eligible increased in every school district between 2008 and 2014.⁹ In fact, the share of students qualifying for the school meals program more than doubled in the Hatboro-Horsham, Cheltenham and Lower Moreland school districts.

Two trends accounted for the uptick in eligibility for school meals. First, it's obvious from the data that more families needed help. The numbers also reflect the fact that state government has developed smarter strategies such as data matching with other safety net programs to more effectively identify children who qualify for school meals.

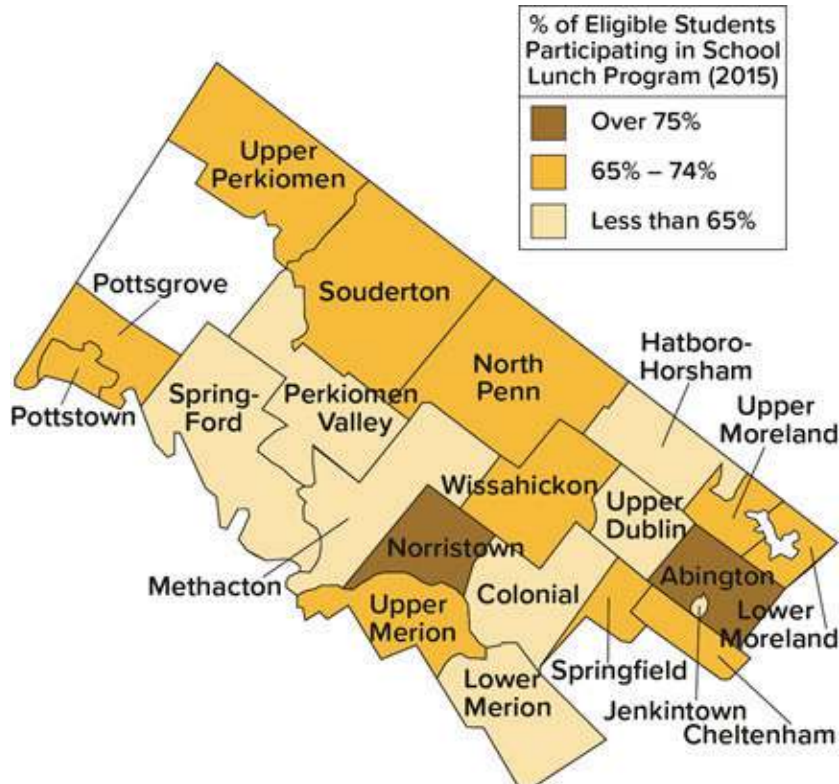
Just because a child is eligible for free breakfasts or lunches, however, does not mean she is receiving them. Across Montgomery County school districts, far too few children are getting these meals. In one district, as few as half of its low income students are receiving these lunches, and even in the district with the most coverage, 20% of children who need these meals don't get them.¹⁰



The share of children eligible for subsidized school meals increased in every school district.



CHART 5: TOO FEW CHILDREN ARE RECEIVING FREE AND REDUCED PRICE SCHOOL MEALS

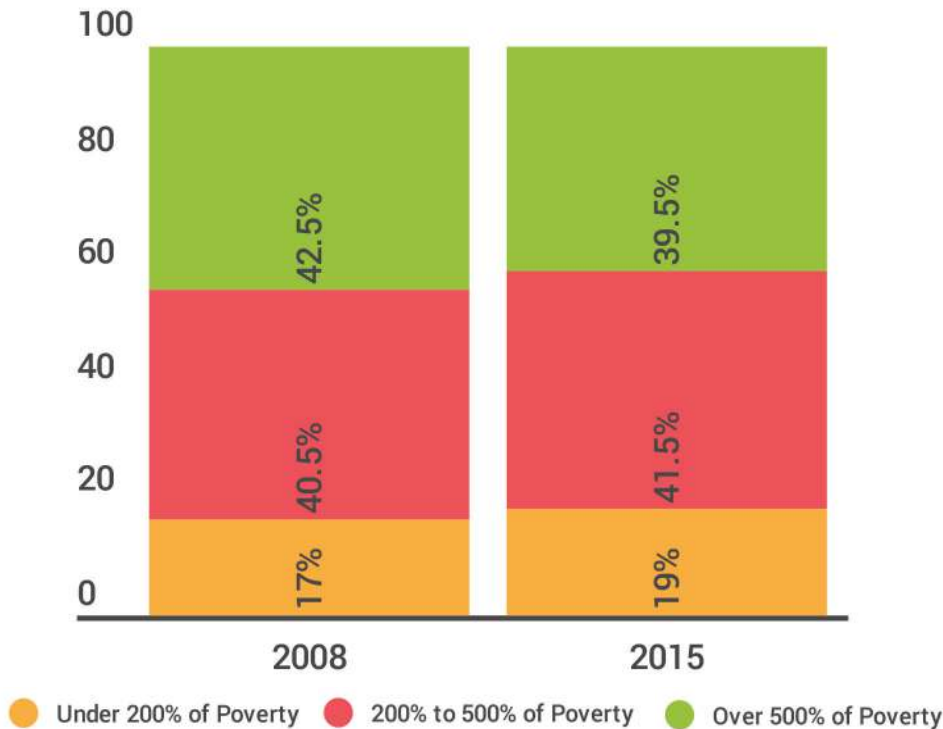


Upward Mobility Remains Elusive for Poor Children

One way of assessing the degree to which the recovery created new opportunities for families is to compare where their children fall on the income scale in 2008 and 2015. Surprisingly, there were 1.9% more children growing up in low income families in 2015 than in 2008, despite the sustained recovery.¹¹ This suggests that relatively few children were able to move up over this time period. While there was a modest increase in the number of children in the mid-range, this change may be a result of a decline in the number of children in families earning more than \$100,450 which dropped by 3.5%.

It's welcome news that the child poverty rate finally started to trend downward in 2015, but it's also clear that more must be done to ensure that the rising economic tide lifting some in the county is not leaving children behind.

CHART 6: MORE CHILDREN ARE GROWING UP IN LOW INCOME FAMILIES



Policy Recommendations to Improve Child Economic Well-Being:

- Boost earnings of the lowest wage earners. Not every low wage earner is a parent, but many of them are. And they cannot earn enough to lift their children out of poverty even if they work full-time. For this reason, a minimum wage increase is urgently needed. If the minimum wage is raised to \$12 by 2020, more than 69,000 Montgomery County wage earners, or 17% of the resident workforce, will directly benefit. At \$15 per hour, 102,500 workers, or 28% of the Montgomery County workforce, will directly benefit.¹² Beyond these wage rates, measures that enable workers to keep their jobs longer help to increase their lifetime earnings. Workforce supports that increase job longevity of working parents include mandated predictable scheduling and paid sick and family leave.
- Increase household income for more working parents by taking an active role in connecting families to federal income and work supports such as the Earned Income Tax Credit, Child Tax Credit and SNAP.
- Expand school district participation in the federally subsidized school breakfast program and adopt strategies that reduce the stigma of free and reduced priced breakfast for low income students.

Child Health

“It’s a situation I see far too frequently in my line of work. Children are brought into the hospital needing care for a health issue that has become serious and could have been prevented by seeking medical attention much earlier, but they have no health insurance. There is compelling medical, social and economic evidence to expand CHIP to cover children who are undocumented – but I also support expansion because it’s the right thing to do.”

Dr. Steven A. Shapiro, DO., Chair, Pediatrics Department
Abington – Jefferson Health

For the precise reason that children’s health status impacts their ability to learn and how well they do in school, it is a bedrock indicator of children’s overall wellness. Healthier children complete school in higher numbers which in turn increases their opportunities to thrive as adults.

The PCCY Child Wellness Index contains good news for the county with respect to children’s health. The county overall made gains on many important health indicators since 2008. Unfortunately, a deeper look at the data finds that the playing field is not level. While the Index shows that most children are healthy, black and Hispanic children in the county lag behind their white peers, and as a result, their lifetime outcomes are being cut short before they even enter adulthood.

Most Children Have Health Insurance, but Far Too Many Hispanic Children Remain Uninsured

Health insurance is a little known and highly effective attendance booster. A recent study shows that enrolling more children in the Children’s Health Insurance Program (CHIP) is associated with lower student absenteeism and improved attendance.¹³ The good news is that the PCCY Index shows that most Montgomery County students have this valuable supply in their life locker, as 97% of children have health insurance – 28% of them are enrolled in CHIP and Medicaid, the children’s safety net programs.¹⁴ But at least 5,630 still have no coverage – enough to populate 225 classrooms. Hispanic children in the county are disproportionately uninsured at 11%, compared to white children at 3%.¹⁵

Most uninsured children are eligible for CHIP and Medicaid except for approximately 1,500 children.¹⁶ In southeast Pennsylvania, nine out of ten children who are undocumented have not been able to secure health care services or receive significantly delayed care. It costs 50% less to insure a child through CHIP compared to the average uncompensated care costs at the Children's Hospital of Philadelphia,¹⁷ yet Pennsylvania law bars these children from enrolling in these critical public health programs. Pennsylvania is the state where the now widely hailed federal CHIP program was created, but it has fallen behind the curve. Now five other states and Washington DC are leading the way by permitting undocumented children to enroll in their CHIP or Medicaid programs.

Too Many Children are Out Sick

Insurance is the first step to good health, but a vigilant health care system is essential to keeping children healthy and attending school. When children miss 5% or more days of school, their academic performance suffers.¹⁸ In school year 2013-14, Pottstown and Norristown School Districts had an average school absenteeism rate of 5% or greater and eight more districts approached this level with an absentee rate between 4% and 4.9%.¹⁹

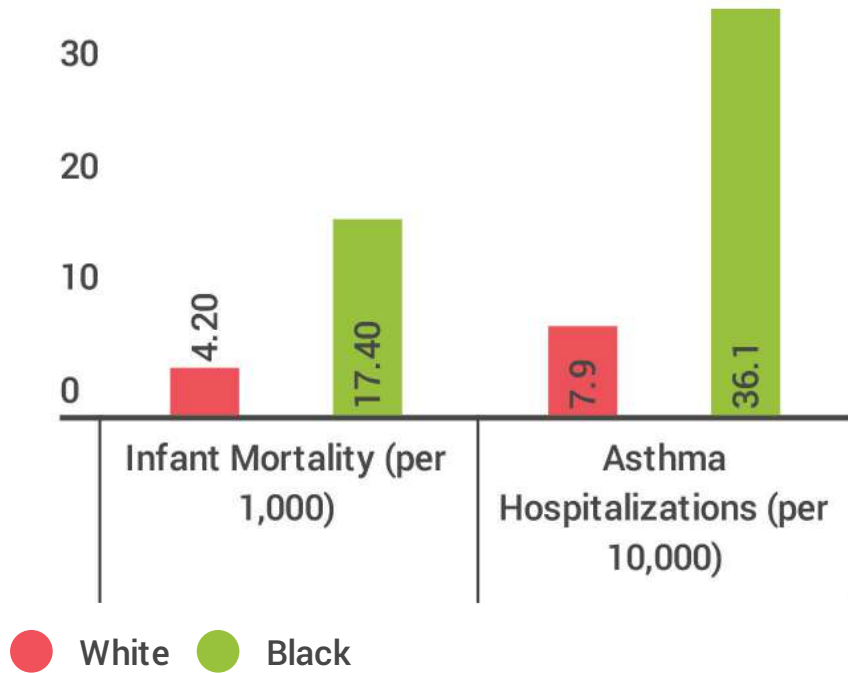
Illness is one of the top reasons students are absent, and across the nation, asthma and oral health problems are among the top health conditions for which children lose the most time.²⁰ The hospitalization rate of children for asthma decreased slightly from 2008 to 2013, but disparities persist.²¹ In 2013, the rate for white and Hispanic children was 7.9 and 7.5 hospitalizations per ten-thousand children respectively, but the rate was four times higher for black children.²² The data shows that the share of students with asthma hovers between 12% and 13%.²³ Students with poor oral health are nearly three times more likely to miss school due to dental pain.²⁴ Most Montgomery County children get to the dentist at least once a year, but here again disparities persist. In 2015, 7% of children overall did not see a dentist compared to 18% of poor and a stunning 67% of uninsured children.²⁵

Infant Mortality Is Four Times Higher for Black Infants Than White

The PCCY Child Wellness Index finds a troubling rise in overall infant mortality from 5.1 to 5.5 births per one-thousand from 2008 to 2013.²⁶ The black infant mortality rate was disturbingly four times higher than the rate for white infants.²⁷ (No data is available for Hispanic infants).

A major contributing factor is the under-utilization of prenatal care supports among black mothers. The data shows that in 2014, 59% of black women started prenatal care in the first trimester, compared to 82% of white women.

CHART 7: INFANT MORTALITY AND ASTHMA HOSPITALIZATIONS RATES WERE FOUR TIMES HIGHER FOR BLACK THAN WHITE CHILDREN IN 2013



Screening for Lead Poisoning Isn't Happening for More Than 75% of Children

Since the massive lead poisoning of children in Flint, Michigan, the need to reduce childhood exposure to lead has taken center stage. Although water carried lead in the case of Flint, most children who are poisoned encounter lead when they innocently crawl on the floor as toddlers and get lead paint dust on their hands, which they stick in their mouths. There is no safe level of lead in a child's blood.²⁸ A 2016 Cleveland study of more than 13,000 children demonstrated that preschoolers with elevated blood lead levels were more likely to have low scores on kindergarten readiness assessments.²⁹

Because we have not yet succeeded in eliminating children’s exposure to lead hazards, screening children for lead remains a critical measure. This is particularly important since two out of three homes in the county were built before 1978, when lead-based paint was finally banned for residential use.³⁰ While the state does not require all children to be screened, Medicaid mandates that children be tested at ages one and two, and health guidelines recommend that children with risk factors such as living in an older home also be tested.³¹

However, the PCCY Child Wellness Index shows that only 24% of children under three were screened for lead exposure in 2014.³² It is not possible to know from the data what share of the children tested were covered by Medicaid.

We also don’t know how many children were poisoned. In 2012, the CDC recognized that children were being harmed by smaller amounts of lead in their bodies, so it lowered the blood lead level that constitutes poisoning.³³ Disturbingly, no data is available on the share of children under three who were poisoned under the new standard, but based on the old standard, 68 children were poisoned in 2014.³⁴

Teens Need More Help to Prevent Pregnancies

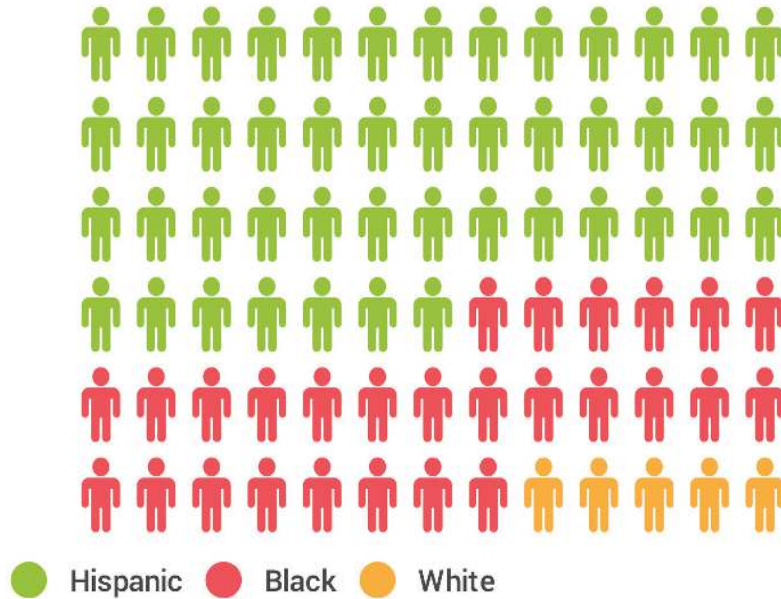
The ultimate school absenteeism crisis, of course, is when students don’t graduate. Nationwide approximately two thirds of female students who are pregnant or become parents during high school do not graduate.³⁵ Here again is another example of where public policy matters. The teen birth rate declined nationwide by 40% between 2008 and 2014, and in Montgomery County it declined by 43%.³⁶ Looking closer, however, deep disparities persist for this critical health indicator. In 2014 the teen pregnancy rate for white teens was just shy of 4.0 per one-thousand, but strikingly the rate for Hispanic and black teens were nine and six times higher.³⁷ Even with an overall decline in births, an estimated 580 girls are teen parents in Montgomery County – a number equivalent to the combined 2016 graduating classes of Lower Merion and Springfield High Schools.³⁸



Only 24% of children under three were screened for lead exposure in 2014.



CHART 8: PREGNANCY RATE IS FAR HIGHER FOR BLACK AND HISPANIC THAN WHITE TEENS



Policy Recommendations to Improve Child Health:

- Expand public health insurance to all children including children who are undocumented.
- Increase the oversight of Medicaid and CHIP providers so that they implement strategies that boost pre and postnatal care utilization among black women.
- Ensure Medicaid providers are compliant with the federal law that requires that every child under three is tested for lead exposure. Preemptive efforts to reduce exposure are also needed and can be targeted by testing homes of pregnant women at high risk for lead hazards so they can be remediated to prevent poisoning.
- Expand public health insurance benefits to cover asthma home visits conducted by community health workers to help eliminate factors that influence asthma hospitalizations.
- Partner with schools, medical professionals and social service agencies to increase access to long acting birth control for teens with Medicaid.

Early Childhood Education

“Thousands of working parents seek our help; they are spending a significant amount of their incomes on childcare, but still find their options limited choices because of a shortage of affordable, quality care in their community. The County works hard to close gaps for vulnerable families, but overall the solutions are complex and it will take coordinated effort and much greater resources at state and national levels. If we fail to grapple with this now, the result will be that we perpetuate the lack of opportunity that will influence children’s futures.”

Elizabeth Adeyi, Executive Director,
Child Care Information Services of Montgomery County

With more than 53,000 children under five years old, Montgomery County has a substantial opportunity to mitigate the impact of child poverty by leading the charge to expand access to high quality early childhood education, ensuring that children benefit from its life-altering impact.

One bright spot in the PCCY Child Wellness Index for Montgomery County is found in the modest improvement in the share of children enrolled in high quality child care and full day kindergarten. In spite of the welcome positive trend, the lion’s share of children who could benefit most from these proven programs are excluded from them due to the shortage of public investment and the high cost of quality care for families on relatively limited incomes.

Child Care is Becoming Less Affordable

Child care and its quality matter to parents, particularly to those who are working full-time. That’s especially the case in Montgomery County where nearly three in four children under six years old in the county have all parents in the workforce.³⁹ Yet, even with two incomes, many families struggle to pay for child care. In 2014 the median cost of full-time, center-based care was \$11,388 for a preschooler and \$25,220 for both an infant and a preschooler.⁴⁰ Quality child care for a low income family could easily consume half of their budget.



Quality child care for a low income family could easily consume half of their budget.

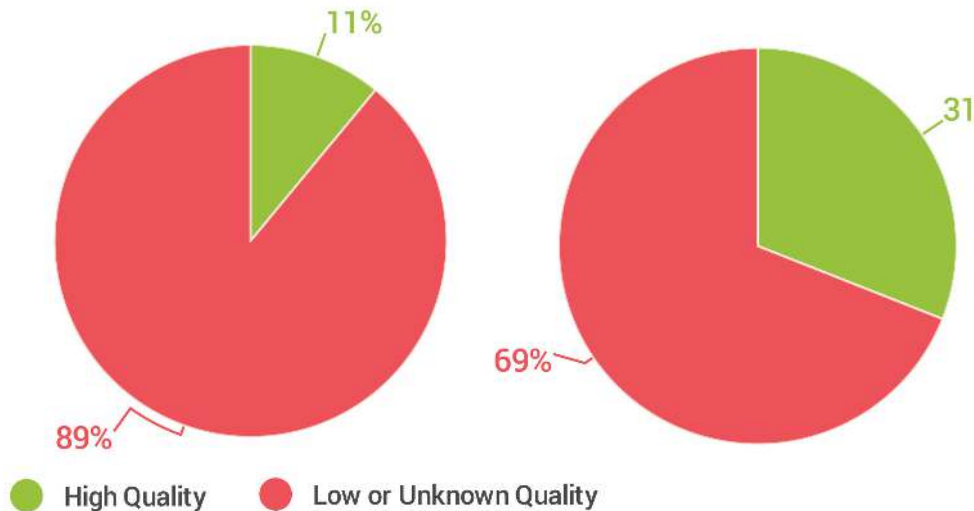


From 2008 to 2014 the price of child care jumped 22%. Meanwhile, across the county the number of families unable to afford this care grew and state funding for child care subsidies for working families of limited means did not keep pace. As a result, far too many low income parents likely faced difficult decisions to pull out of the workforce or put their children in lower quality care than desirable. Neither outcome is the best for the children or their families.

A Shortage of Quality Persists

While child care is nearly uniformly expensive, it's not of equal quality. More often than not, parents are paying a substantial portion of their income for care that's not good enough to meet the developmental needs of their child. Across the county, child care providers offer nearly 4,200 high quality child care seats, more than double the number in 2008. Even so, they accommodate only 12% of children with working parents and 29% of children in publicly regulated care.⁴¹

CHART 9: SHARE OF CHILDREN IN HIGH QUALITY CARE INCREASED FROM 2008 TO 2015 BUT REMAINS TOO LOW



An important measure of access to quality is the percentage of at-risk children who are enrolled in high quality care, as they and their families have the most to gain. Communities and society gain the most through these investments, by offsetting future costs – a savings of at least \$7 for each \$1 invested.⁴² In Montgomery County, because state funds for care did not grow in response to need, the supply of high quality seats in the subsidy system was basically stagnant. In 2016, 31% of children enrolled in state subsidized care were in high quality program compared to 32% in 2010.⁴³

High quality care for infants and toddlers is even harder for families to find and afford. The supply here is also very weak, with only 244 seats for more than 2,000 eligible children in 2014.⁴⁴ Stunningly, at that number of seats, families in Montgomery County had more access to quality infant and toddler care services than in the other southeastern suburban counties. Fortunately, for the parents, Pottstown and the Intermediate Unit in Norristown stepped forward to begin to offer these critical high quality infant and toddler services.

Four of Five Children Can't Access High Quality Affordable Pre-K

When children turn three they are ready for two years of high quality pre-k. The connection between high quality pre-k and school readiness is now widely understood. In Pennsylvania, a high quality child care center, a state-funded pre-k program and Head Start programs all offer three and four year olds from middle class and low income families access to this essential preschool experience. Unfortunately, the Index shows progress in meeting the need for publicly funded pre-k has been stagnant: four in five children eligible for these programs went unserved from 2008 to 2014.⁴⁵ There is some hope that the supply shortage will begin to shrink since state funding for pre-k was increased in both the FY 2016 and FY 2017 state budgets.

Before 2016, most publicly funded pre-k was concentrated in a few areas of high need. For example, the Pottstown School District, with 75% of its young children from poor-to-moderate income families, initiated a long-running early learning partnership that has netted a high enrollment in publicly funded early learning programs. Here again is a good example of how good public policy matters. The 2015 pre-k expansion added seats in parts of Montgomery County where families had never had access to Pre-K Counts.



**Four in five
children eligible
for publicly
funded pre-k
went unserved
from 2008 to
2014.**

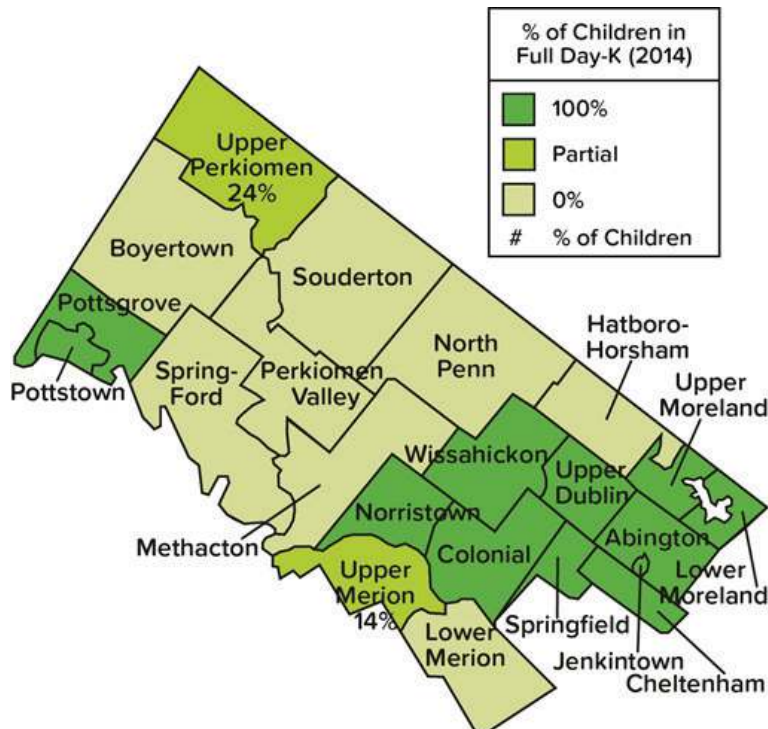


Important Gains in Full Day Kindergarten but 40% of Children are Still Shut Out

Although kindergarten is part and parcel of our public education system, Pennsylvania remains an outlier by not mandating enrollment in school before the age of eight. That policy flies the face of legions of studies showing the important of full day kindergarten. Studies show that children with access to full day kindergarten have better social-emotional skills and less absenteeism in first grade than those who attended half day. Lower income children and their families benefit even more from a full day of kindergarten, as they are least able to pay for quality private care for the remainder of the work day.

A clear indicator of progress in this domain on the Index is in the share of children enrolled in full day kindergarten. In 2008, only nine of 21 school districts offered full day kindergarten to all children. By 2014 the number grew to twelve, accounting for 57% of kindergarteners, up from 46% in 2008.⁴⁸ In the upcoming school year Hatboro-Horsham plans to convert to all full day kindergarten.

CHART 10: SOME SCHOOL DISTRICTS STILL LACK FULL DAY KINDERGARTEN



But even with this new district coming on board, 40% of children across the county are starting first grade without this proven strategy to boost academic outcomes. In contrast to the state average of 75% of kindergarteners in full day kindergarten, Montgomery County school districts are lagging behind. This lack of access to full day kindergarten is due in large measure to the state's failure to adequately fund public schools so that the full spectrum of educational needs of children from kindergarten to 12th grade can be properly met.



40% of public school children are starting first grade without a year of full day kindergarten.



Policy Recommendations to Improve Access to Early Childhood Education:

- Increase the supply of high quality child care options for children birth to five using county and state resources to incentivize providers to improve quality and enable providers that are already high quality to expand.
- Increase state investment in pre-k so that every child who is eligible for a state-funded program is offered a seat.
- Remove the financial barriers that limit access to full day kindergarten.

K-12 Education

“It’s heart wrenching to see what is going on in our district. We keep raising taxes and cutting the things our students love or what they need most. Things I took for granted as a student, like woodworking or life skills classes for all students during the school day, have disappeared. We have to work harder to provide the extra supports so many of our students need to be successful. As a school board member I’ve made the unpopular decision to raise taxes, but I have to do it because further cuts would simple rob the future from our children.”

Turea Hutson, School Board President
Norristown Area School District

For 180 days a year, we entrust children to the public school system with the expectation that it can do its job of academically preparing each child to graduate and to have the knowledge needed to succeed in the next step in life. The PCCY Child Wellness Index makes one thing very clear: progress is stalled for the 105,000 public school students in Montgomery County.

More Than 6,000 Students Struggling With Reading and Math

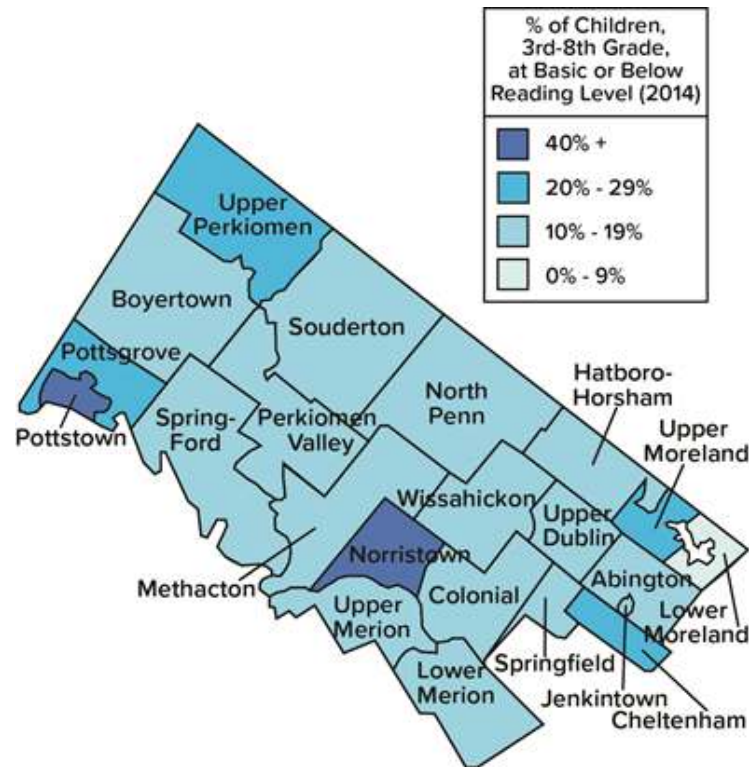
Reading and math are the basics every student must master. Yet, of approximately 49,000 third through eighth grade students in the county, over 8,400 were unable to pass the state reading assessments in 2014.⁴⁹ The Index showed the fail rate among the districts in reading rose, adding 600 students to the ranks of those failing. The share of students unable to make the grade in math didn’t increase, but it remained stubbornly high at 13.6% or about 6,400 students falling behind from 2008 to 2014.

Research shows that students unable to read on grade level in third grade have diminished chances of success for the rest of their academic careers.⁵⁰ That’s why it’s especially sobering that the share of third graders failing the state reading assessment jumped from 13% to 17.5%.



The share of third graders failing the state reading assessment jumped to 17.5% in 2014.



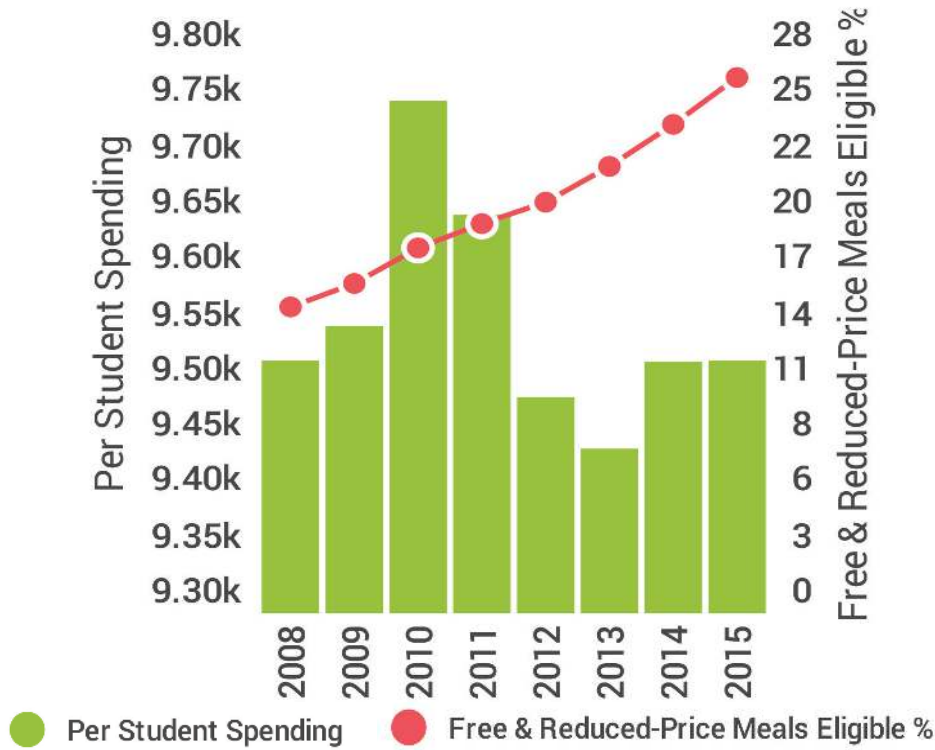
CHART 11: THOUSANDS OF STUDENTS NOT READING AT GRADE LEVEL

It is well understood that standardized state assessments are not a complete picture of a student's capability. However, assessment results can be an indicator of progress and based on these indicators far too many students in every Montgomery County district need more instructional support to succeed.

Every District Is Educating More Low Income Children, Most With Fewer Resources

Educational research is definitive on this point: it is more expensive to successfully educate lower income children because they need smaller class sizes, extra help and typically social services in order to meet their education potential.⁵¹ In fact, the higher cost of educating low income students was recognized by the Pennsylvania legislature when it designed its new approach to funding public schools in 2015. Countywide, the share of low income public schools students jumped from 15% to 27% from 2008 to 2014.⁵²

CHART 12: AS ECONOMIC HARDSHIP HAS INCREASED, SPENDING HAS DECLINED



Meanwhile two-thirds of districts across the county had no additional new funds to support a boost in student achievement. In FY 2008, the 21 Montgomery County districts spent, overall, \$9,526.66 per student for instructional costs.⁵³ Fast forward to FY 2015, when the districts literally had \$9,526.68, or just two cents more, available for instructional costs—that’s a two penny increase over seven years. The pittance in new resources is a sign of real trouble for the districts since every district is enrolling a larger share of lower income children. More spending on education does not necessarily increase student achievement, but the fact is without sufficient funds, students who need extra help cannot get it.

The period from FY 2011 to FY 2015 presents a defining and troubling period with respect to district resources. From FY 2008 to FY 2011, districts benefited from annual increases in state and federal funds intended to help districts make it through the recession without deep cuts to the teaching corps. In FY 2012 those resources disappeared. At the high watermark in FY 2010, the Index shows districts spent nearly \$6,000 more per classroom (\$233 per student) to educate students than was available five years later.

■ ■ ■ ■ ■
Montgomery County districts had nearly \$6,000 more per classroom in 2010 than was available five years later.
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Dramatic Increases in Mandated Costs Decreased Funds Available for Instruction for Every District

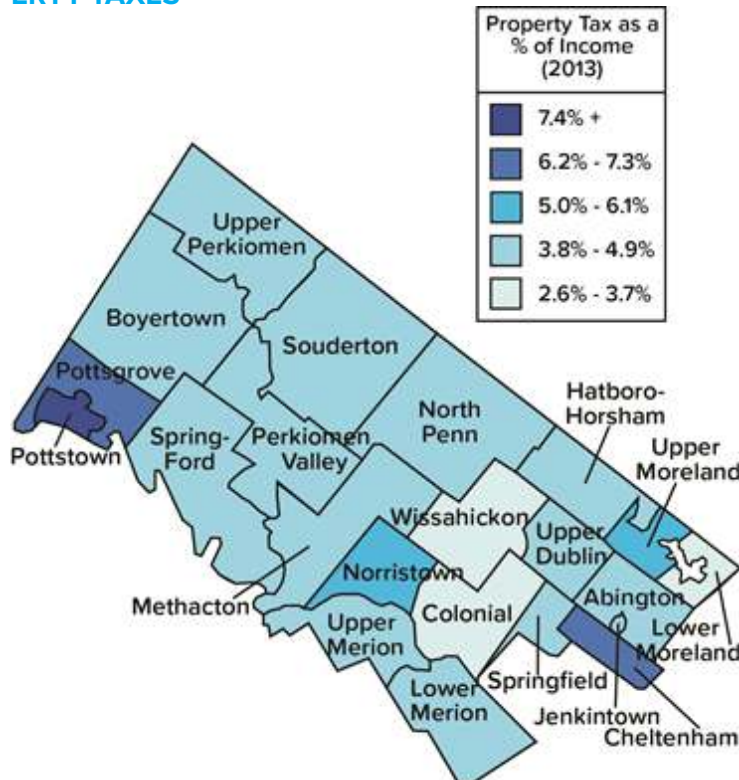
The double whammy of rising poverty and rising costs outside a district’s control put school leaders, teachers and students in a painful vise. From 2008 to 2014, district budgets had to absorb an 11% inflation rate and cover \$50 million more in state-mandated pension payments.⁵⁴ In spite of hefty school property tax hikes, the skyrocketing increase in mandated costs meant that the funds available for instruction dropped in three quarters of the districts from FY 2011 to 2015.⁵⁵ These trends are particularly alarming because in the districts with fewer resources for instruction, the share of low income students rose by 54%.

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In districts with fewer resources for instruction, the share of low income students rose by 54%.
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Increased Dependence on Local Funding Compounded the Problem for Poorer Districts

School boards across the county made the tough decisions to increase local taxes to cover costs in an attempt to maintain their academic programs. However, lower wealth districts had to impose steeper millage increases than other districts and typically still ended up short of what was needed.

CHART 13: LOWER WEALTH DISTRICTS ARE MORE HEAVILY BURDENED BY PROPERTY TAXES



Case in point: the lowest wealth district, Pottstown, had a millage rate that was over 50% higher than the wealthiest district, Lower Merion.⁵⁶ Nevertheless, in FY 2015 Pottstown had \$5,800 less to spend per student. This disparity is especially problematic because low wealth districts educate more high-needs students. Nearly 70% of the students in Pottstown were low income, compared to just 9% in Lower Merion. As a result of the financial constraints of rising costs, less state funds and limitations on their tax bases, districts had to shortchange students by making cuts educational programs and increasing class sizes.⁵⁷

Ideally, state funding helps smooth the spending gap among school districts by relying on a formula that distributes state aid based on the number of students, the relative needs of the students and relative local capacity to fund the school. The absence of a funding formula caused Pennsylvania to become the state with the greatest resource gap between wealthy and poor school districts in the nation.⁵⁸

Fortunately, Pennsylvania enacted a school funding formula in FY 2015 that has the potential to address these gaps and as a result reduce the pressure on local taxes and boost student achievement. However, in the first year that the new formula was employed, only 3% of the state's more than \$6 billion appropriation for school aid flowed through it. Were the formula backed with sufficient state resources, districts across the county would receive \$89.3 million more in state aid, with the lion's share allocated for the districts with the greatest share of low income students and the lowest capacity to raise revenues from the local tax base.⁵⁹

Policy Recommendations to Improve K-12 Educational Experiences:

- Increase state funds for public schools by the amounts defined in the Legislature's 2006 Costing Out Study (adjusted for inflation) and ensure those funds are distributed to districts in accordance with the recently enacted Basic Education Funding Formula.

PCCY's Child Wellness Agenda for Montgomery County

The time has come for the benefits of the economic recovery to trickle down to all 176,242 children in Montgomery County. Children have been left out, and if nothing more is done they will continue to be left out. Only a concerted effort to adopt good public policies, like those listed below, that protect and improve the life chances of children will ensure that all of the children living in Montgomery County finally recover from the Great Recession

- **Boost Job Longevity and Pay:** A minimum wage increase is urgently needed. Beyond higher wage rates, workforce supports including predictable scheduling and paid sick and family leave are needed.
- **Increase Household Income:** The state or county must take an active role in connecting families to federal income and work supports such as the Earned Income Tax Credit, Child Tax Credit and SNAP.
- **Feed Hungry Children:** Expand school district participation in the school meals program and adopt strategies that reduce the stigma of subsidized meal participation for low income students.
- **Ensure Health Care Access:** Expand public health insurance to all children including children who are undocumented.
- **Reduce Infant Mortality:** Increase the oversight of Medicaid and CHIP providers so that they implement strategies to boost pre and postnatal care utilization among black women.
- **Eliminate Child Lead Poisoning:** Ensure publicly funded health providers are testing every child under three and pursue preemptive targeted efforts by testing and remediating homes of pregnant women at high risk for lead hazards.
- **Increase School Attendance:** Improve how publicly funded health providers address asthma including home visits by community health workers to help eliminate home-based asthma triggers.

PCCY's Child Wellness Agenda for Montgomery County

(continued)

- **Cut the Teen Pregnancy Rate Further:** Partner with schools, medical professionals and social service agencies to increase access to long acting birth control for teens with Medicaid.
- **Make Quality Child Care Affordable:** Increase the supply of high quality child care options for children birth to five using county and state resources to incentivize providers to improve quality and enable providers that are already high quality to expand.
- **Expand Pre-K:** Advocate for greater state investment in pre-k so that every child who is eligible for a state-funded program is offered a seat.
- **Grow Access to Full Day Kindergarten:** The state should find ways to cover the cost borne by districts that add full day Kindergarten for every child.
- **Address the School Funding Crisis:** Increase state funds for public schools by the amounts defined in the Legislature's 2006 Costing Out Study (adjusted for inflation) and distribute those funds to districts in accordance with the recently enacted Basic Education Funding Formula.

An American tragedy is happening right before our eyes, yet it's hard to see. The headline news touts a strong economic rebound and monthly jobs reports amplify the message. But as the PCCY Child Wellness Index shows, too many Montgomery County parents are not able to earn enough to provide for their children in the ways proven to ensure that the American promise of upward mobility will be possible when the children reach adulthood.

Appendix 1: Data Used to Calculate the PCCY Child Wellness Index

	Indicator	2008	2009	2010	2011	2012	2013	2014
Economic Well-Being	Child Poverty	7.4%	6.1%	6.5%	6.4%	7.3%	8.3%	9.2%
	Child Deep Poverty	3.3%	2.8%	2.6%	2.8%	2.6%	3.2%	4.0%
	Children in Rent Burdened Households	44.5%	47.3%	52.2%	50.3%	51.3%	46.3%	53.7%
	Free or Reduced Price School Meals Eligibility	15.4%	16.6%	18.4%	19.6%	20.7%	22.5%	24.6%
Health	Teen Birth Rate (per 1,000)	14.6	15.3	13.7	10.6	10.0	8.3	8.3
	Infants & Toddlers Not Screened for Lead	81.5%	81.3%	79.0%	78.1%	77.1%	77.2%	75.9%
	School Absenteeism	4.7%	4.6%	4.8%	4.2%	4.2%	4.7%	4.1%
	Uninsured Children	3.8%	3.4%	2.8%	3.2%	3.6%	3.6%	3.1%
Early Childhood Education	Unmet Need for Publicly Funded Pre-K	83.7%	84.2%	80.4%	78.5%	81.0%	83.2%	84.6%
	Children in Child Care who are in Low or Unknown Quality	89.3%	90.3%	86.1%	79.6%	76.7%	75.6%	71.5%
	Cost of Child Care as Share of 200% FPL	48.6%	48.4%	50.1%	51.4%	51.7%	52.1%	52.9%
	Kindergartners Without Full Day K Access	53.9%	50.8%	50.1%	50.5%	49.3%	48.3%	48.1%
K-12 Education	Instructional Spending per Student	\$9,527	\$9,558	\$9,760	\$9,658	\$9,494	\$9,447	\$9,526
	Spending Gap, Highest and Lowest Wealth Districts	\$6,325	\$5,852	\$6,487	\$6,909	\$5,294	\$5,382	\$5,221
	Below Grade Level in Math	13.9%	12.1%	10.1%	10.4%	10.6%	13.1%	13.6%
	Below Grade Level in Reading	17.0%	16.2%	15.9%	14.6%	15.3%	18.4%	17.9%

Appendix 2: Indicator Sources & Definitions

Economic Well-Being

Child Poverty: Share of children under 18 in households making 100% or less of the Federal Poverty Level. *Source: US Census Bureau; American Community Survey, 1-Year Estimates.*

Child Deep Poverty: Share of children under 18 in households making 50% or less of the Federal Poverty Level. *Source: US Census Bureau; American Community Survey, 1-Year Estimates.*

Children in Rent Burdened Households: Share of children under 18 living in renter households in which 30% or more of the household income is spent on gross rent. *Source: Reinvestment Fund computations of US Census Bureau; American Community Survey, 1-Year Estimates.*

Free or Reduced Price School Meals Eligibility: Share of K-12 students qualifying for free or reduced price meals under the National School Lunch Program. *Source: Pennsylvania Department of Education; National School Lunch Program Reports.*

Health

Teen Birth Rate: Births to 15-19 year old girls per 1,000 girls. *Source: Center for Disease Control and Prevention; Wonder Search for Natality.*

Infants & Toddlers Not Screened for Lead: Share of infants and toddlers under 36 months old who have not been screened for lead poisoning. *Sources: Pennsylvania Department of Health; Enterprise Data Dissemination Informatics Exchange; (2008-2013). Pennsylvania Department of Health; Childhood Lead Surveillance Annual Report; (2014).*

School Absenteeism: Share of school days missed by K-12 public school students. *Source: Pennsylvania Department of Education; Obtained via a special data request.*

Uninsured Children: Share of children under 18 without health insurance. *Source: Pennsylvania Partnerships for Children KIDS COUNT, analysis of US Census Bureau; American Community Survey, 1-Year Estimates.*

Early Childhood Education

Unmet Need for Publicly Funded Pre-K: This was calculated by first totaling the number of children in Pre-K Counts, Head Start, School District pre-k, and three and four year olds with subsidies in STAR 3 or 4 child care. That number was subtracted from, and then divided by, the total number of three and four year olds below 300% of the Federal Poverty Level. *Source: Pennsylvania Office of Child Development and Early Learning; Reach and Risk Report.*

Children in Child Care who are in Low or Unknown Quality: Share of children in licensed child care who are not in a STAR 3 or 4 program. The 2008 figure for total licensed seats was not available, so an estimate was extrapolated based on the number of children in high quality seats. *Source: Pennsylvania Office of Child Development and Early Learning; Reach and Risk Report.*

Cost of Child Care as Share of 200% FPL: Median cost of care for one infant and one toddler in a full-time, full-year center based program as a share of 200% of the Federal Poverty Level. Data was not available for the odd-numbered years, so median cost was estimated by averaging the median cost of the prior and subsequent year. The 2008 median cost data was not available, so an estimate was extrapolated based on the 75th percentile cost, using a ratio of median to 75th percentile identical to the ratio in 2010. *Source: Pennsylvania Office of Child Development and Early Learning; Pennsylvania Market Rate Survey.*

Kindergartners Without Full Day Access: Share of public school kindergartners enrolled in half day kindergarten. *Source: Pennsylvania Department of Education; Public School Enrollment Report.*

K-12 Education

Per Student Spending: Instructional spending per student, calculated by dividing Actual Instructional Expense by Weighted Average Daily Membership, removing pension payments (Object 230 Retirement Contributions), and adjusting for inflation so that all figures are in 2008 dollars. The inflation adjustment was made using the Employment Cost Index, Total Compensation for Elementary and Secondary Schools, Q3 (which aligns with Q1 of Pennsylvania's Fiscal Year). *Sources: Pennsylvania Department of Education; Finances. United States Department of Labor, Bureau of Labor Statistics; Employment Cost Index.*

Spending Gap, Highest and Lowest Wealth Districts: Gap in instructional spending per student, calculated using the above methodology, between the lowest and highest wealth school districts. Wealth was determined using the Pennsylvania Department of Education's Aid Ratio figures. Pottstown was considered the lowest wealth district each year, as it had the highest Market Value Personal Income Aid Ratio. Lower Merion was considered the highest wealth district each year, as it had the highest Market Value per Weighted Average Daily Membership. *Source: Pennsylvania Department of Education; Aid Ratios.*

Below Grade Level in Math: Share of public and charter school students, grades 3-8, scoring basic or below basic on the math section of the Pennsylvania System of School Assessment. *Source: Pennsylvania Department of Education; PSSA Results.*

Below Grade Level in Reading: Share of public and charter school students, grades 3-8, scoring basic or below basic on the reading section of the Pennsylvania System of School Assessment. *Source: Pennsylvania Department of Education; PSSA Results.*

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Public Citizens for Children and Youth (PCCY) serves as the leading child advocacy organization working to improve the lives and life chances of children in the region.

Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY watches out and speaks out for children and families. PCCY undertakes specific and focused projects in areas affecting the healthy growth

and development of children, including child care, public education, child health, juvenile justice and child welfare.

Founded in 1980 as Philadelphia Citizens for Children and Youth, our name was changed in 2007 to better reflect our expanded work in the counties surrounding Philadelphia. PCCY remains a committed advocate and an independent watchdog for the well-being of all our children.

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