

Berks County Health Collaborative Community Health Needs Assessment

2016

FINAL SUMMARY REPORT



PennState Health
St. Joseph



READING HEALTH
SYSTEM

Advancing Health. Transforming Lives.



BERKS COUNTY
COMMUNITY FOUNDATION



United Way of Berks County

SUBMITTED BY



HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

May 2016

TABLE OF CONTENTS

Executive Summary	2
Background	2
Community Health Needs Assessment Overview	2
A. Secondary Data Overview	5
Demographic Statistics	5
Health Statistics	14
B. Behavioral Risk Factor Survey Overview	24
C. Key Informant Overview	33
D. Focus Groups Overview	36
Concluding Thoughts	37
Identification of Community Health Needs	38
Appendix A. Berks County Health Collaborative Advisory Committee	40
Appendix B. Key Informant Participants	42
Appendix C. Summit Prioritization Participating Organizations	45
Appendix D. Prioritization Session Discussion Notes	47
Appendix E. Community Resources	52
Appendix F. Advisory Committee Prioritization	58

EXECUTIVE SUMMARY

BACKGROUND

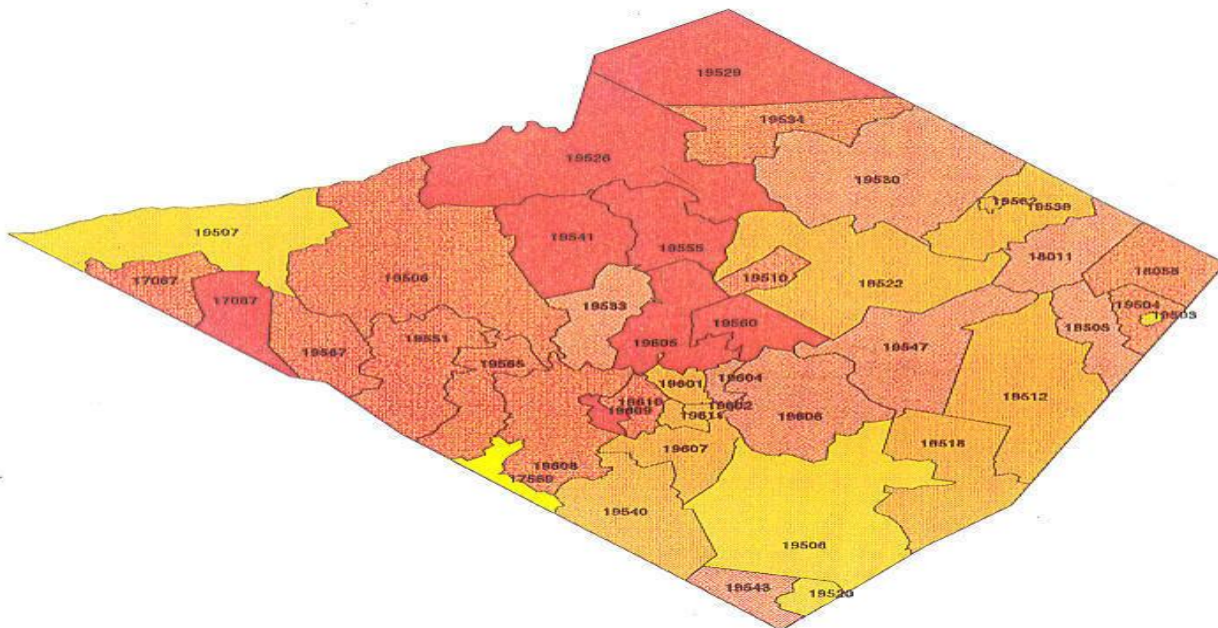
Beginning in July 2015, Berks County Health Collaborative undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in Berks County, Pennsylvania. The collaborative partners include Berks Community Health Center, Berks County Community Foundation, Penn State Health St. Joseph, Reading Health System, and United Way of Berks County. In order to more fully understand the community’s perspective of health, the Berks County Health Collaborative also formed an Advisory Committee of community partners, who represented key non-profit agencies in the county. The Advisory Committee met monthly throughout the Community Health Needs Assessment process. A full list of the Advisory and Steering Committee Members can be found in Appendix A.

The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing county residents. The assessment examined a variety of health indicators including chronic health conditions, access to health care and social determinants of health. Berks County Health Collaborative contracted with Holleran and The Center for Opinion Research, research firms based in Lancaster, Pennsylvania, to execute this project.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Community Overview

Berks County Health Collaborative defined its current service area based on an analysis of the geographic area where individuals who utilize its services reside. Berks County Health Collaborative primary service area is considered to be Berks County, Pennsylvania. Located in the southeastern Pennsylvania, Berks County is the 10th most populous of the sixty-seven counties in Pennsylvania, with an estimated population of 413,691. Additional demographics are summarized in this report.



Methodology

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

- A Statistical Secondary Data Profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Berks County, Pennsylvania was compiled.
- A Behavioral Risk Factor Survey was conducted from September 21 – October 18, 2015 with 1,001 individuals residing in Berks County. The survey sample was designed to be representative of the adult, non-institutionalized population of Berks County. The survey assessed county residents' health status, health risk behaviors, preventive health practices and needs, and health care access primarily related to chronic diseases.
- Key Informant Interviews were conducted with 89 community leaders and partners between September and October 2015. Key Informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, public schools, and the business community.
- Focus Group Discussions two focus group sessions were conducted with 13 community members on January 14 and February 26, 2016. The purpose of the focus groups was to gather qualitative feedback from community residents regarding health care access issues among low income population groups in Berks County.

Research Partners

Berks County Health Collaborative contracted with Holleran and The Center for Opinion Research at Franklin & Marshall College, two independent research and consulting firms located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. The following tasks were accomplished:

- Collecting and interpreting data from secondary data sources
- Collecting, analyzing and interpreting data from the Behavioral Risk Factor Survey
- Conducting, analyzing and interpreting data from Key Informant interviews
- Conducting and analyzing data from focus group discussions
- Reporting assessment to community at county-wide Health Summit
- Final Summary Report

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Berks County Health Collaborative sought community input through Key Informant interviews with community leaders and partners, focus group discussions with low-income and minority population groups, a telephone-based Behavioral Risk Factor Survey, and inclusion of community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit organizations and

community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

Timeline and other restrictions may have impacted the ability to survey all community stakeholders. Berks County Health Collaborative sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components.

Prioritization of Needs

Following the completion of the CHNA research, Berks County Health Collaborative held its first Berks County Health Collaborative Summit on April 7, 2016 at the Reading Area Community College in Reading, Pennsylvania. The meeting highlighted key research findings and facilitated community discussion and prioritization of identified needs. The identified needs, in prioritized order of the community were:

- Access to Care
- Obesity
- Chronic Illness
- Behavioral/Mental Health

On April 18, 2016, the Berks County Health Collaborative Advisory Committee met to discuss feedback secured during the Summit meeting and to make a final recommendation on the prioritized needs of the community. After reviewing and evaluating the information, the advisory group made a recommendation to prioritize the following health needs:

- Obesity
- Behavioral/Mental Health

Access indicators appear to be generally favorable for Berks County residents, with most residents reporting having health care coverage and a primary care physician. However, findings from the key informant interviews and focus groups suggest that residents still struggle when accessing vital health care services. Specifically, challenges related to insufficient number of bi-lingual providers, mental health providers, providers accepting Medicaid/Medical Assistance and lack of transportation for medical appointments were some of the major barriers that were identified. Another notable finding was more than two out of five residents had some economic hardships, around one in eleven skipped medical treatment due to cost, and around one in nine did not fill a prescription due to cost in the past year. Key informant interviews also corroborate this finding in that nearly 80% of participants selected, "inability to pay out of pocket expenses such as co-pays and prescriptions," as the most significant barrier to accessing care. Long wait times were also found to present key barriers, especially when one is trying to secure an appointment with a specialist.

The research indicates health disparities exist within certain populations. Those groups include: Low income or poor residents, older residents and minorities, specifically, Latinos. Over the next three year period, interventions should be targeted at these groups.

SECONDARY DATA OVERVIEW

Demographic Statistics

Population Characteristics

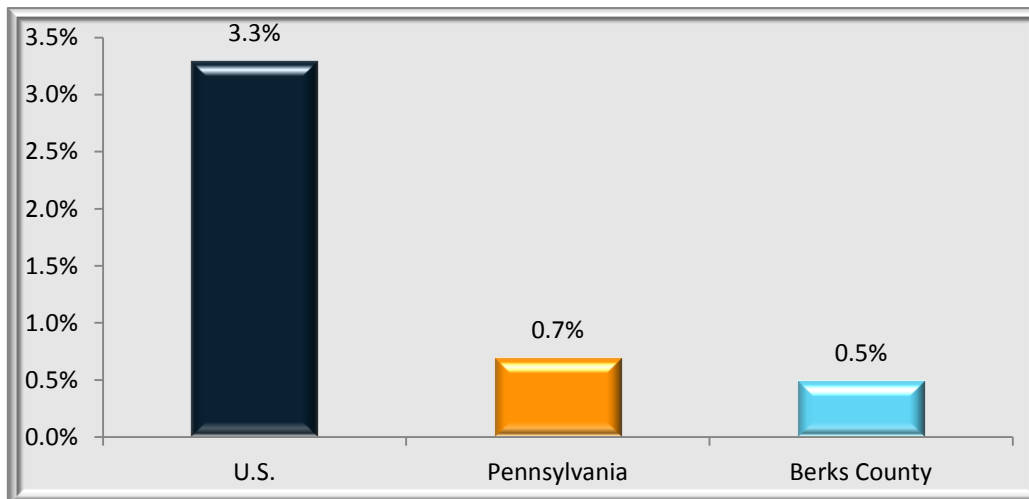
The population of Berks County has grown slowly since 2010. Its rate of growth is similar to that of Pennsylvania, and below that of the nation.

Table A1. Total Population (2014)

	U.S.	Pennsylvania	Berks County
Population (2014)	318,857,056	12,787,209	413,691
Population growth (2010 to 2014)	3.3%	0.7%	0.5%
Male share of population	49.2%	48.9%	49.2%
Female share of population	50.8%	51.1%	50.8%

Source: U.S. Census Bureau

Figure A1. Percent population change, 2010 - 2014



Compared to the U.S., Pennsylvania as a whole has a much older population. The population of Berks County is between these two; it is younger than Pennsylvania, but older than the nation.

Table A2. Population Shares by Age (2014)

	U.S.	Pennsylvania	Berks County
Under 5 years	6.2%	5.6%	5.9%
5-14 Years	13.0%	11.8%	12.8%
15-24 Years	13.8%	13.3%	14.0%
25-44 Years	26.4%	24.7%	23.7%
45-59 Years	20.3%	21.4%	21.2%
60-74 Years	14.2%	15.5%	15.0%
75-84 Years	4.3%	5.1%	5.2%
85 years and older	1.9%	2.5%	2.2%
Median Age	37.7	42.3	40.1

Source: U.S. Census Bureau

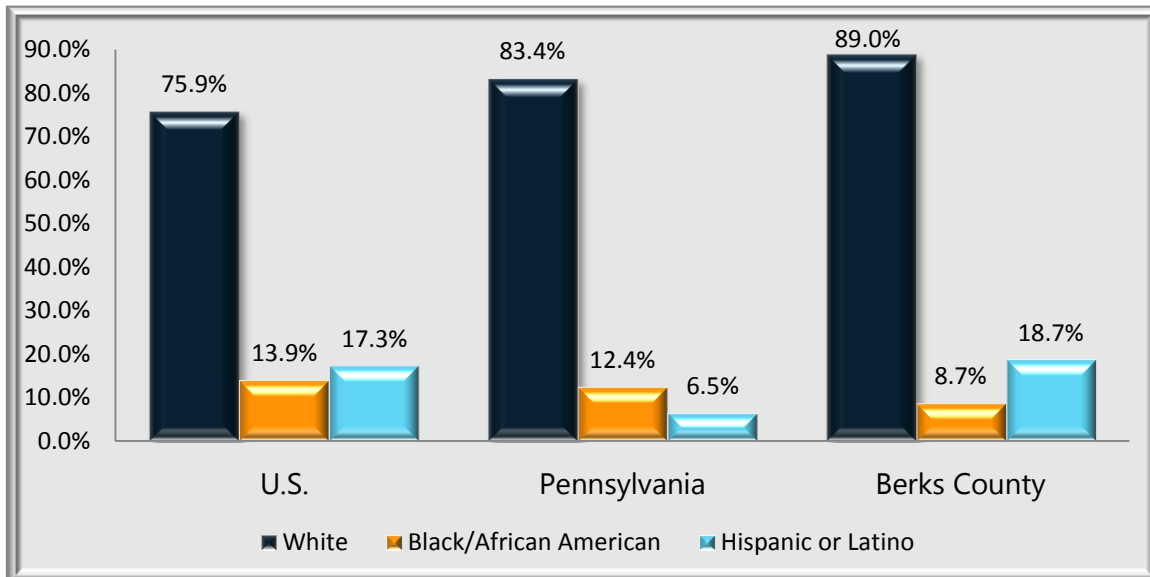
Table A3. Share of Population by Race and Ethnicity (2014)

	U.S.	Pennsylvania	Berks County
White	75.9%	83.4%	89.0%
Black/African American	13.9%	12.4%	8.7%
American Indian/Alaska Native	1.7%	0.8%	5.4%
Asian	6.2%	3.6%	1.7%
Native Hawaiian and Pacific Islander	0.4%	0.1%	0.1%
Some Other Race	5.2%	2.2%	3.8%
Hispanic or Latino (of any race)*	17.3%	6.5%	18.7%

Source: U.S. Census Bureau

* Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

Figure A2. Racial Breakdown of the Three Major Races, 2014



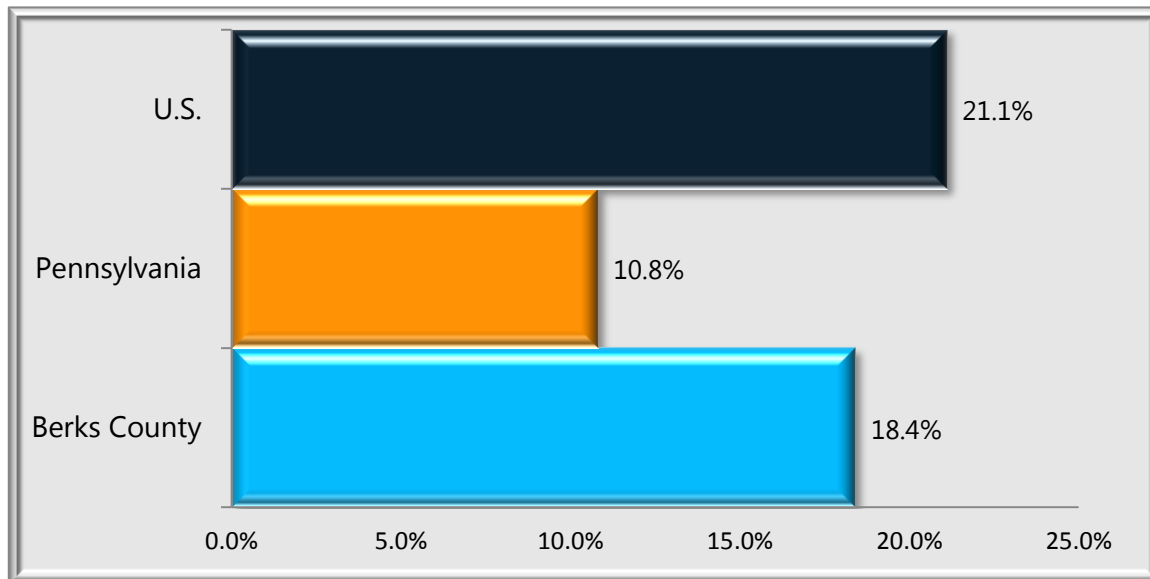
About 18% of Berks County residents speak a language other than English at home. The majority of these persons speak Spanish, and most Spanish-speakers (about 60%) report that they are also able to speak English "very well."

Table A4. Language Spoken at Home (2014)

	U.S.	Pennsylvania	Berks County
English Only	78.9%	89.2%	81.6%
Language other than English	21.1%	10.8%	18.4%
Speak English less than "very well"	8.5%	4.2%	7.5%
Spanish	13.1%	4.7%	14.3%
Speak English less than "very well"	5.5%	1.9%	6.0%
Other Indo-European languages	3.6%	3.5%	3.1%
Speak English less than "very well"	1.1%	1.1%	1.0%
Asian and Pacific Islander languages	3.4%	2.0%	0.8%
Speak English less than "very well"	1.6%	1.0%	0.5%
Other Languages	1.0%	0.6%	0.1%
Speak English less than "very well"	0.3%	0.2%	0.0%

Source: U.S. Census Bureau

Figure A4. Percentage of Population Speaking a Language Other Than English at Home, 2014



Household Statistics

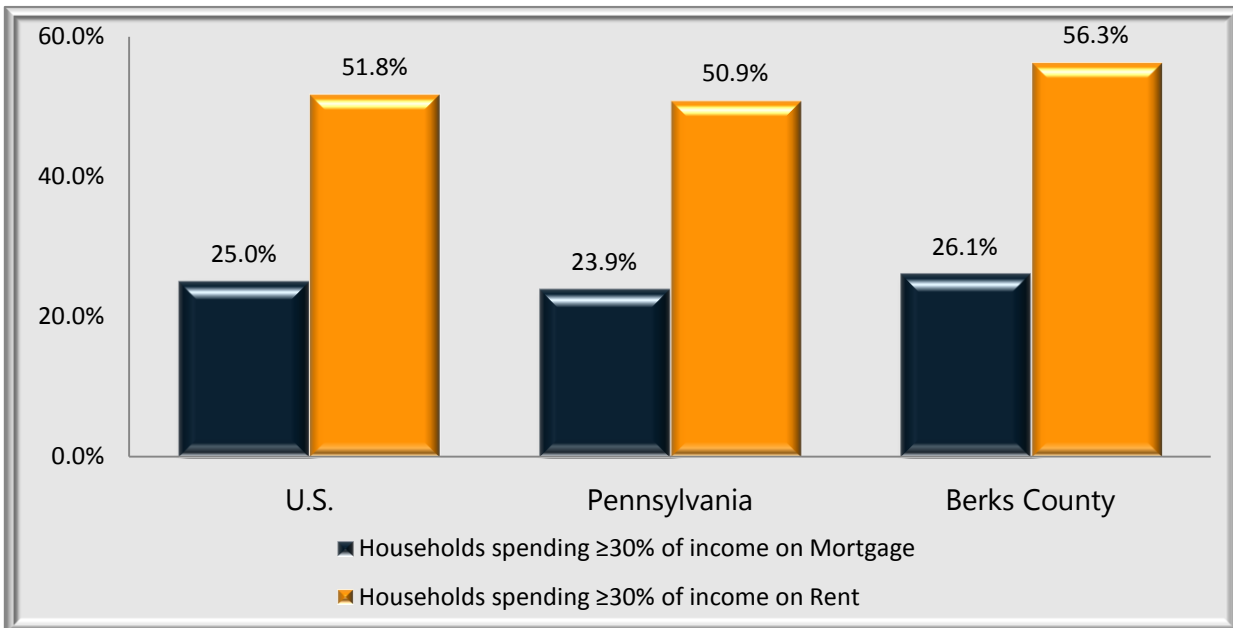
Berks County's owner-occupied housing stock has a similar median value to Pennsylvania's, and a slightly higher percentage of owned homes in Berks are mortgaged compared to the state. A higher share of renters in Berks are experiencing a housing affordability problem (with rental costs being 30% of income or more) than in the state and the nation.

Table A5. Households by Type (2014)

	U.S.	Pennsylvania	Berks County
Owner-Occupied Housing			
Owner-occupied units	73,991,995	3,404,164	107,124
Housing units with a mortgage	63.8%	60.6%	63.3%
Housing units without a mortgage	36.2%	39.4%	36.7%
Median Home Value	\$181,200	\$165,400	\$168,600
Households spending 30% or more of income on owner costs	25.0%	23.9%	26.1%
Renter-Occupied Housing			
Occupied units paying rent	43,267,432	1,541,808	45,784
Median dollars	\$934	\$848	\$864
Households spending 30% or more of income on rent	51.8%	50.9%	56.3%

Source: U.S. Census Bureau

Figure A4. Households Spending More Than 30% of Income on Rent, 2014



Berks County has a greater share of family households than Pennsylvania and the nation, as well as a greater share of married-couple households. About 11% of Berks County households are elderly, single-person households, a percentage that is higher than the nation's and below the state's.

Table A6. Households by Type (2014)

	U.S.	Pennsylvania	Berks County
Total households	117,259,427	4,945,972	152,908
Average household size	2.7	2.5	2.6
Average family size	3.3	3.1	3.1
Shares of all households that are:			
Family households	65.8%	64.4%	71.2%
Male householder, no wife	4.9%	4.5%	5.4%
Female householder, no husband	13.0%	12.0%	12.7%
Married-couple families	47.9%	47.8%	53.1%
Nonfamily households	34.2%	35.6%	28.8%
Householder living alone	27.8%	29.6%	23.8%
65 years and over, living alone	10.3%	12.1%	10.8%

Source: U.S. Census Bureau

Income Statistics

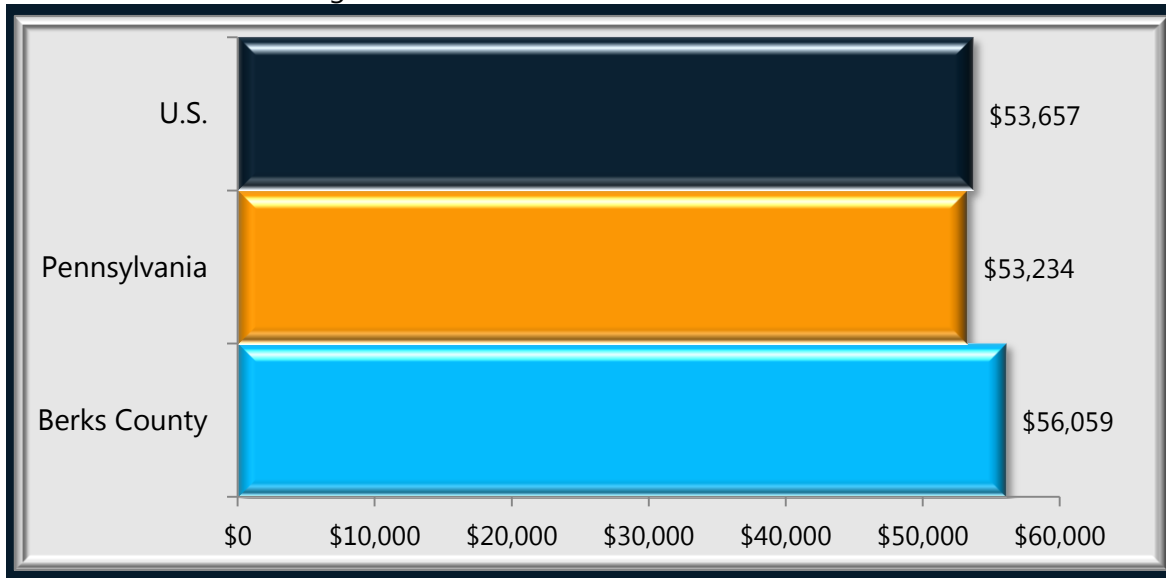
Berks County has slightly smaller shares of households in the lowest and highest income brackets compared to Pennsylvania and the U.S. Because of having fewer high-income households, its mean (average) household and family incomes are lower than the comparison areas. However, median household income and median family income are similar or higher for Berks, which has a larger share of households in income ranges between \$50,000 and less than \$149,999.

Table A7. Household and Family Income (2014)

	U.S.	Pennsylvania	Berks County
Household Income			
Less than \$10,000	7.3%	7.1%	6.3%
\$10,000 to \$24,999	15.8%	15.9%	15.5%
\$25,000 to \$34,999	10.0%	10.1%	10.2%
\$35,000 to \$49,999	13.5%	13.7%	12.9%
\$50,000 to \$74,999	17.8%	18.4%	19.7%
\$75,000 to \$99,999	12.0%	12.4%	13.9%
\$100,000 to \$149,999	13.1%	13.0%	13.9%
\$150,000 or more	10.5%	9.4%	7.7%
Median household income	\$53,657	\$53,234	\$56,059
Mean household income	\$75,591	\$73,112	\$69,160
Family Income			
Median family income	\$65,910	\$67,876	\$66,774
Mean family income	\$88,394	\$87,813	\$79,734

Source: U.S. Census Bureau

Figure A5. Median Household Income, 2014



In Berks County, as in the state and nation, Blacks and Latinos have lower median household incomes than Whites and Asians. Blacks in Berks have a similar median income to Blacks in Pennsylvania, although both areas have lower Black median incomes when compared to the U.S. as a whole. For Latinos, median income in Berks is lower than the statewide and national Latino median income values.

Table A8: Median Household Income by Race and Ethnicity (2014)

	U.S.	Pennsylvania	Berks County
Total	\$53,046	\$52,548	\$55,170
Asian	\$72,225	\$64,397	\$79,107
Black	\$35,415	\$32,426	\$32,522
Latino	\$42,042	\$33,963	\$27,168
White Non-Latino*	\$58,096	\$56,035	\$60,682

Source: U.S. Census Bureau

* Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

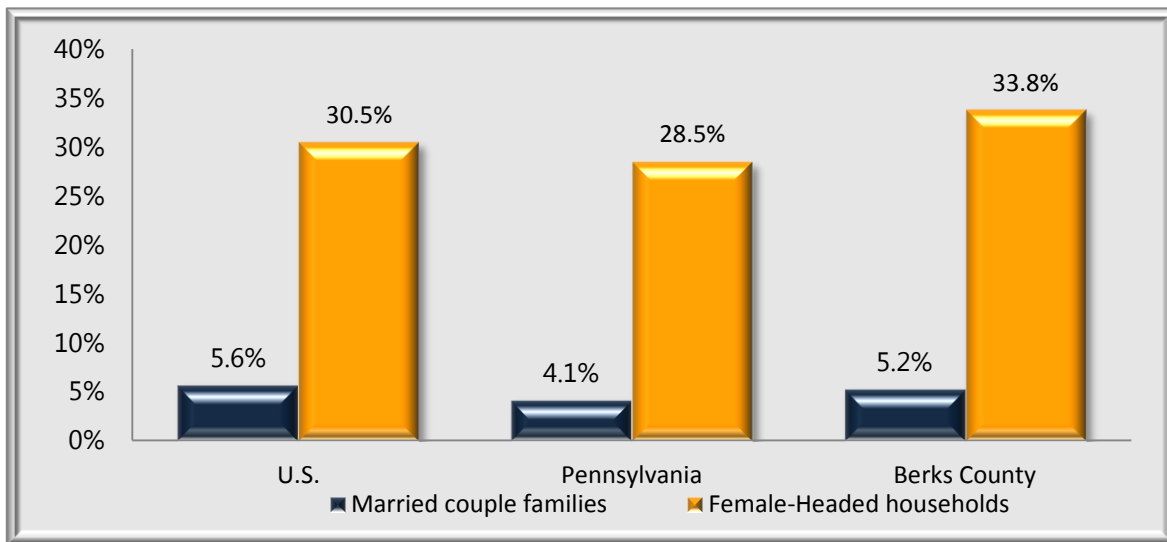
The poverty rate in Berks County is higher than that of Pennsylvania, and lower than the U.S. rate. For families, the incidence of poverty is highest for families with children; 21% of Berks County families with children experience poverty. By age, poverty is lowest for older persons and highest for children. By race and ethnicity, the poverty rates of Blacks (28%) and Latinos (40%) are significantly higher than those of Asians and Whites.

Table A9: Poverty (2014)

	U.S.	Pennsylvania	Berks County
All families	11.3%	9.4%	10.8%
With related children under 18 years	18.0%	16.2%	19.5%
With related children under 5 years	22.3%	20.0%	20.5%
Married couple families	5.6%	4.1%	5.2%
With related children under 18 years	8.2%	5.8%	8.1%
With related children under 5 years	10.5%	7.6%	9.7%
Female-headed households, no husband present	30.5%	28.5%	33.8%
With related children under 18 years	40.6%	39.7%	45.2%
With related children under 5 years	52.5%	50.2%	55.1%
All People	15.5%	13.6%	14.7%
Individual poverty by age			
Under 18 years	21.7%	19.4%	22.4%
18-64 years	14.6%	13.1%	13.5%
65 years and over	9.5%	8.1%	7.8%
Individual poverty by race (2009-13)			
Asian	12.5%	16.3%	8.7%
Black	27.1%	28.6%	28.2%
Latino	24.7%	32.3%	39.7%
White Non-Latino	10.6%	9.6%	7.4%

Source: U.S. Census Bureau

Figure A6. Percentage of Families Below the Poverty Level by Household Type, 2014



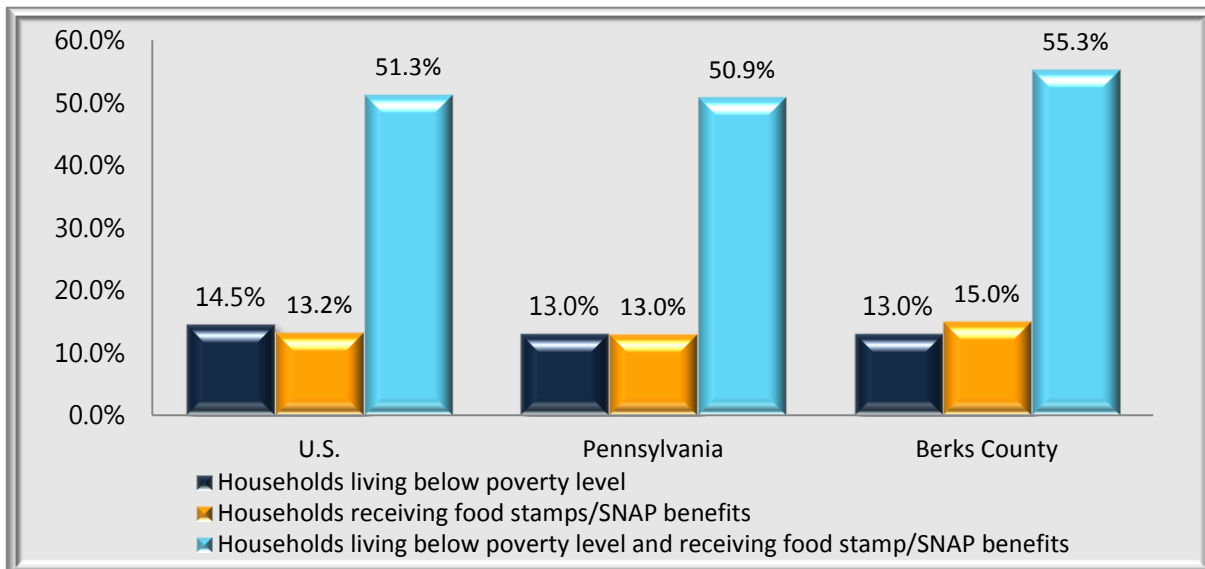
A slightly higher share of Berks households receive food stamp/SNAP benefits than in comparison areas. The majority of these households include children, and are below the poverty level.

Table A10. Households with Supplemental Benefits in the Past 12 Months (2014)

	U.S.	Pennsylvania	Berks County
Households below poverty level	14.5%	13.0%	13.0%
Households with supplemental security income	6,366,987	296,694	9,655
Mean supplemental security income	\$9,399	\$9,648	\$9,302
Households with cash public assistance income	3,114,615	168,621	4,621
Mean cash public assistance income	\$3,150	\$2,602	\$2,443
Number of households with food stamp benefits	15,496,341	644,930	22,923
Share of households with food stamp/SNAP benefits	13.2%	13.0%	15.0%
Share of households receiving food stamp/SNAP benefits that are below the poverty level	51.3%	50.9%	55.3%
Share of households receiving food stamp/SNAP benefits with one or more people 60 years and older	29.0%	31.2%	26.6%
Share of households receiving food stamp/SNAP benefits with children under 18 years	52.9%	47.0%	57.2%

Source: U.S. Census Bureau

Figure A7. Households with Food Stamp/SNAP Benefits and Living in Poverty, 2014



Although Berks County has a much lower overall food insecurity rate compared to the state and nation, its child food insecurity rate is similar to state and national values.

Table A11. Food Insecurity (2013)

	U.S.	Pennsylvania	Berks County
Food Insecurity Rate (2013)	15.8%	14.2%	11.3%
Child Food Insecurity Rate (2013)	21.4%	20.4%	20.4%

Source: Feeding America

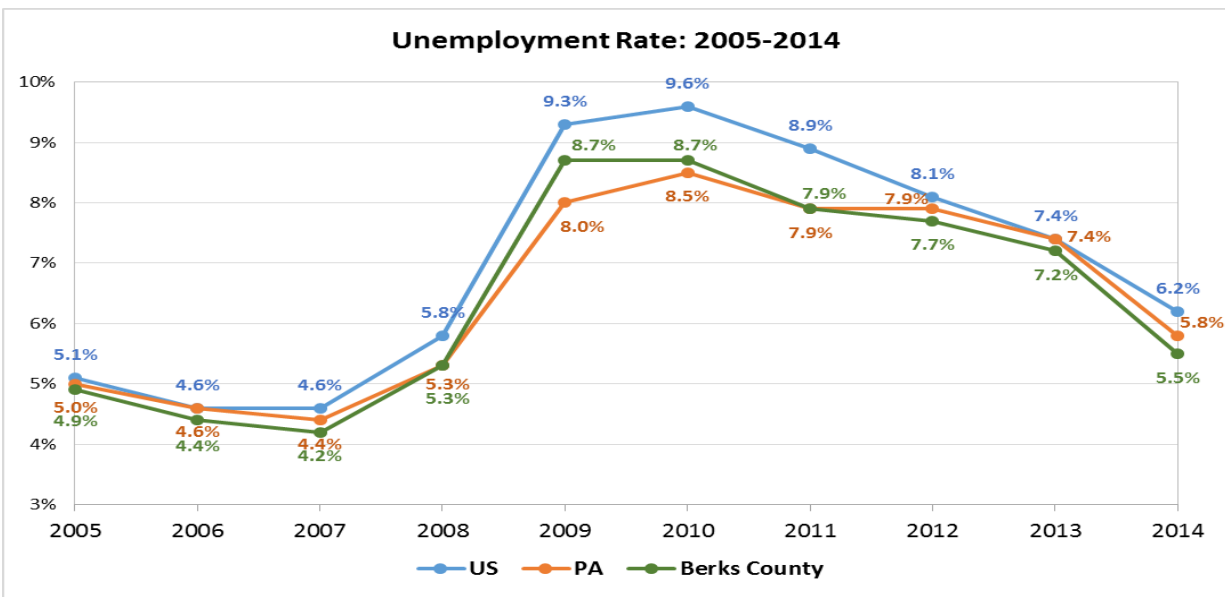
Employment Statistics

Berks County has a higher labor force participation rate and a lower unemployment rate when compared to the state and the nation. Unemployment in Berks County rose above the state level during the recession (during 2009 and 2010), but has again dropped below the state value (after 2012).

Table A12. Employment Status of the Population 16 years and older (2014)

	U.S.	Pennsylvania	Berks County
Population in labor force	160,532,722	6,507,479	217,005
% of population in labor force	63.3%	62.5%	65.6%
Civilian labor force	62.9%	62.5%	65.6%
Armed forces	0.4%	0.0%	0.0%
% of population not in labor force	36.7%	37.5%	34.4%
Unemployment Rate (Bureau of Labor Statistics, 2014 Annual)	6.2%	5.8%	5.5%

Sources: Bureau of Labor Statistics & U.S. Census Bureau



Education Statistics

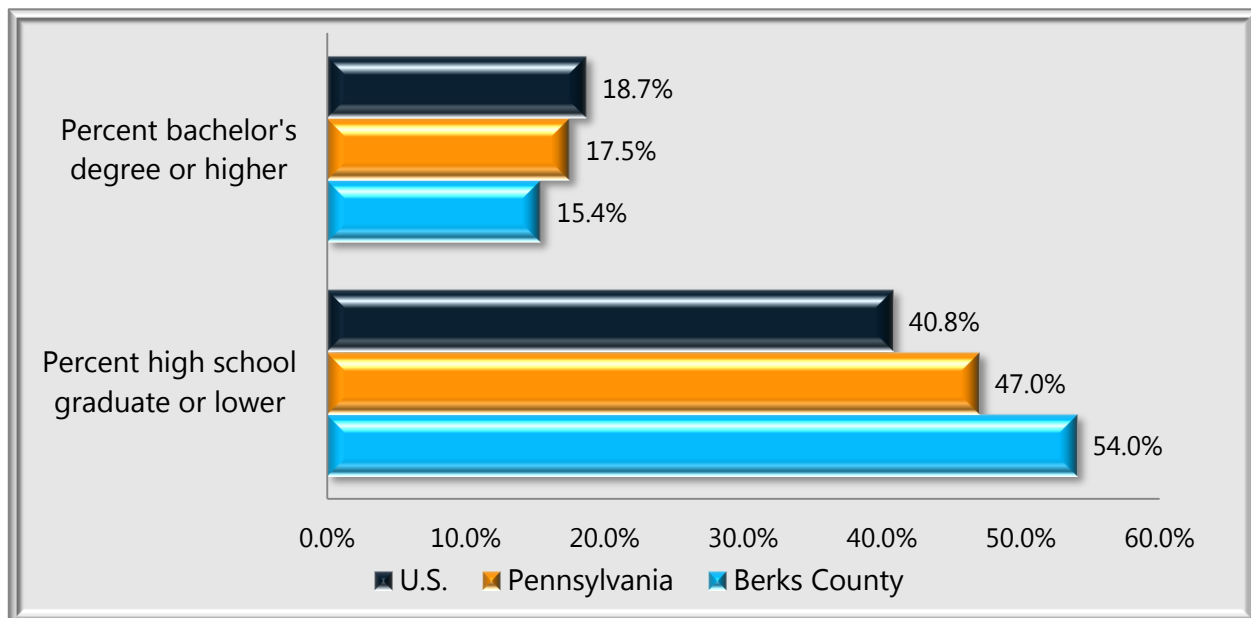
Berks County adults have lower levels of educational attainment compared to Pennsylvania and the U.S. as a whole. In Berks, 23% of persons age 25 and up have a bachelor’s degree, compared to 29% at the state level and 30% nationally.

Table A13. Educational Attainment of the 25+ Population (2014)

	U.S.	Pennsylvania	Berks County
High school graduate or less	40.8%	47.0%	54.0%
Some college, no degree	21.0%	16.2%	16.3%
Associate's degree	8.2%	7.9%	6.5%
Bachelor's degree	18.7%	17.5%	15.4%
Graduate or professional degree	11.4%	11.4%	7.8%
Percent bachelor's degree or higher	30.1%	29.0%	23.1%

Source: U.S. Census Bureau

Figure A8. Population with a High School Diploma or Lower/ Bachelor’s Degree or Higher, 2014



Health Statistics

County Health Rankings

Berks County performs in the bottom 30 percent of Pennsylvania counties on social and economic factors, and in the bottom 50 percent of counties on physical environment. The county ranks in the top 70 percent of counties on length of life, health outcomes, and clinical care. The rank is based on 67 counties in Pennsylvania. A ranking of "1" is the healthiest county in the state.

Table A14. County Health Rankings (2015)

	U.S. Overall	Pennsylvania	Berks County
Health Outcomes Rankings (2015)			
Health Outcomes Rank			20
Length of Life			18
Premature death (Years of potential life lost before age 75 per 100,000 population (age-adjusted))	6811	6926	6297
Quality of Life Rank			22
Poor or fair health	12	14	12
Poor physical health in past 30 days (Average number of days)	3.7	3.5	3.3
Poor mental health in past 30 days (Average number of days)	3.5	3.6	3.5
Low birthweight	8.1	8.3	7.7
Health Factors and Behaviors Rankings (2015)			
Health Factors Rank			25
Health Behaviors Rank			25
Adult smoking	18	20	18
Adult obesity (BMI GE 30)	28	29	30
Food environment index	7.6	7.7	8.2
Physical inactivity (Adults aged 20 years+)	30	24	25
Access to exercise opportunities	77	85	89
Excessive drinking	15	17	16
Alcohol-impaired driving deaths	32	34	39
New chlamydia cases per 100,000	458	431	404
Teen birth rate per 1,000 (aged 15-19)	31	28	35
Clinical Care Rankings (2015)			
Clinical Care Rank			20
Uninsured (Population <65 years)	18.0	11.7	13.1
Primary care physician density	1,355:1	1249:1	1543:1
Dentist density	1,663:1	1600:1	1969:1
Mental health provider density	753:1	623:1	913:1
Preventable hospital stays per 1,000 Medicare enrollees	65	63	56
Diabetic monitoring among Medicare enrollees age 65-75	84	86	89
Mammography screening among female Medicare enrollees age 67-69		63	64
Social & Economic Factors Rankings (2015)			
Social & Economic Factors Rank			49
High school graduation	80	85	84
Some college	63	62	54
Unemployment	8	7	7
Children in poverty	23	19	21
Income inequality		4.7	4.3
Children in single-parent households	21	33	35
Social associations	33.0	12.3	12.4
Violent crime	387	357	323
Injury deaths	59	66	63

Physical Environment Rankings (2015)	U.S. Overall	Pennsylvania	Berks County
Physical Environment Rank			34
Air pollution - particulate matter	11.1	12.9	12.1
Drinking water violations	8	8	8
Severe housing problems	19	15	15
Driving alone to work	76	77	80
Long commute - driving alone	34	34	30

Source: 2015 Robert Wood Johnson County Health Rankings Data

Health Care Access Statistics

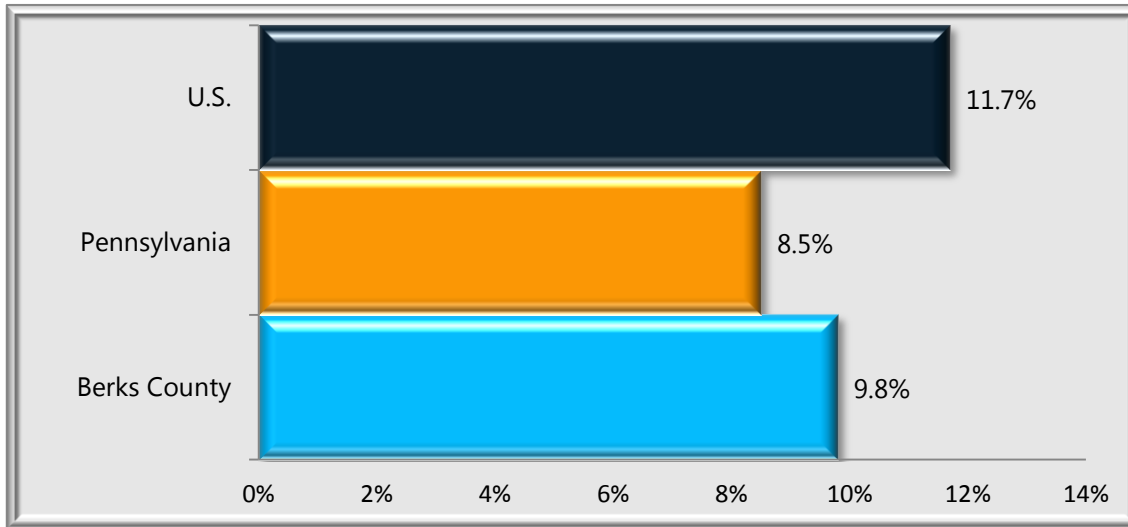
In general, Pennsylvania and Berks County have higher levels of health insurance coverage than the U.S. as a whole. The health insurance coverage rate in Berks County (90.2%) is slightly lower than the state rate (91.5%). Health insurance coverage varies by race and ethnicity. Whites have the highest coverage rates in all areas. Asians and Blacks in Berks County have a higher percent uninsured when compared to the county average, as well as when compared against persons in their racial groups statewide or nationally. In contrast, Latinos have the highest percent uninsured of the groups shown above. Latinos in Berks County are less likely to be uninsured than Latinos in the state and nation as a whole.

Table A15. Health Insurance Coverage (2014)

	U.S.	Pennsylvania	Berks County
Health Insurance Coverage			
Population with health insurance coverage	277,220,199	11,518,238	368,427
% of population with coverage	88.3%	91.5%	90.2%
% with private health insurance	66.4%	73.2%	69.4%
% with public coverage	33.2%	32.8%	34.3%
% of population without health insurance	11.7%	8.5%	9.8%
Percent Uninsured by Race and Ethnicity			
Asian	10.6%	11.3%	15.1%
Black	13.6%	12.6%	16.7%
Latino	23.5%	19.6%	17.9%
White Non-Latino	8.1%	6.9%	7.2%

Source: U.S. Census Bureau

Figure A9. Population without Health Insurance Coverage, 2014



Mortality Statistics

The death rates in Pennsylvania and in Berks County are lower than the national average in total and among females, while males in both PA and Berks County have a higher death rate than the national average.

Table A16. Mortality, All Ages per Age-Adjusted 100,000 (2014)

	U.S. (2013)			Pennsylvania (2012)			Berks County (2012)*		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Number of Deaths	2,596,993	1,306,034	1,290,959	125,432	60,880	64,545	3,658	1,820	1,838
Death Rate	821.5	839.1	804.4	749.4	895.2	634.4	703.5	839.7	593.5

Source: CDC Wonder

**Significantly lower death rate for total, males, and females in Berks County than in Pennsylvania (Epi QMS data); Number of deaths and death rates for the United States, 2013: Rates per 100,000 population in specified group. Populations used for computing death rates are post-census estimates based on the 2010 census estimated as of July 1, 2013*

In the U.S., the leading causes of death are diseases of the heart, malignant neoplasms, and CLRD. In Pennsylvania, the leading causes of death are diseases of the heart, malignant neoplasms, and chronic lower respiratory disease (CLRD). In Berks County, the leading causes of death are diseases of the heart, malignant neoplasms, and cerebrovascular diseases (stroke). Berks County has a significantly lower rate of death due to malignant neoplasms than the state's overall rate and a significantly higher rate of death due to cerebrovascular diseases than the state's overall rate.

Table A17. Deaths by Selected Causes, All Ages per Age-Adjusted 100,000 (2014)

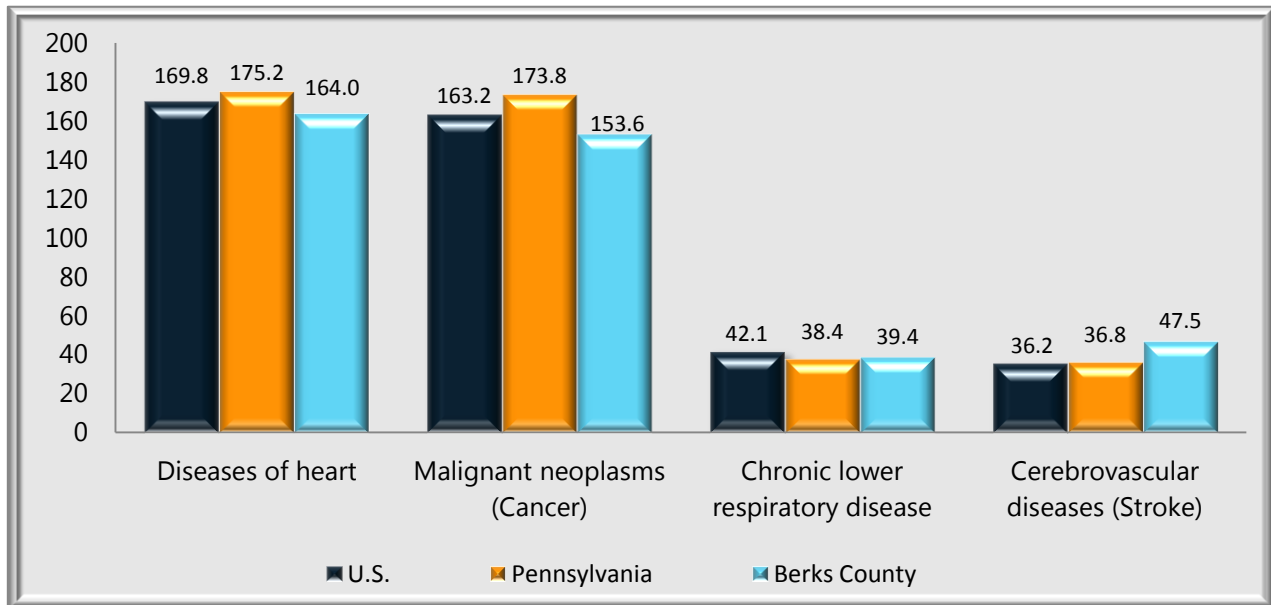
	U.S.	Pennsylvania (2012)	Berks County (2012)
Diseases of heart	169.8	175.2	164.0
Malignant neoplasms (cancer)	163.2	173.8	153.6*
Chronic lower respiratory diseases (CLRD)	42.1	38.4	39.4
Cerebrovascular diseases (stroke)	36.2	36.8	47.5**
Unintentional injuries	28.4	no data	no data
Alzheimer's disease	23.5	18.7	15.0*
Diabetes mellitus	21.2	22	23.1
Influenza and pneumonia	15.9	13.3	11.6
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	13.2	15.7	13.9
Intentional self-harm (suicide)	12.6	12.1	13.3

Sources: Centers for Disease Control and Prevention & Healthy People 2020

Notes: *Significantly lower value compared to the state's corresponding rate or ratio;

**Significantly higher value compared to the state's corresponding rate or ratio

Figure A10. Death Rates for the Top 4 Leading Causes of Death, 2014



Maternal & Child Health Statistics

The rate of teen births (Berks County=45.7) is higher in Berks County than in both Pennsylvania and the nation.

Table A18. Live Birth Rate per 1,000 by Age of the Mother (2012)

	U.S.	Pennsylvania	Berks County
Age 15-17	15.4	11.9	19.8
Age 18-19	54.1	38.1	43.5
Age 20-24	85.3	70.3	82.3
Age 25-29	107.2	101.3	116.4
Age 30-34	96.5	100.4	98.7
Age 35-39	47.2	46.6	41.6
Age 40-44	10.3	9	11
Teen birth rate per 1,000 (aged 15-19)	36.6	33.7	45.7

Source: Pennsylvania Department of Health

Note: Birth rate is the number of live births per 1,000 persons in the population

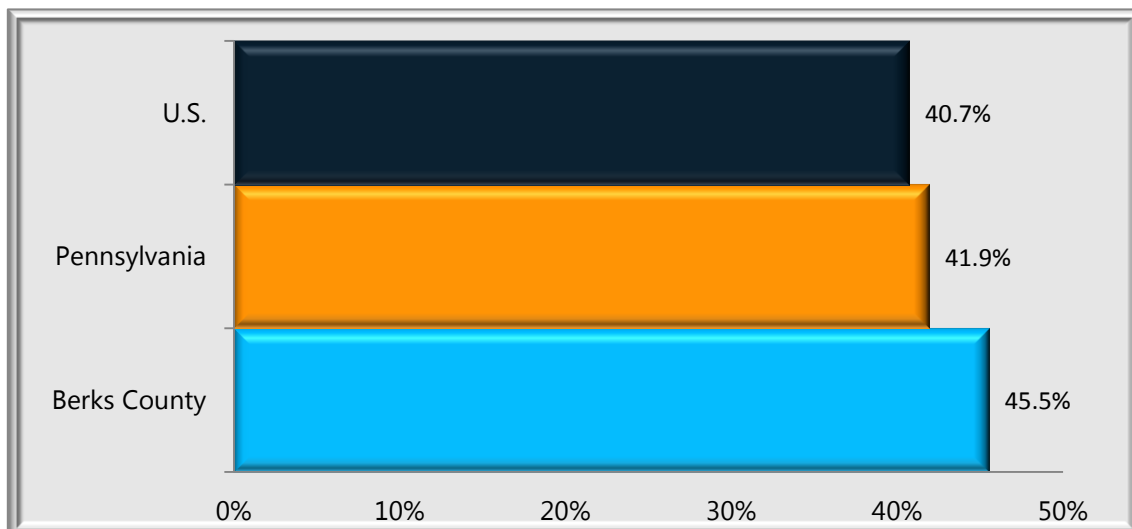
The rate of births to unmarried women (Berks County=45.5%) is higher in Berks County than in both Pennsylvania and the nation. Rates of low birth-weight virtually the same in Berks County, PA, and the U.S.

Table A19. Births by Selected Characteristics (2012)

	U.S.	Pennsylvania	Berks County
Births to unmarried women	40.7%	41.9%	45.5%
Mothers who Smoked during pregnancy	no data	14.8%	12.3%
Mothers who breastfeed	no data	73.1%	73.0%

Source: Pennsylvania Department of Health

Figure A11. Percentage of Births to Unmarried Women, 2012



Rates of low birth-weight are similar in Berks County, PA, and the U.S.

Table A20. Low Birth Weight and Preterm Births (2012)

	U.S.	Pennsylvania	Berks County
Low birth-weight (<2,500 grams)	8.0%	8.1%	8.1%
Very Low birth-weight (<1,500 grams)	1.4%	no data	no data
Preterm births	11.5%	no data	no data

Source: Source: Pennsylvania Department of Health

The percentage of mothers with prenatal care in the first trimester is better in Berks County than in Pennsylvania.

Table A21. Prenatal Care Onset (2012)

	Pennsylvania	Berks County
Percentage With Prenatal Care in the 1st Trimester	72.4%	75.8%
White Only	77.5%	80.1%
Black Only	57.2%	62.6%

Source: Pennsylvania Department of Health

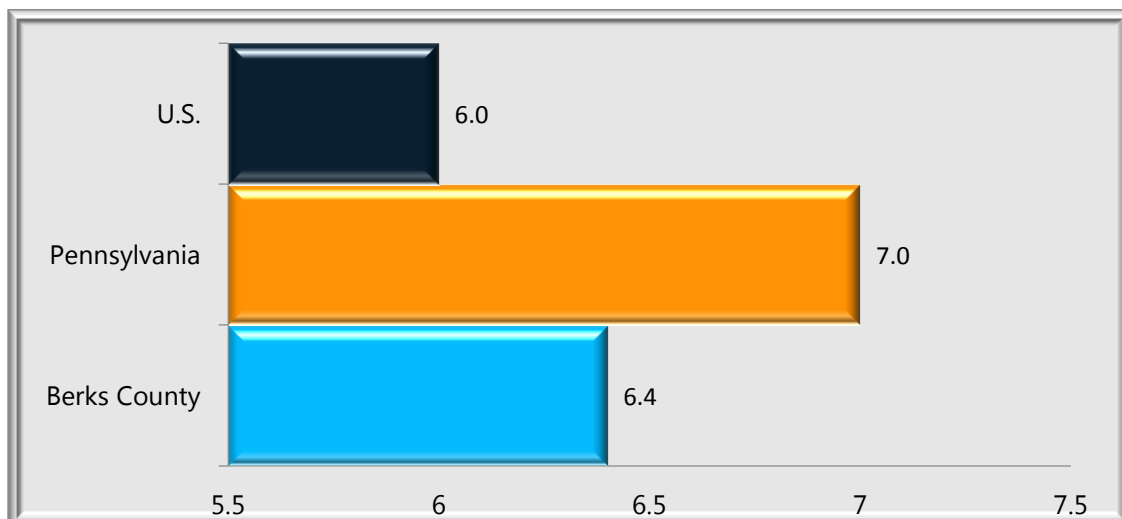
The infant mortality rate in PA and in Berks County is higher than the national average (Berks=6.4; PA=7.0; U.S. =6.0).

Table A22. Infant Mortality Rate per 1,000 Live Births (2012)

	U.S.	Pennsylvania	Berks County
Infant Mortality Rate, Deaths per 1,000 Live Births	6.0	7.0	6.4
Neonatal	4.0	5.0	4.5
Post-neonatal	1.9	2.0	no data

Source: Pennsylvania Department of Health

Figure A12. Infant Mortality Rate per 1,000 Live Births, 2012



Communicable Diseases Statistics

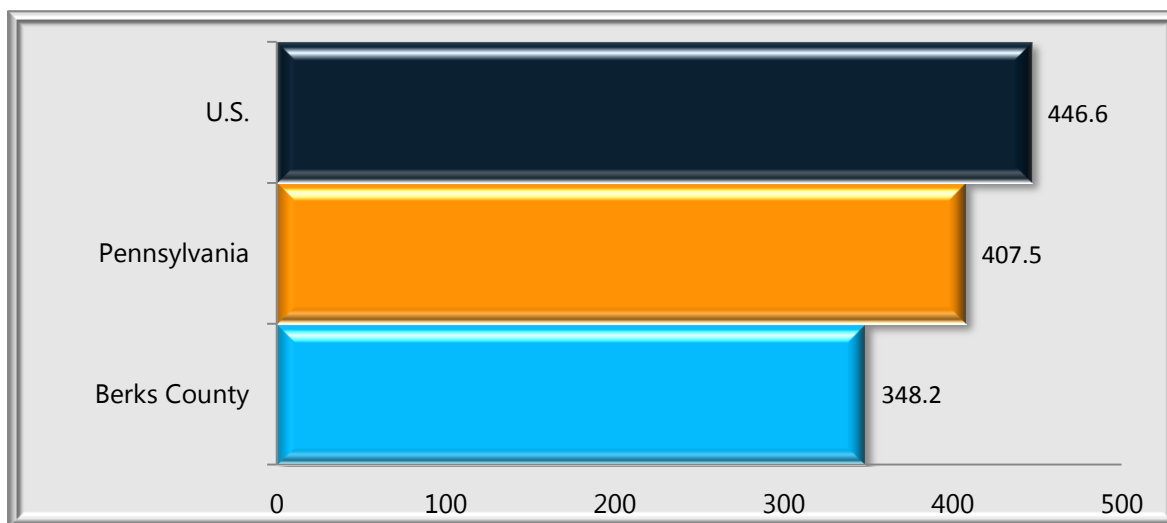
Rates of Gonorrhea (56.1) and Chlamydia (348.2) are considerably lower in Berks County than in the state and U.S. (106.1; 446.6).

Table A23. Sexually Transmitted Illness Incidence per 100,000 (2013)

	U.S.	Pennsylvania	Berks County
Gonorrhea Incidence Rate	106.1	108.6	56.1
Primary and Secondary Syphilis Incidence Rate	no data	3.7	no data
Chlamydia	446.6	407.5	348.2

Source: Pennsylvania Department of Health

Figure A13. Chlamydia Incidence Rate per 1,000, 2013



Mental Health Statistics

The suicide rate in Berks County (13.5) is slightly higher than the national average (12.6) and the state average (12.1). Rates of depressive disorders and poor mental health days are consistent between PA and Berks County.

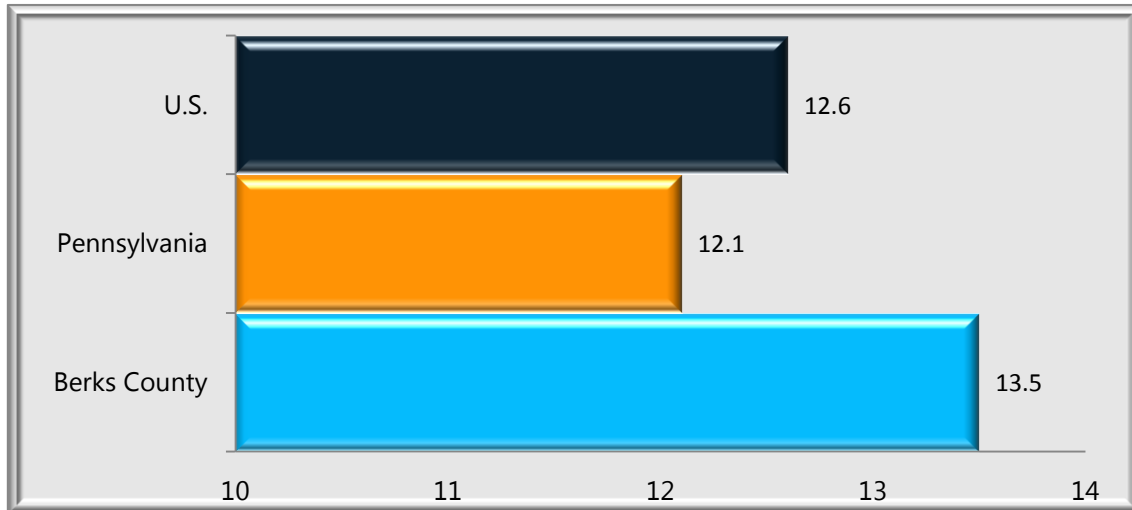
Table A24. Mental Health Statistics (2012)

	U.S.	Pennsylvania	Berks County
Deaths due to Suicide per Age-Adjusted 100,000	12.6	12.1	13.5
Ever Told They Have a Depressive Disorder Including Depression, Major Depression, Minor Depression or Dysthymia (2012-2014)	no data	19%	20%*
Mental Health Not Good 1 or More Days in the Past Month (2012-2014)	no data	36%	37%*

Source: Pennsylvania Department of Health

Note: *Data from regional BRFSS for Berks County is reported as data from Berks and Schuylkill Counties combined

Figure A14. Age-adjusted suicide rate per 100,000, 2012



Cancer Statistics

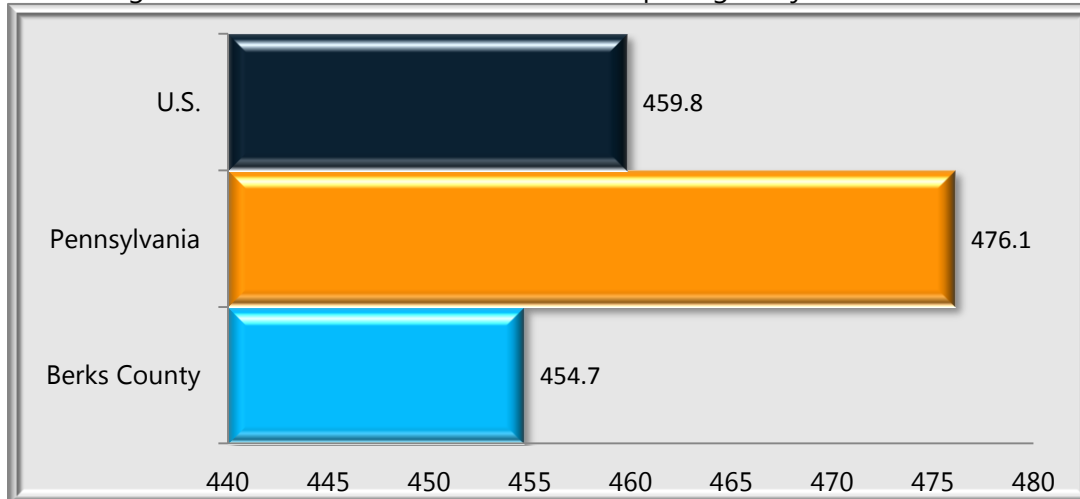
The rate of breast cancer incidence is slightly higher in Pennsylvania (128.2) and Berks County (129.4) than the national average (122.7). Rates of rectum and rectosigmoid cancer are significantly lower in PA (12.5) and in Berks County (13.8) than the national average (43.3). Rates of pancreas, cervical, and lung and bronchus cancer are consistent between the national average, PA, and Berks County. Rates of melanoma of the skin are virtually identical in Berks County and in PA. Overall cancer incidence is slightly higher in PA than in Berks County and the national average.

Table A25. Cancer Incidence by Site, per Age-Adjusted 100,000 (2012)

	U.S.	Pennsylvania	Berks County
Breast Cancer Incidence in Females	122.7	128.2	129.4
Rectum and Rectosigmoid Cancer Incidence	43.3	12.5	13.8
Lung and Bronchus Cancer Incidence	64.9	63.9	66.6
Pancreas Cancer Incidence	12.1	13.1	12.4
Cervical Cancer Incidence	7.8	7.7	6.3
Melanoma of the Skin Incidence	no data	21.2	21.5
Cancer Incidence - All Sites	459.8	476.1	454.7

Source: Pennsylvania Department of Health

Figure A15. Cancer Incidence for All Sites per Age-Adjusted 100,000, 2012



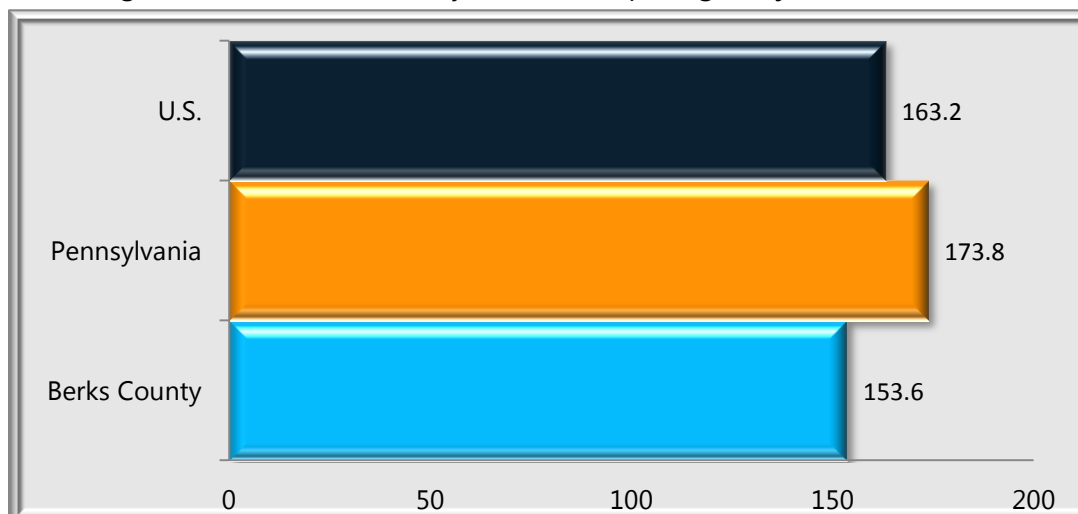
Mortality rates of breast and colorectal cancers are consistent between Berks County, PA, and the U.S. Mortality rates of bronchus and lung and prostate cancer are slightly lower in Berks County than in PA and the U.S. Overall cancer mortality rates are lowest in Berks County, and rates in PA are higher than the national average.

Table A26. Average Annual Cancer Mortality by Site, per Age-Adjusted 100,000 (2012)

	U.S.	Pennsylvania	Berks County
Breast Cancer	11.5	12.5	11
Colorectal Cancer	14.6	15.8	15.8
Bronchus and Lung Cancer	43.4	46.5	41.8
Cervical Cancer	14.2	1.9	no data
Prostate Cancer	19.2	19.1	17.9
Cancer (all types)	163.2	173.8	153.6

Source: Pennsylvania Department of Health

Figure A16. Cancer Mortality for All Sites per Age-Adjusted 100,000, 2012



Asthma Statistics

The rate of adults who were ever diagnosed with asthma is slightly higher in Berks County than in Pennsylvania. The percent of adults who currently have asthma is lower in Berks County and in PA than the national average. The asthma mortality rate is virtually identical in PA and in the U.S.

Table A27. Asthma Burden (2012 – 2014)

	U.S.	Pennsylvania	Berks County
Doctor-Diagnosed Asthma (Ever)	no data	14%	15%*
Number of adults diagnosed with asthma (ever)	31,697,608	no data	no data
Percent of adults who currently have asthma	13%	10%	11%*
Asthma Mortality Death Rate (per million)**	10.7	10.5	no data

Source: Pennsylvania Department of Health

* Data from regional BRFSS for Berks County is reported as data from Berks and Schuylkill Counties combined

B. BEHAVIORAL RISK FACTOR SURVEY OVERVIEW

Overview and Methods

This section provides an overview of findings from a community health needs assessment conducted on behalf of the Berks County Health Collaborative. The assessment uses information from primary and secondary sources to identify health issues of consequence to the community. Estimates are presented for selected demographic and health indicators, including access to healthcare, health-related behavioral risks, and prevention behaviors and context.

Data Sources

The information presented in this summary comes from one of three sources. The primary source of comparative health information is provided by the Robert Wood Johnson Foundation County Health Rankings. These rankings provide county-level information on health factors and health outcomes. The performance of individual counties is compared to other Pennsylvania counties to provide a relative performance ranking. The primary source of local, current information comes from a Community Health Needs Assessment (CHNA) survey. The CHNA survey information is based on a behavioral risk factor survey of 1,001 adult residents of Berks County. The survey interviewing took place from September 21–October 18, 2015. The survey sample was designed to be representative of the adult, non-institutionalized population of Berks County. The third source of data comes from the Pennsylvania Department of Health, which is accessed via the EPI QMS data retrieval system.

Behavioral Risk Factor Survey Indicators

The primary source of local, current information comes from a Community Health Needs Assessment (CHNA) survey. The CHNA survey information is based on a Behavioral Risk Factor Survey of 1,001 adult residents of Berks County. The survey interviewing took place from September 21 – October 18, 2015. The survey sample was designed to be representative of the adult, non-institutionalized population of Berks County.

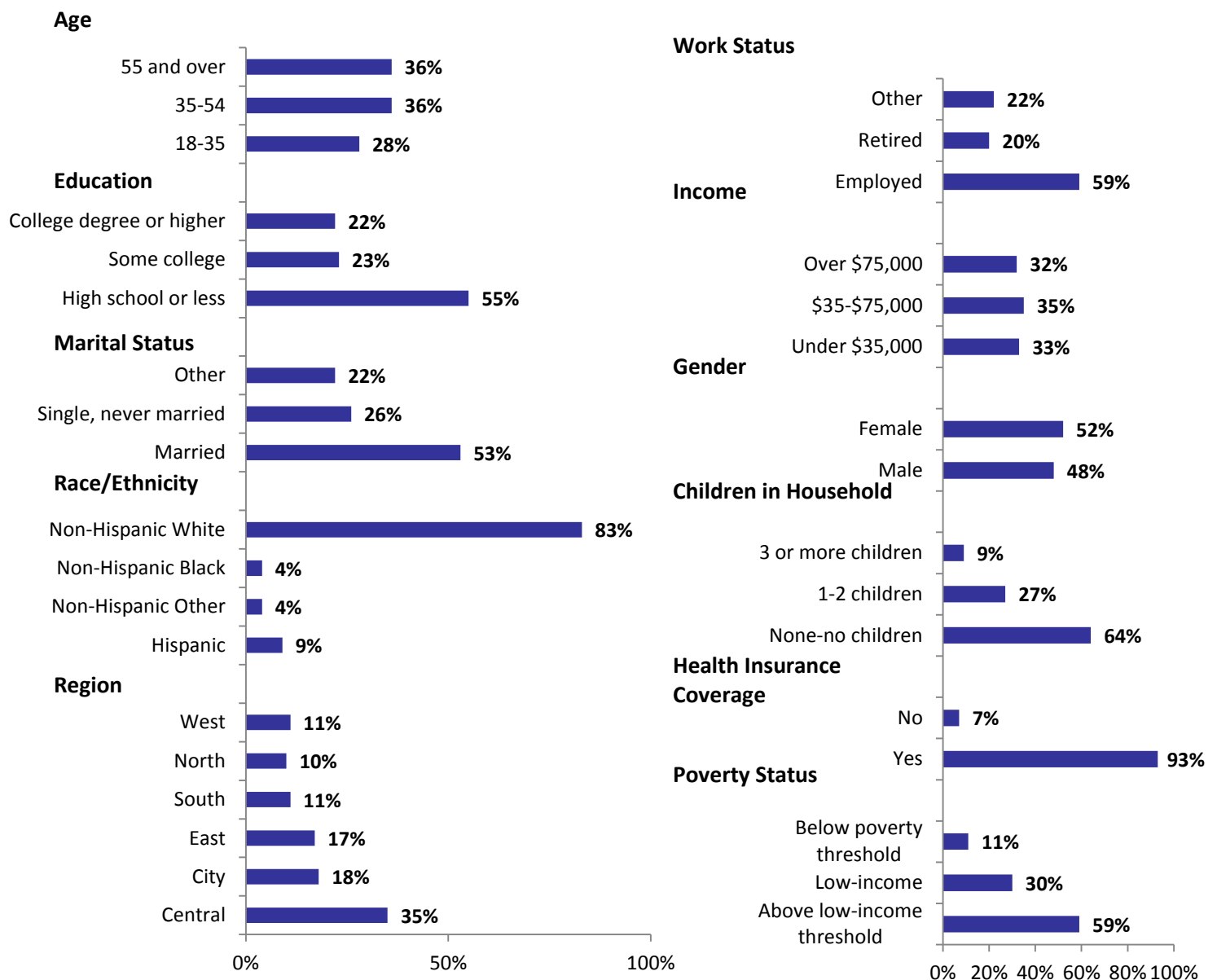
The sample error is +/- 4.2 percentage points for Berks County when the design effects from weighting are considered. In addition to sampling error, this poll is also subject to other sources of non-sampling

error. Generally speaking, two sources of error concern researchers most. Non-response bias is created when selected participants either choose not to participate in the survey or are unavailable for interviewing. Response errors are the product of the question and answer process. Surveys that rely on self-reported behaviors and attitudes are susceptible to biases related to the way respondents process and respond to survey questions.

Survey Demographics

The survey is representative of the adult population of Berks County. This figure shows the demographic characteristics of the survey sample. The survey estimates are similar to the county’s known distributions of these demographic characteristics.

Figure B1. Survey Participants Demographics



The Behavioral Risk Factor Survey allows us to review a variety of health indicators specific to the county. These indicators fall into the broad categories of health care access, behavioral risk, health conditions, prevention behaviors, and context. Altogether, these indicators show that poor diet, lack of physical activity, obesity, and mental health concerns affect a majority of residents in Berks County.

Table B1. Summary of Health Indicators, Berks County, BRFSS

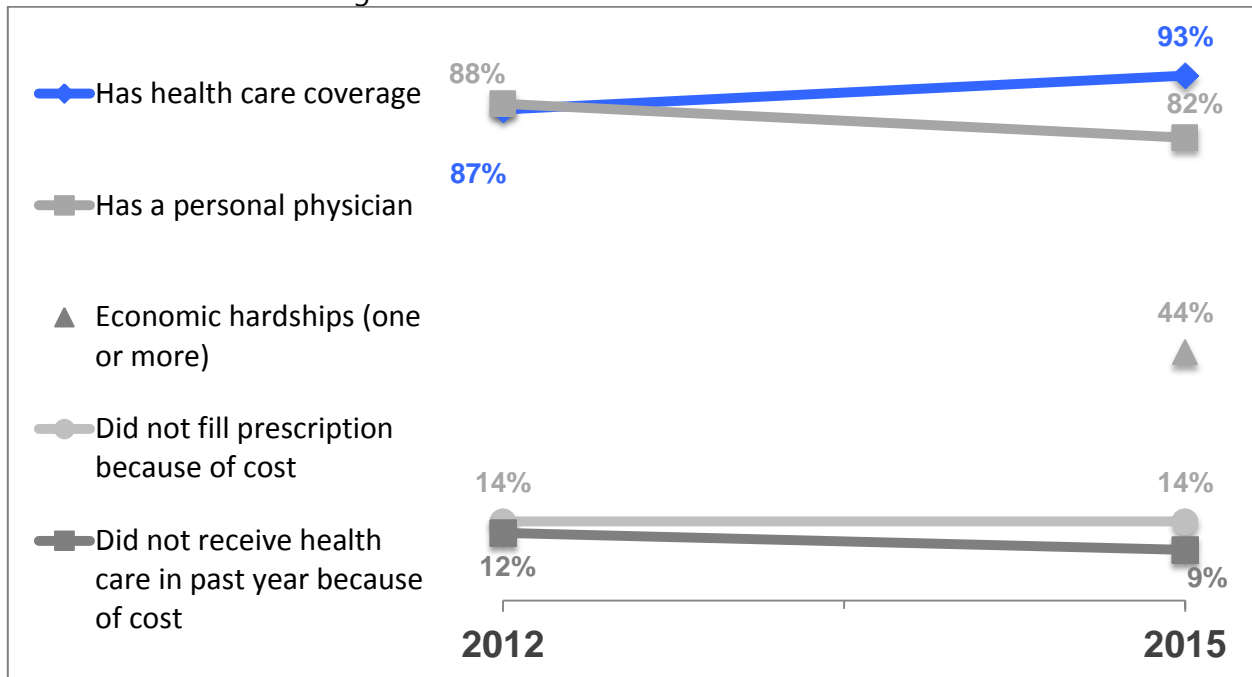
Access Indicators	2008	2012	2015
Has health care coverage	91%	87%	93%
Has a personal physician	86%a	88%a	82%
Economic hardships (one or more)			44%
Did not fill prescription because of cost		14%	14%
Did not receive health care in past year because of cost		12%	9%
Behavioral Risk Indicators			
Participated in physical activities or exercise in past month	90%d	84%d	81%
Body Mass Index Category (overweight and obese)	63%	66%	68%
Strength training in past month			45%
Exercised 30 minutes on five days in past week			19%
Smoking behavior (regular smoker)	25%b	20%b	18%
Binge drinking behavior	17%h	17%h	18%
Ate fast food three or more days in past week			9%
Used illegal drugs in past year			5%
Consumed three servings of vegetables daily			4%
Conditions			
Has high cholesterol			39%
Has high blood pressure	27%	33%	38%
Has an anxiety disorder			19%
Has a depressive disorder	19%h	20%h	18%
Has asthma	16%e	16%e	12%
Has ever had cancer		9%	10%
Respondent is diabetic	11%f	14%f	10%
Told has heart disease, heart attack, or stroke	11%h	13%h	9%
PHQ-8 current depression indicator-currently depressed			8%
Ever had COPD, emphysema, or chronic bronchitis	6%h	6%h	7%
Gets needed social and emotional support			92%
Has ever had blood cholesterol checked			80%
Visited doctor for routine checkup in year	83%g	83%g	75%
One or more days with depressive symptoms in past two weeks			57%
Has had flu shot in past year			45%
Poor health limited participation in normal activities in past month	20%h	20%h	38%
At least one day physical health was not good in past month	36%h	37%h	35%
At least one day mental health was not good in past month	38%h	37%h	35%
Stressed about paying rent or mortgage			26%
Avoids or never uses health care system			9%

Notes:
 a. Variable wording: Has a regular source of care; Source: PHMC 2008/2012 Household Survey
 b. Variable wording: Currently smokes; Source: PHMC 2008/2012 Household Survey
 c. Variable wording: Number of days consumed 5 or more drinks in past month (1 or more days); Source: PHMC 2008/2012 Household Survey
 d. Variable wording: Exercised 1 or more times in past month; Source: PHMC 2008/2012 Household Survey
 e. Variable wording: Ever had asthma; Source: PHMC 2008/2012 Household Survey
 f. Variable wording: Ever had diabetes; Source: PHMC 2008/2012 Household Survey
 g. Variable wording: Visited a health care provider in past year; Source: PHMC 2008/2012 Household Survey
 h. Data from regional BRFSS for Berks County is reported as data from Berks and Schuylkill Counties combined; Data from 2012=2011-2013; Data from 2014=2012-2014; Source: https://apps.health.pa.gov/EpiQMS/asp/SelectParams_Tbl.asp

Access Indicators

Access indicators for Berks County are generally favorable, with most residents reporting they have health care coverage, and a personal physician. Still, more than two out of five residents had some economic hardships, around one in eleven skipped medical treatment due to cost, and around one in nine did not fill a prescription due to cost in the past year.

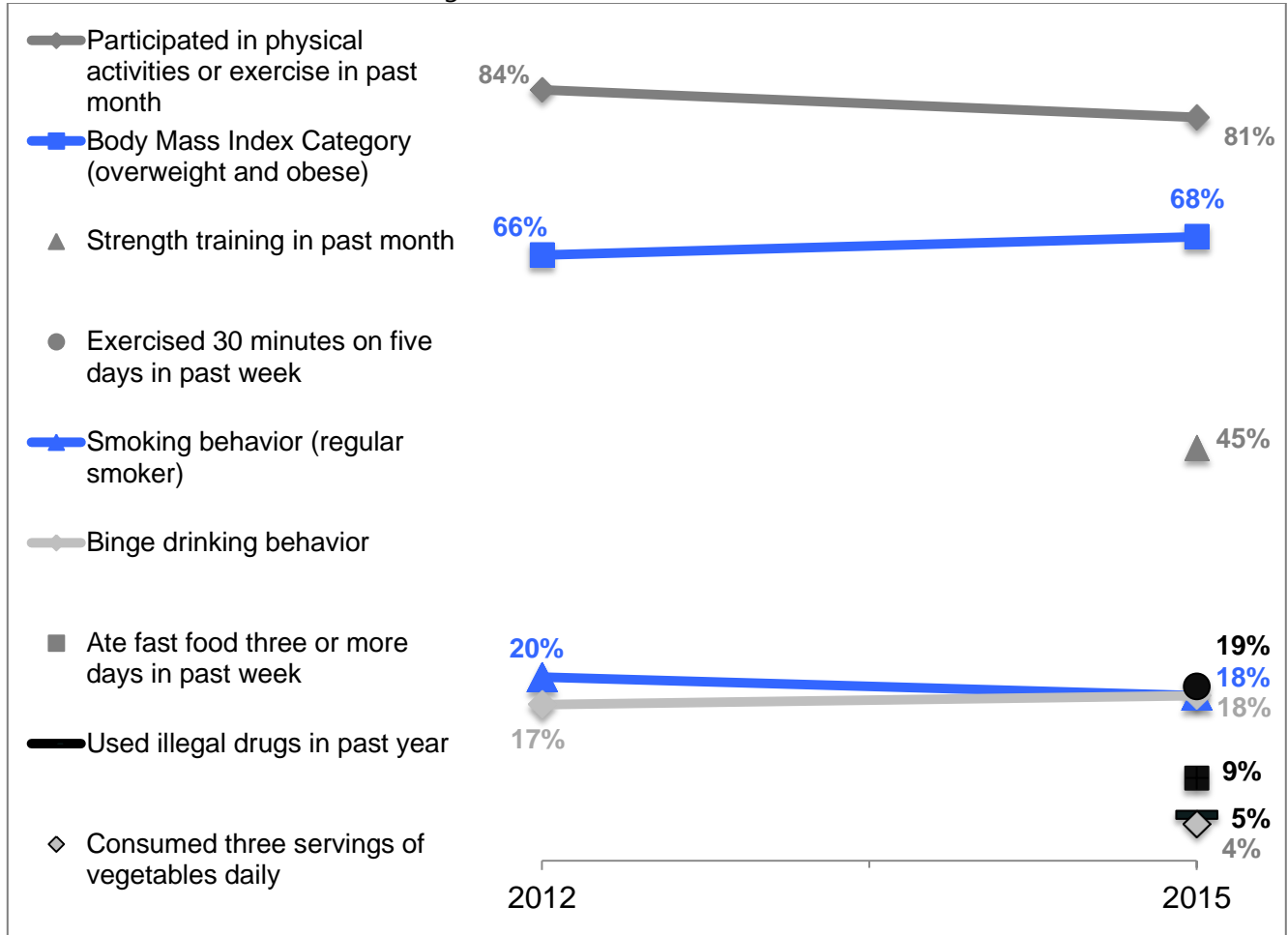
Figure B2. Access Indicators in Relation to Cost



Behavioral Risk Indicators

Behavioral risk indicators show that few residents exercise regularly and even fewer eat three servings of vegetables every day. In fact, twice as many eat fast food three or more days a week.

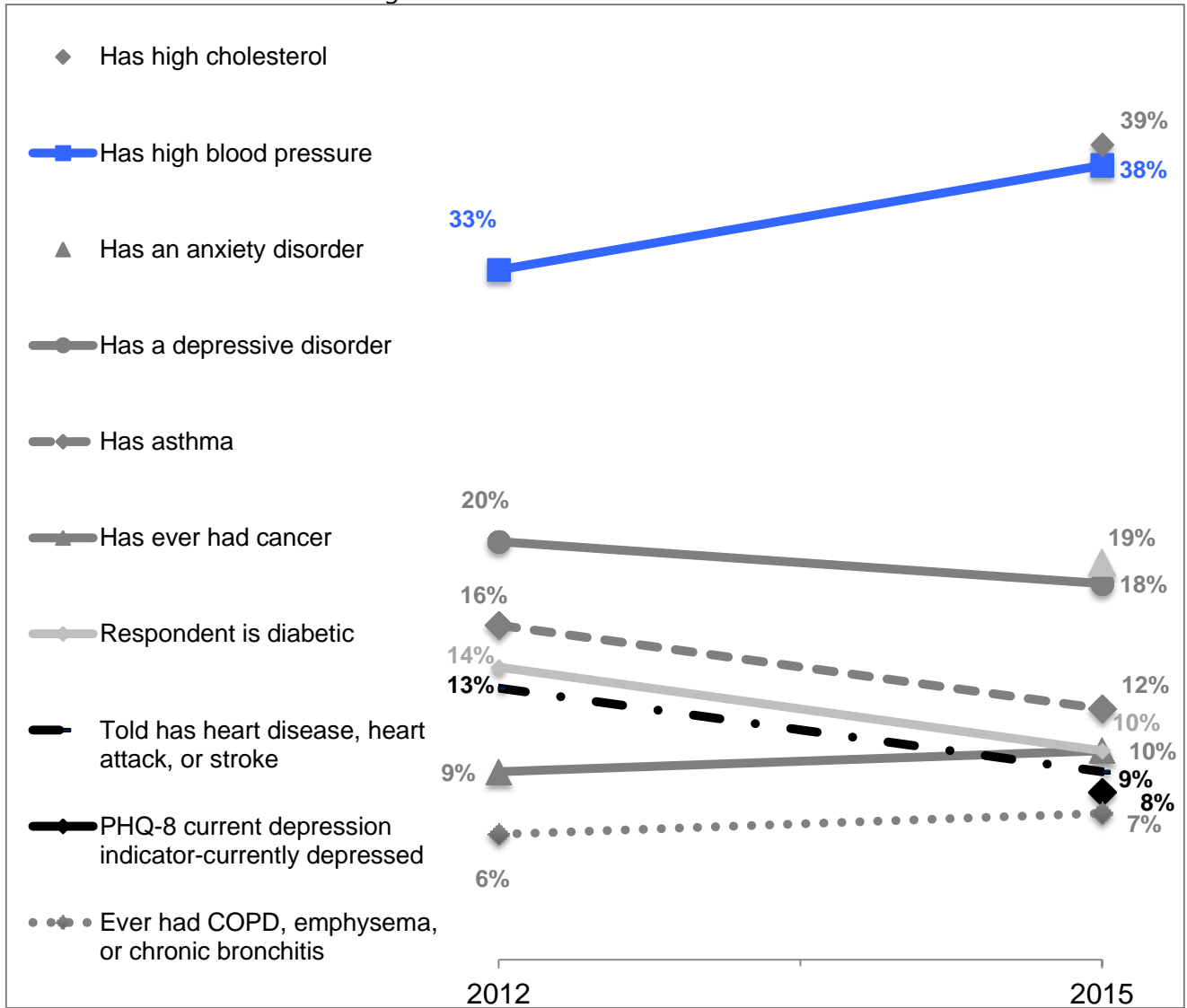
Figure B3. Behavioral Risk Indicators



Conditions

Rates of health conditions such as diabetes, heart conditions, breathing conditions and cancer are not comparatively high, but a plurality of residents have high cholesterol and high blood pressure and about one in five has been diagnosed with either an anxiety or depressive disorder.

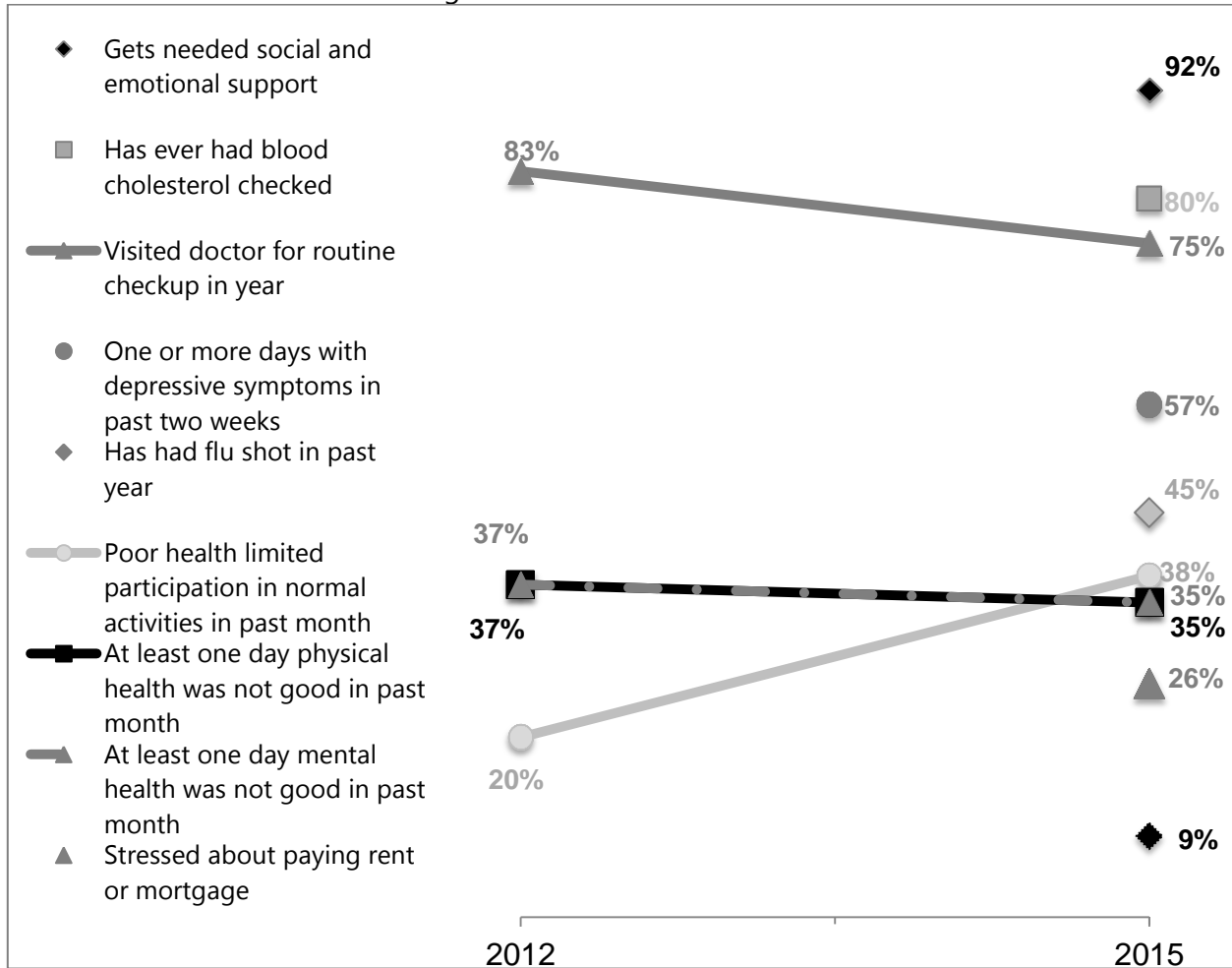
Figure B4. Prevalence of Chronic Conditions



Prevention Behaviors and Context

Over half of residents exhibited some depressive symptoms, and around two in five says their normal activities have been limited by their health.

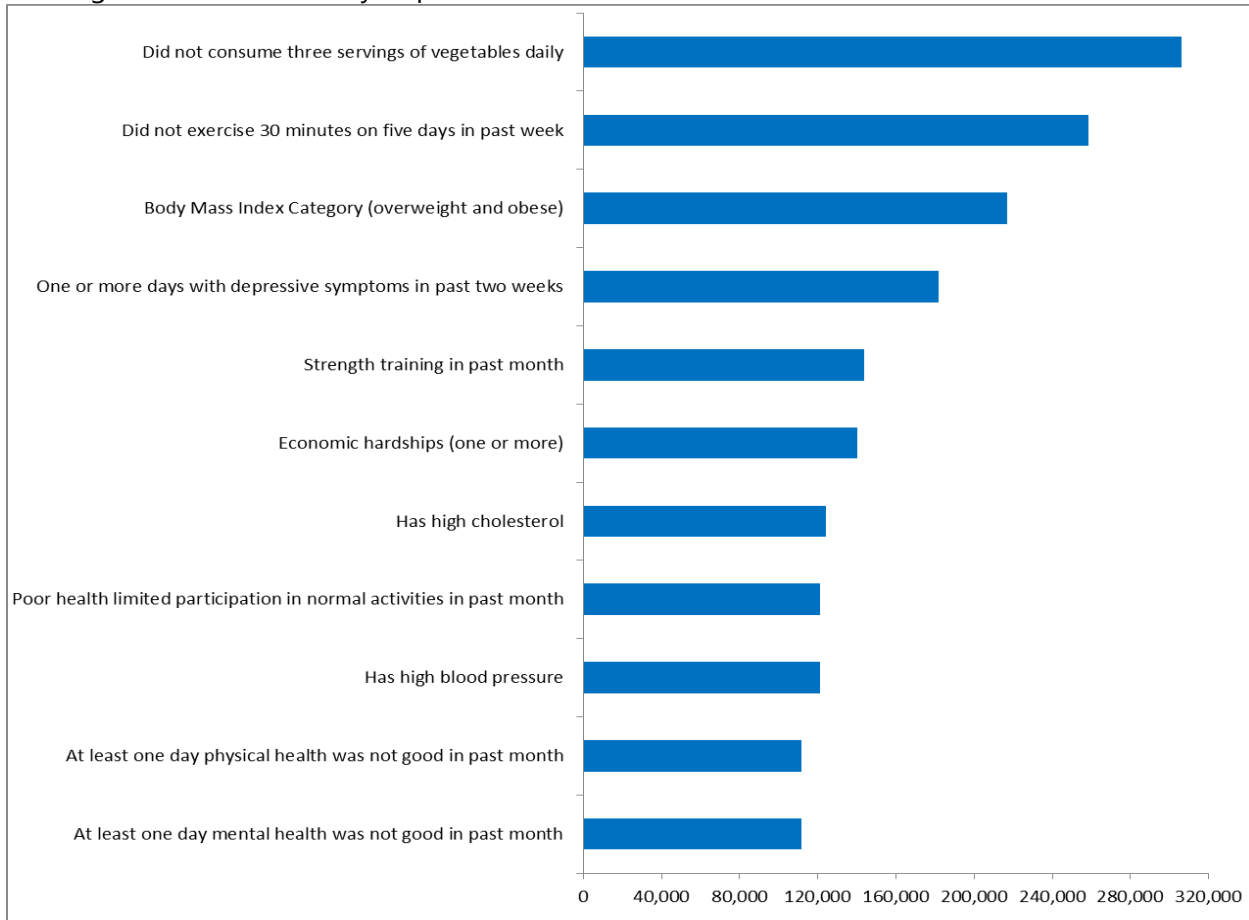
Figure B5. Prevention Behaviors



Conditions effecting more than 100,000 adults in Berks County

The blue bars provide estimates of the adult population in 2015 that reported each behavior, condition, or experience. In Berks County, more than 300,000 adults did not consume three vegetables each day, more than 200,000 were overweight or obese. Additionally, more than 175,000 adults in the county experienced one or more days with depressive symptoms in the two weeks preceding the survey.

Figure B6. Berks County Population Counts for Selected Conditions or Health Behaviors



Health Disparities

The survey data can identify the presence of health disparities, i.e., gaps in access, conditions, or behaviors that are larger for some demographic groups than for others. The following figure displays the relationships that exist between each survey indicator and a set of demographic and regional data. The color-coding identifies whether there is a significant relationship between each indicator and each demographic subgroup and how strong those differences are; the darkest coloring indicates the strongest associations.

Figure B7. Presence of Health Disparities by Demographic Groups

Results of Significance Testing for Selected Variables					
Berks County Community Health Needs Assessment Survey					
	Demographic Groups				
	Age	Poverty	Race/Eth	Region	Gender
Access Indicators					
Has health care coverage					
Has a personal physician					
Did not receive health care in past year because of cost					
Did not fill a prescription in past year because of cost					
Economic hardships					
Behavioral Indicators					
Participated in physical activities or exercise in past month					
Exercised 30 minutes on five days in past week					
Strength training in past month					
Smoking behavior					
Body Mass Index Category					
Binge drinking behavior					
Consumed three servings of vegetables daily					
Ate fast food 3 or more days in past week					
Used illegal drugs in past year					
Conditions					
Respondent is diabetic					
Told has heart disease, heart attack, or stroke					
Has COPD, emphysema, or chronic bronchitis					
Has high cholesterol					
Has high blood pressure					
Has asthma					
Has ever had cancer					
PHQ-8 current depression indicator					
Has an anxiety disorder					
Has a depressive disorder					
Prevention Behaviors					
At least one day physical health was not good in past month					
At least one day mental health was not good in past month					
Poor health limited participation in normal activities in past month					
Visited doctor for routine checkup in past year					
Avoids or never uses health care system					
Has had flu shot in past year					
Has ever had blood cholesterol checked					
Gets needed social and emotional support					
Days with depressive symptoms					
Stressed about paying rent or mortgage					
No significant difference		p. > .05			
Significantly different, weak association		p. < .05, sresid < 3			
Significantly different, moderate association		p. < .05, sresid > 3			
Significantly different, strong association		p. < .05, sresid > 4			

The area’s health disparities, generally speaking, show clear patterns. First, poverty is significantly associated with differential outcomes related to access, health conditions and prevention-related behaviors. Low-income or poor residents are more likely to have poor access to healthcare, as well as asthma, mental health problems and money concerns. Second, age is significantly associated with differential outcomes related to all indicator groups. Older residents are more likely to have better access to healthcare and have better rates on most prevention-related indicators. However, they are also more likely to have specific health conditions. Younger residents are more likely to have better rates for behavioral risk indicators, notably for overweight and obesity, as well as physical activity, although they are more likely to smoke, drink, and use illegal drugs. Race and ethnicity is also significantly associated with differential outcomes related to access and prevention behaviors.

C. KEY INFORMANT OVERVIEW

Background

Key informants were invited to complete an online survey to gather a combination of quantitative ratings and qualitative feedback through open-ended questions. Key informants were defined as community stakeholders with expert knowledge including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders.

A total of 89 key informants completed the survey between September and October 2015. It is important to note that the results reflect the perceptions of some community leaders, but may not represent all community representatives. A full list of the Key Informants can be found in Appendix B.

Key Informant Study Findings

Demographics

Respondents were asked to provide their community affiliation. The largest percentage of informants were affiliated with Non-Profit/Social Services/Aging Services (29.9%), followed by Health Care/Public Health Organization (23.0%). "Other" affiliations identified by informants included private foundations and health care volunteers.

Key Health Issues

Key informants were asked to rank the 5 most pressing health-related issues from a list of 13 focus areas identified in the survey. The issues of Substance Abuse/Alcohol Abuse, Overweight/Obesity, Mental Health/Suicide, Diabetes, and Access to Care/Uninsured were ranked as the top 5 health issues. Most key informants felt that most of these health issues are intertwined. The comment offered by one key informant summarizes the notion shared by a strong majority of respondents.

"Overweight/obesity was ranked as the most significant since many other physical and mental health issues may stem from this diagnosis. Mental health was a close second for the very same reason. Mental illness also may lead to other illness or lack of ability to manage chronic diseases that are already present. There is a high probability that there is a fairly significant amount of undiagnosed/underdiagnosed mental health issues in our community."

Key informants were also asked of those health issues mentioned, which one issue they felt was the most significant. The following table depicts the results, including a summary of the number of times an issue was mentioned, and the percentage of respondents that rated the issue as being the most significant in the community. Key Health Issues are ranked based on the frequency of participants who selected the particular issue.

Table C1: Ranking of the Most Pressing Key Health Issues

Rank	Key Health Issue	Count	Percent Of Respondents Who Selected The Issue	Percent Of Respondents Who Selected The Issue As The Most Significant
1	Substance Abuse/Alcohol Abuse	70	78.7%	16.9%
2	Overweight/Obesity	68	76.4%	21.3%
3	Mental Health/Suicide	64	71.9%	18.0%
4	Diabetes	56	62.9%	10.1%
5	Access to Care/Uninsured	53	59.6%	18.0%
6	Dental Health	28	31.5%	4.5%
7	Heart Disease	22	24.7%	1.1%
8	Cancer	21	23.6%	3.4%
9	Maternal/Infant Health	15	16.9%	1.1%
10	Tobacco	14	15.7%	0.0%
11	Sexually Transmitted Diseases	13	14.6%	2.2%
12	Stroke	8	9.0%	0.0%
13	Other	13	14.6%	3.4%

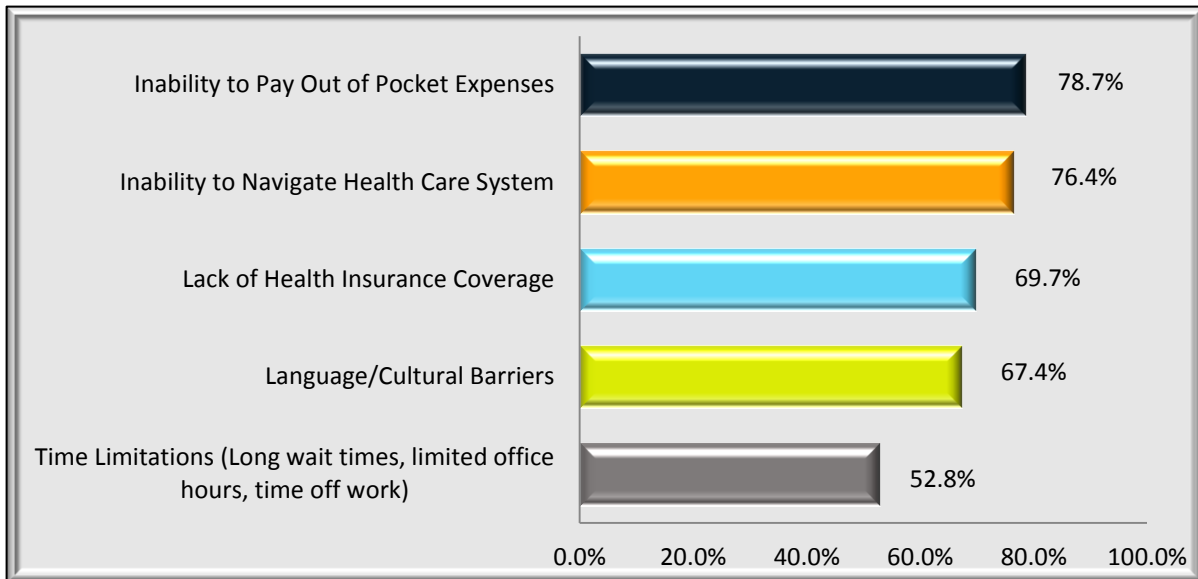
Access to Health Care

The second set of questions focused on the ability of local residents to access health care services, such as primary care providers, medical specialists, dentists, transportation, and Medicaid/ Medical Assistance providers. Key informants indicated that residents have difficulty accessing vital health care services, including providers accepting Medicaid/Medical Assistance, mental/behavioral health providers and transportation for medical appointments. A sufficient number of bi-lingual providers in the area garnered the lowest rating when compared to the other factors.

Health Care Barriers

The informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. Out of pocket expenses for co-pays and prescription medications was mentioned as being the most significant barrier that keeps people in the community from accessing health care. Other barriers that were frequently mentioned included the inability to navigate the health care system, lack of health insurance coverage and language/cultural barriers. "Other" responses included ignorance, a knowledge deficit regarding health care needs, especially to those most in need of services, and unwillingness to receive care. Figure 1 shows key informants' ranking of the top four most significant barriers to health care access.

Figure C1. Key Informants Ranking of the Top 5 Barriers to Health Care Access



Health Disparities

Key informants were asked whether they thought there are specific populations who are not being adequately served by local health services. Respondents felt that low-income/poor and uninsured/underinsured individuals were underserved. In addition, a considerable number of respondents believe that Hispanic/Latinos and the Homeless are not being adequately served by local health services.

Resources Needed to Improve Access

Key informants identified key resources or services they felt would be needed to improve access to health care for residents in the community. Many respondents indicated that free/low cost dental care, mental health services, free/low cost medical care, and health education/information/outreach are needed in their communities.

To round out the feedback from key informants, respondents were presented with several open ended questions. Among others, respondents were asked what challenges people in the community face in trying to maintain healthy lifestyles and/or managing chronic conditions. Lack of time and finances emerged as two significant barriers to improved health. Additionally, a lack of knowledge of available resources was mentioned quite frequently. Multiple respondents referred to areas of the city as “food deserts” in that there are very few options for city residents to access fresh fruit and vegetables within walking distance.

D. FOCUS GROUPS OVERVIEW

Background

This report details the finding of two Key Informant focus groups conducted on behalf of the Berks County Health Collaborative on January 14 and February 26, 2016, as part of its Community Health Needs Assessment. The first focus group was conducted at the Hispanic Center in downtown Reading and the second session took place at St. Peter the Apostle Roman Catholic Church, also located in downtown Reading. Each group involved a small number of individuals in order to hold a constructive and participatory dialogue with each participant. The first session held at the Hispanic Center included nine low income, primarily Spanish speaking older adults and the second session conducted at St. Peter's included four low income, English speaking participants.

The purpose of the focus group sessions was to gather qualitative information concerning health care accessibility of low income Berks County residents. Each group shared relevant and personal experiences, which will be utilized by the Berks County Health Collaborative to direct tactical ways to address the health care access issues in the county.

Key Findings

Focus group participants were asked a variety of questions regarding their own personal experience in trying to obtain health care services within Berks County. In regard to insurance coverage, out of the 13 total participants, only one individual identified as being uninsured. The remaining participants shared they had insurance coverage through Medicaid/Medicare or their employer. While the lack of health care coverage did not present a barrier for the majority of those in attendance, participants did mention several other deterrents that created significant challenges in receiving care in the county.

The health care barriers focus group participants were facing was found to coincide with the rankings given by key informants. Transportation was reported as a significant barrier by those who had coverage through their employer. This select group reflected on their challenge of needing to schedule an appointment outside of the city. Due to the participant's reliance on public transportation, one-hour appointments often led to reserving a four to five hour block of time in their personal schedules. Participants also cited the need to depend on public transportation to pick up a prescription following the appointment.

The length of time it takes to secure an appointment with a specialist was also shared by several focus group participants as being a significant barrier. Several stated the average wait is two to three months to receive an appointment. In the same line of thought, the group shared this issue is exasperated by attempts to reach the physician's office staff, only to connect with an automated phone system. Participants also lamented about how overwhelmed they feel when they realize they need to reschedule an appointment. Participants shared they fear their health could deteriorate as they wait to receive care. Focus group participants also discussed the lack of bi-lingual providers and the challenge of being seen by primary care physicians, as well as specialists who could speak to them in their primary language.

On a positive note, the majority of discussants (10 out of 13) have a medical home and someone they consider to be their primary care provider and confirmed they are able to secure an appointment when necessary. Focus group participants also shared health care programs or services that were working well

in the community. The Hispanic Center, the YMCA, the Salvation Army, the Berks Encore and Apprise programs, and the local farmers markets were mentioned as being valuable assets to the community.

CONCLUDING THOUGHTS

Reviewing the overall finding from the BRFSS and key informant interviews showed the high prevalence of some chronic conditions in Berks County. Obesity was found to be most significant in Berks County. Around two in three residents of Berks County are overweight or obese, and this number equals more than 200,000 adults in the county. The likelihood of being obese increased for respondents who were diabetic, male, Hispanic, or have economic hardships. Diabetes was identified by one-third of key informants as being one of the top health issues facing county residents. Behavioral risk indicators showed that few residents exercise regularly, and even fewer eat three servings of vegetables every day. Smoking status was also unfavorable in Berks County, as one in six residents is a current smoker.

Mental health status was also very grim in the county. One in five residents has been diagnosed with either an anxiety or depressive disorder and two in five had activity limitations, due to poor physical or mental health. Mental health/suicide was also rated by about 72% as being one of the five most common health issues in the community. It is well documented that mental health is often interrelated with substance abuse. Over three-quarters of key informants also selected the issue of substance abuse/alcohol abuse as being highly prevalent in the county.

In regard to health disparities, low socio-economic status, measured in terms of poverty, income, education, or occupation, has been repeatedly linked to a great burden of disease. This CHNA consistently identified the presence of notable health disparities in regard to access, health conditions or behaviors that are larger for people living in poverty than for others that were economically better-off. Poor residents were found to be more likely to have poor access to health care, as well as certain health conditions, including asthma, diabetes, and mental health problems.

Age was also significantly associated with differential health outcomes, where older adults were more likely to have better access to care. However, they were also more likely to have specific health conditions. In contrast, younger residents were more likely to have better rates for behavioral risk indicators, notably for overweight and obesity, as well as physical activity, but were more likely to engage in risky behaviors including smoking, drinking, and illegal drug use. Race and ethnicity also showed a clear pattern for differential health outcomes. Hispanics were more likely to be uninsured than other races. In addition, Blacks and Hispanics were more likely to experience economic hardships when compared to their White counterparts.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization Session

On April 7, 2016, 92 individuals representing both non-profit and for-profit organizations gathered to review the results of the 2016 Community Health Needs Assessment (CHNA). A list of attending organizations can be found in Appendix C. The goal of the meeting was to discuss and prioritize the

needs of their local community as identified through the CHNA and to set the stage for collaborative community health improvement initiatives.

Process

The prioritization portion of the meeting was facilitated by Holleran Consulting and The Center for Opinion Research. The meeting began with a review of the 2013 Berks County Community Health Needs Assessment and an abbreviated research overview. This overview presented the results of the secondary data research and key findings of the CHNA.

Following the research overview, participants were provided with information regarding the key health issues that consistently came out as significant during the research process. The audience voted on the key health issues utilizing the Poll Everywhere voting system. After the voting was completed, the audience broke into small groups and was asked to focus on one of the four key health issues. Each group identified current resources as well as resources that are either missing or need expansion in the county to address the identified key health issues, and also provided suggestions. Notes from each group were collected and can be found in Appendix D. In addition to the resources identified by the community a comprehensive list of community recourses can be found in Appendix E.

Key Community Health Issues & Identified Health Priorities

Berks County Health Collaborative, in conjunction with community partners, examined the findings of the CHNA, the resources and other existing community assets to select Key Community Health Issues, which it will address over the next three years. The following issues were identified and prioritized as follows:

- Access to Care
- Obesity
- Chronic Illness
- Mental Health

The meeting was adjourned with an invitation to the community organizations to join the efforts of The Berks County Health Collaborative to provide a greater impact into the health needs of the Berks County residents.

On April 18, 2016, the Berks County Health Collaborative Advisory Committee met to discuss feedback secured during the Summit meeting and to make a final recommendation on the prioritized needs of the community. During the group discussion the Advisory Committee evaluated the linkage of chronic illness to a root cause of obesity. They also identified Access to Care as a common theme throughout the research process and committed to addressing the issue through identified priorities. A full list of attending participants can be found in Appendix F. After reviewing and evaluating the information, the advisory group made a recommendation that the community would be best served by prioritizing the following needs during the next three years:

- Behavioral/Mental Health
- Obesity

The completion of the CHNA enabled Berks County Health Collaborative to take an in-depth look at its community. The findings from the assessment will be utilized by Berks County Health Collaborative and their community partners to develop a community health implementation plan focused on meeting community needs. Berks County Health Collaborative is committed to the people it serves and the communities where they reside.

Appendix A. Berks County Health Collaborative Advisory Committee

NAME	TITLE	ORGANIZATION
ADVISORY COMMITTEE		
Dave Myers	Director, O'Pake Industries	Alvernia University
Tania Hollos	Graduate Assistant, O'Pake Institute of College and Progressional Programs, Alvernia	Alvernia University
Michele Ruano-Weber	Deputy Administrator	BC Mental Health/Developmental Disabilities
Lydia Singley	HealthChoice Program Director	BC Mental Health/Developmental Disabilities
Jessica Jones	Deputy Director	Berks County Area Agency on Aging
Jonathan Kurland	Chief Deputy District Attorney	Berks County DA Office
Beverly Yoder	President	Berks County School Health Association
Luann Oatman	President and CEO	Berks Encore
Mike Toledo	Executive Director	Centro Hispano
Carolyn Bazik	Executive Director	Co-County Wellness Services
Jen May	Program Manager	Co-County Wellness Services
Donnie Swope	Planning Manager	Department of Emergency Services
Mike Baxter, MD	Reading Health System	Chair, Department of Family and Community Medicine
Ellen Horan	President and CEO	Greater Reading Chamber of Commerce
Selina Zygmunt	Manager	Keystone Farmworker Health Program
Bob Watrous	Dean of Students	Kutztown University
Dr. Anne Zayaitz	Acting Provost and VP for Academic Affairs	Kutztown University
Pablo Tejada	President and CEO	Olivet Boys and Girls Club
Jim Shankweiller	Lecturer, Business	Penn State Berks
Kim Wolf, DO	Director, Quality Initiatives	PennState Health St. Joseph
Jan Dicinto	Senior Planning Analyst	Reading Health System
Deirdre Schuetz	Director, Planning	Reading Health System
Stacey Keppen	Deputy Executive Director	Reading Housing Authority
Jack Knockstead	Director, Department of Resident Services	Reading Housing Authority

NAME	TITLE	ORGANIZATION
Rev. Wayne Heintzelman	Pastor	St. Daniel's Lutheran Church
Karen Rightmire	President	Wyomissing Foundation
Kim D. Johnson	President and CEO	YMCA of Reading & Berks County
STEERING COMMITTEE		
Mary Kargbo	Chief Executive Officer	Berks Community Health Center
Heidi Williamson	VP, Programs and Initiatives	Berks County Community Foundation
Mary Hahn	VP, Strategy and Business Development	Penn State Health St. Joseph
Desha Dickson	Director of Community Health and Engagement	Reading Health System
Pat Giles	Executive VP, Chief Impact Officer	United Way of Berks County
RESEARCH TEAM		
Berwood Yost	Director, Center for Opinion Research, Franklin & Marshall College	Franklin & Marshall
Nikki Rineer	President	Holleran

Appendix B. Key Informant Participants

NAME	TITLE	ORGANIZATION
Stephen A. Weber	District Court Administrator	23rd Judicial District of Pennsylvania County of Berks
Paul Janssen	Director, Ctr for Excellence in Local Govt	Albright College
Elizabeth Kirk Matteo	Assistant Professor - Psychology & Counseling	Alvernia University
Dave Myers	Director, O'Pake Institute	Alvernia University
Kristen Sandel	Reading Health System	Assistant Director, Emergency
Louis Borgatta, MD	Community Physician (Specialist)	Berks Cardiology
Sharon W. Parker	Executive Director	Berks Coalition to End Homelessness
Nick Marmontello	Board Chair	Berks Community Health Center
Mary Kargbo	Chief Executive Officer	Berks Community Health Center
Gary Rightmire	Past Board Chair	Berks Community Health Center
Fran Malley	Chief Executive Officer	Berks Counseling Center
Jessica Jones	Deputy Director	Berks County Area Agency on Aging
Heidi Williamson	VP, Programs and Initiatives	Berks County Community Foundation
Heather Adams	Executive Director	Berks County Community Television
Kim Murphy	President	Berks County Conservancy
Donnie Swope	Asst. Director	Berks County Dept of Emergency Services
Allison Wollyung RN	Health/Nutrition Specialist-Berks County Head Start	Berks County Intermediate Unit
Michele Ruano-Weber	Deputy Administrator	Berks County Mental Health/Developmental Disabilities
Beverly Yoder	President	Berks County School Health Association
Luann Oatman	President and CEO	Berks Encore
Dot Hartman	Vice President of Community-Based Aging Services	Berks Encore
Mary Kay Bernosky	President	Berks Women in Crisis
Karen Youse	Executive Director	Boyertown Area Multi-Service
Rev. Steve Ohnsman	Minister	Calvary UCC Church
Mike Toledo	Executive Director	Centro Hispano (Hispanic Center Daniel Torres, Inc.)
Carolyn Bazik	Executive Director	Co-County Wellness Services
Robert Hippert, DO	President and Medical Director	Commonwealth Primary Care/Integrated Medical Group
Kathy Herbein		
Cheryl Guthier	President	Community Prevention Partnership

George J. Vogel	Executive Director	Council on Chemical Abuse
Nancy Knoebel	President	Easter Seals of Northeast PA
Kim McConnell	President	Family Guidance Center
Crystal Seitz	President	Go Greater Reading
Ellen Horan	President and CEO	Greater Reading Chamber of Commerce
Pina Ugliuzza	Director of Regional Development	HGSK
Constance Morrison	President	Home Health Care Management/Berks VNA
Walt Zawaski, Jr.	Executive Director	IHartHarvest, Inc.
Angel Figuerora	COO	I-LEAD Charter School
Victor Hammel	Chairman	J.C. Ehrlich Co.
Bill Franklin	President	Jewish Federation of Reading
Selina Zygmunt	Manager	Keystone Farmworker Health Program
James Buerger	Board Member	Latino Chamber of Commerce
Ryan A. Breisch	Executive Director	Literacy Council of Reading-Berks
Bette Cox Saxton	President & CEO	Maternal and Family Health Services, Inc.
Midge Smithburg	Senior Operations Manager	Maternal and Family Health Services, Inc.
Amy Good	Managing Attorney	Mid Penn Legal Services
Stephanie Towles	NAACP member/School librarian	NAACP/Reading School District
Joni Naugle	Principal	Naugle Associates, LLC
Barbara Werner RN, MSN	Director of Community Health Services	Nurse-Family Partnership
Pablo Tejado	President and CEO	Olivet Boys and Girls Club
Jim Shankweiller	Lecturer, Business	Penn State Berks
Dr. Paul Esqueda	Sr. Associate Dean for Academic Affairs	Penn State Berks
Walter Fullam	Director of Continuing Medical Education	Penn State Berks
Michael Bradley, DO	Director, Family Practice Residency Program	Penn State Health St. Joseph
Kim Wolf, DO	Director, Quality Initiatives	Penn State Health St. Joseph
John Morahan	President & CEO	Penn State Health St. Joseph
Christopher Chamberlain	Program Coordinator, EMS/Emergency Preparedness	Penn State Health St. Joseph
Mary Hahn	VP, Strategy and Business Development	Penn State Health St. Joseph
Rosalind Rodriguez	President	Puerto Rican Latin Association
Dr. Anna Weitz	President	RACC
Claire Young	Executive Director	Reading Berks Conference of Churches
Peter Barbey	President and CEO	Reading Eagle Co.

Marcelino Colon		Reading Eagle Co.
Daniel Ahern	Sr. Vice President, Strategy and Business Development	Reading Health System
Mike Baxter, MD	Director, Family Medicine	Reading Health System
Marge Bligh	Vice President	Reading Health System
Robert Brigham	Chair, Department of Surgery	Reading Health System
Desha Dickson	Director of Community Health and Engagement	Reading Health System
Sharon Keating	Community Benefit Committee Member	Reading Health System
Louis Mancano, MD	Medical Director Ambulatory Services	Reading Health System
David Thun	Board Member	Reading Health System
Stacey Keppen	Deputy Executive Director	Reading Housing Authority
Sharon Rossignoli	Pregnant/Parent Teen Program	Reading School District
Ann Fisher	Supervisor of School Health	Reading School District
Brian Kelly	Executive Director	ReDesign Reading
Rev. Wayne Heintzelman	Pastor	St. Daniel's Lutheran Church
Reverend Monsignor Thomas J. Orsulak	Pastor	St. Peter the Apostle Roman Catholic Church
Senator Judy Schwank	State Senator- 11th District	State Senator
Tom Work	Shareholder	Stevens and Lee
Cathy Correll	Caseworker	The Salvation Army
Ashley Chambers	Executive Director	United Community Services
Pat Giles	Exec. VP, Chief Impact Officer	United Way of Berks County
Jonathan Encarnación, MBA	Administrative Director	UPMC Health Plan Medical Assistance
Rev. Rebecca Knox	Pastor	Western Berks Free Med Clinic
Karen Rightmire	President	Wyomissing Foundation
Sally McNichol	School Nurse	Wyomissing School District
Kim D. Johnson	President & CEO	YMCA of Reading & Berks County

Appendix C. Summit Prioritization Participating Organizations

	Agency
1	Adventist Whole Health Network
2	Alvernia University
3	Berks Coalition to End Homelessness
4	Berks Community Health Center
5	Berks Counseling Center, Inc.
6	Berks County Area Agency on Aging
7	Berks County Community Foundation
8	Berks County Development Board
9	Berks County District Attorney's Office
10	Berks County Medical Society
11	Berks County MH/DD Program
12	Berks Encore
13	Berks Women in Crisis
14	Body Zone Sports and Wellness Complex
15	Church
16	Comfort Keepers
17	Community Prevention Partnership
18	Customers Bank
19	Family Guidance Center
20	Franklin & Marshall College
21	Governor Mifflin School District
22	Greater Reading Chamber of Commerce & Industry
23	Habitat for Humanity of Berks County, Inc.
24	Health Promotion Council
25	HealthSouth Reading Rehabilitation Hospital
26	I-LEAD
27	ID Life
28	IWCO Direct
29	Life's Choices
30	Literacy Council of Reading-Berks
31	Maternal Family Health Services
32	National Penn
33	Office of State Representative Mark Gillen
34	Penn State Health St. Joseph
35	Peritech Home Health Associates
36	Reading Health System

	Agency
37	Reading Housing Authority
38	Reading Recreation Committee
39	Reading School District
40	ReDesign Reading CDC
41	Reese
42	Representative Jozwiak's Office
43	Santander Bank NA
44	Senate of Pennsylvania
45	Sun Rich Fresh Foods, Inc.
46	The Anderson Group
49	The Highlands at Wyomissing
50	The Wyomissing Foundation
51	Unique Technologies, Inc.
52	United Community Services
53	United Way Health Team Leader
54	United Way of Berks County
55	Women2Women
56	Wyomissing Health and Rehabilitation Center
57	YMCA

Appendix D. Prioritization Session Discussion Notes

Priority: Access to Care

1. Available Resources or Services:

- Office of Aging
- Human Services of County of Berks
- SAM
- CYS
- Caron Foundation
- RHS – Center for Mental Health
- BCHC
- Lots of programs/dedicated people
- Two Health Systems
- Two FQHC's
- Transportation – free, public, private

2. Missing or Expansion Needed on Resources or Services:

- Financial/Funding (insurance, copays, deductibles)
- Language barriers
- Telemedicine Services
- Health center within school system/employers
- Access to healthy foods
- Increase physical activity programs in schools physical education
- Specialists/wait time
- Prescription drug availability
- Disconnections in continuum of health care/organizations (e.g. primary MD, procedure/testing, etc.)
- Missing – Community resources that are from areas that are underserved
- Inadequate transportation (expensive)
- Lack of knowledge of resources
- Expanded – increase knowledge of services, use navigators

3. Suggestions to better address issue:

- Education of the community
- Telehealth
- Health screens by the local health systems at the local schools with telemedicine capabilities
- Poverty must be addressed
- Better communication/collaboration among providers
- More CR/Workers
- Fund what is already working!
- Communication and education resourced by local advocates within each area

Priority: Chronic Disease Management**1. Available Resources or Services:**

- Hospitals
- Employee Wellness Programs
- Outpatient MH/BH integrated provide primary care providers
- Agencies – AHA, ADA
- Gym/Wellness Centers (specifically prevention)
- BCAA – Chronic Disease - education
- SJ/RH – Support Groups
- CHF Phyc.
- Medical Homes with Clinical Lead
- Reading Health Connect “Epic”
- Email Doctor symptoms/signs
- Western Berks free clinic/Berks Comm. Health Center
- Fit Bits – electronic monitoring
- BCHC
- Meals on Wheels
- Senior Centers
- Berks Encore and Agency on Agency – programs to help people manage Diabetes and Chronic conditions
- Health Systems have Health Education sources
- Aging Parent Fairs (to educate, prevent stress)

2. Missing or Expansion Needed on Resources or Services:

- Lack of collaboration between resources
- Transportation to resources
- General education @ discharge – gap with ethnic group, with age group
- Transportation – more access to in-home visit (reduce hospitalization)
- Wellness programs – offered through more employees to help with cost/time issues for employees
- Availability of appointments of doctors – they aren’t accepting new patients
- Education programs and focus groups – help people learn how to prepare culturally appropriate meals and healthy meals
- More in depth education on disease control

3. Suggestions to better address issue:

- Address the MH, Obesity, and substance abuse to prevent chronic illness
- Supporting parents; generational and cultural sensitivity
- Improve and update 2-1-1
- Prevention of risk factors
- Education (need to start in early childhood) – assist parents with education
- Exposure to healthy lifestyles (diet, exercise)

- Community Sports
- List healthy convenience foods @ popular fast food locations
- More in depth education on disease management – respond to the community in the community – expanded hours for people who work, culturally appropriate, be on people’s level

Priority: Behavioral/Mental Health

1. Available Resources or Services:

- Lots on counseling available
- Don’t all accept MA
- Berks Counseling Center
- Children’s Home of Reading
- NAMI – National Alliance of Mental Illness
- Spruce Haven
- Caron
- We have almost everything we need but not in sufficient quantity

2. Missing or Expansion Needed on Resources or Services:

- Psychiatrists (need more to meet the needs)
- Adolescent mental health – could be expanded
- Lack of mental health professionals, eating disorder clinics, etc.
- Identifying those in need of MH services, children and adolescents
- Long wait for services
- We need more bed capacity, especially adolescent psychiatric beds

3. Suggestions to better address issue:

- Businesses need to collaborate with Social Service providers
- Better integration of different types of “therapy” – yoga, art therapy, massage, etc.
- More advertisements of what is available instead of starting something new – 2-1-1, SAM Crisis line
- County Health Department to coordinate all the good stuff that is happening in Berks (like in Montgomery and Chester Co.)
- Collaboration, education, need for policies – change stigma attached to mental health, awareness prioritizing
- Ensuring schools, etc. have list of resources available within area
- Integration of mental health and primary care
- Curriculum of social/emotional curriculum – kindergarten more academia
- More awareness
- More information for parents who have children who are struggling
- Most problems can be solved if clients can be connected to providers

Priority: Obesity**1. Available Resources or Services:**

- YMCAs and other gyms
- Silver Sneakers
- Farmer's Markets (2)
- Conservancy garden plots
- Food bank fresh produce
- Lunch programs in schools
- WIC
- Programs for pregnant women
- Growth of farmer's market
- Programs offered at schools for lunch/breakfast
- New health fitness centers have grown – need subsidized by employer/insurer
- Professional counseling

2. Missing or Expansion Needed on Resources or Services:

- Money for Phys Ed in schools
- Nutritionists (lack of)
- Farmer's markets (lack of and cost)
- Cooking instructions for fresh foods
- Fitness facilities
- Weight loss support groups
- Strong foundation of nutrition education/physical education in schools
- Lack of a community focus – lack sense of a healthy community
- Need leadership to come together
- Bike pathways be developed in some areas of the city
- Health fitness facilities more available in downtown Reading

3. Suggestions to better address issue:

- More cooking instructions
- Farmer's markets (subsidized – accept W/C and food stamps)
- Culture of walking
- Magnify food banks fresh produce program and conservancy garden plots and growing education
- Conversation with medical check in
- BCTV – programs on cooking
- Spanish language radio and TV – likewise
- Bike trails and bike loans and programs
- Work-out sites in local parks sponsored by local businesses
- Food desserts need to be addressed
- Safe places to exercise in Reading
- Campaign/information source educating county residents regarding places to exercise

- Studying what other similar communities are doing to address the obesity issue
- Provide economic support to farmers
- Educational series for parents (or individuals) with specific examples of healthy meals
- More access to physical activities
- Access to affordable healthy food
- Put it on the Berks Alliance Group agenda to support and sponsor
- Improve school based programs and education, information on healthy eating and exercise
- Make healthy foods more affordable consider taxing unhealthy foods

Appendix E. Community Resources

Resource and Agency Name	Town	Type
<u>BERKS COUNTY HOSPITALS</u>		
Name	Town	Type of Hospital
Haven Behavioral Hospital of Eastern PA	Reading	Behavioral Health Hospital
Reading Health System	West Reading	Hospital
Penn State Health St. Joseph	Reading	Hospital
Surgical Institute of Reading	Wyomissing	Surgical Specialty Hospital
Wernersville State Hospital	Wernersville	Psychiatric Hospital
<u>BERKS COUNTY HEALTH CENTERS AND CLINICS</u>		
Name	Town	Type of Center
Penn State Health St. Joseph Downtown Campus	Reading	Health Center
Advance Urgent Care	Reading	Urgent Care Center
Berks Community Health Center	Reading	Health Center
Co-County Wellness Services/Berks AIDS Network	Reading	HIV/AIDS services
Concentra Urgent Care	Reading	Urgent Care Center
Keystone Farmworker Health Program	Reading	Health Center
MedExpress Urgent Care - Muhlenberg	Reading	Urgent Care Center
Mercy Community Crisis Pregnancy Center	Reading	Pregnancy Crisis Center
Patient First	Wyomissing	Urgent Care Center
Planned Parenthood of Northeast Pennsylvania	Reading	Health Center
Premier Immediate Medical Care	Douglassville	Urgent Care Center
Reading Convenient Care	Reading	Urgent Care Center
Penn State Health St. Joseph	Multiple Locations	Health Center/Urgent Care
Reading Health System	Multiple Locations	Health Center/Urgent Care
Western Berks Free Medical Clinic	Robesonia	Health Center
<u>BERKS COUNTY AGENCY</u>		
Name	Town	Type
Abilities In Motion	Reading	Social Service Agency
ADAPPT	Reading	Substance Abuse Treatment
Alternative Consulting Enterprises, Inc.	Reading	Mental Health/Medicaid Provider
American Cancer Society	Reading	Social Service Agency
American Diabetes Association	Reading	Social Service Agency
American Red Cross	Reading	Social Service Agency
Arc Advocacy Services	Reading	Social Service Agency
Autism Society of Berks	Wyomissing	Social Service Agency
Bailey, Diane, L.P.C.	West Lawn	Mental Health/Medicaid Provider

BCC Satellite Office	Reading	Social Service Agency
BCC/ACT Program	Reading	Social Service Agency
Berks Advocates Against Violence	Reading	Social Service Agency
Berks Coalition to End Homelessness	Reading	Social Service Agency
Berks Counseling Center, Inc.	Reading	Mental Health/Medicaid Provider
Berks County Associate for the Blind	Reading	Social Service Agency
Berks County Children and Youth	Reading	Social Service Agency
Berks County Community Foundation	Reading	Foundation
Berks County Emergency Management	Leesport	Emergency Services
Berks County Services Center	Reading	Social Service Agency
Berks Encore- Birdsboro	Birdsboro	Senior Center
Berks Encore- Fleetwood	Fleetwood	Senior Center
Berks Encore- Hamburg	Hamburg	Senior Center
Berks Encore- Mifflin	Shillington	Senior Center
Berks Encore- Providence House	Reading	Senior Center
Berks Encore- Wernersville	Wernersville	Senior Center
Berks Encore-Reading Center	Reading	Senior Center
Berks Psychiatry, Inc.	Reading	Mental Health/Medicaid Provider
Berks Women in Crisis	Reading	Homeless/Emergency Shelter
Berkshire Psychiatric & Behavioral Health Services, P.C.	Reading	Mental Health/Medicaid Provider
Beveridge, Lisa, L.S.W. Berks Counseling Associates, P.C.	Wyomissing	Mental Health/Medicaid Provider
Big Brothers/Big Sister	Reading	Social Service Agency
Boyertown Area Multi-Services Center	Boyertown	Social Service Agency
Boyertown Salvation Army	Boyertown	Social Service Agency
Berks Advocates Against Violence	Reading	Mental Health/Medicaid Provider
Center for Mental Health	Reading	Mental Health
Centro Hispano (Hispanic Center)	Reading	Social Service Agency
Child & Family Support Services, Inc.	Reading	Mental Health/Medicaid Provider
Children's Alliance Center	Reading	Social Service Agency
Children's Home of Reading	Reading	Substance Abuse Treatment
CHOR Youth & Family Services, Inc.	Reading	Drug & Alcohol/Medicaid Provider
CHOR Youth & Family Services, Inc.	Reading	Mental Health/Medicaid Provider
Commonwealth Clinical Group, Inc.	Reading	Mental Health/Medicaid Provider
Community Prevention Partnership	Reading	Social Service Agency
Community Skills Program and Rehab, Inc.	Wyomissing	Social Service Agency
Community Solutions of Pennsylvania	Reading	Mental Health/Medicaid Provider
CONCERN Professional Services for Children, Youth & Families	Wyomissing	Mental Health/Medicaid Provider
Concern of Reading	Reading	Mental Health

Council on Chemical Abuse	Reading	Substance Abuse Treatment
Creative Health Services, Inc.	Birdsboro	Substance Abuse Treatment
Creative Health Services, Inc.	Birdsboro	Mental Health/Medicaid Provider
Danken House	Wernersville	Homeless/Emergency Shelter
Dayspring Homes, Inc.	Reading	Homeless/Emergency Shelter
Department of Public Welfare County Assistance Office	Reading	Government agency
DeSantis, Denise, L.C.S.W. Berks Counseling Associates, P.C.	Wyomissing	Mental Health/Medicaid Provider
Easter Seals of Eastern PA	Reading	Social Service Agency
Easy Does It, Inc.	Leesport	Drug & Alcohol/Medicaid Provider
Ercole, Mario, M.D.	Reading	Mental Health/Medicaid Provider
Familicare Counseling Center	Reading	Mental Health/Medicaid Provider
Family First Resource Center	Reading	Senior Center
Family Guidance Center	Wyomissing	Drug & Alcohol/Medicaid Provider
Family Guidance Center	Reading	Mental Health/Medicaid Provider
Family Life Services	Topton	Substance Abuse Treatment
Family Promise of Berks	Reading	Homeless/Emergency Shelter
Fischetto, Anthony, Ed.D	Shillington	Mental Health/Medicaid Provider
Freedom Gate Ministries	Reading	Substance Abuse Treatment
Gaulin, Ann, M.S., L.M.F.T.	Shillington	Mental Health/Medicaid Provider
Goodwill	Reading	Social Service Agency
Greater Reading Mental Health Alliance, The	Shillington	Mental Health/Medicaid Provider
Haven Behavioral Hospital of Eastern Pennsylvania	Reading	Mental Health/Medicaid Provider
Here and Now Group	Reading	Social Service Agency
Hill, Alison, Ph.D. Berks Counseling Associates, P.C.	Wyomissing	Mental Health/Medicaid Provider
Holcomb Behavioral Health Systems	Reading	Mental Health/Medicaid Provider
Hope Rescue Mission	Reading	Homeless/Emergency Shelter
Infante, Olga, M.D.	Reading	Mental Health/Medicaid Provider
Janjua, Mohammad, M.D. Horizonz, LLC	Reading	Mental Health/Medicaid Provider
Jewish Community Center of Reading	Reading	Social Service Agency
Kennedy Senior Center	Reading	Senior Center
KidsPeace National Centers, Inc.	Temple	Mental Health/Medicaid Provider
La Casa De la Amistad	Reading	Senior Center
Laureldale Center	Reading	WIC Office
Lesniak-Karpiak, Katarzyna, Ph.D.	Douglassville	Mental Health/Medicaid Provider
Mary's Shelter	Reading	Homeless/Emergency Shelter
McConaghay, Dean, M.S. Berks Counseling Associates, P.C.	Wyomissing	Mental Health/Medicaid Provider

Mental Health Association	West Reading	Mental Health
Milestones Community Healthcare, Inc.	Wyomissing	Mental Health/Medicaid Provider
Nagle, Robert, Ph.D. Berks Counseling Associates, P.C.	Wyomissing	Mental Health/Medicaid Provider
Namiotka, Mary, L.C.S.W.	Leesport	Mental Health/Medicaid Provider
National Mentor Healthcare, Inc. dba PA Mentor	Fleetwood	Mental Health/Medicaid Provider
New Directions Treatment Services	West Reading	Drug & Alcohol/Medicaid Provider
New Directions Treatment Services	West Reading	Mental Health/Medicaid Provider
New Life Cognitive Behavioral Services, Inc.	Reading	Mental Health/Medicaid Provider
New Person Center	Reading	Substance Abuse Treatment
NHS Pennsylvania	Wyomissing	Mental Health/Medicaid Provider
Nicodemus, David, M.A.	Reading	Mental Health/Medicaid Provider
Office of Mental Health/Developmental Disabilities	Reading	Mental Health
Olivet Boy and Girls Club	Reading	Social Service Agency
Opportunity House	Reading	Substance Abuse Treatment
Orr, Gerald, M.A. - Berks Counseling Associates, P.C.	Wyomissing	Mental Health/Medicaid Provider
Pennsylvania Counseling Services, Inc.	Reading	Drug & Alcohol/Medicaid Provider
Pennsylvania Counseling Services, Inc.	Reading	Mental Health/Medicaid Provider
Perez Bentancourt, Mirta, L.P.C.	Shillington	Mental Health/Medicaid Provider
Progressions	Reading	Mental Health
Progressions Companies, Inc., The	Reading	Mental Health/Medicaid Provider
Reading Behavioral Health Center Inc.	Reading	Mental Health/Medicaid Provider
Reading Center	Reading	WIC Office
Reading Health System - Ctr. for MH	West Reading	Drug & Alcohol/Medicaid Provider
Reading Health System - Ctr. for MH	West Reading	Mental Health/Medicaid Provider
Real Alternatives	West Reading	Pregnancy Crisis Center
Richard J. Caron Foundation	Wyomissing	Drug & Alcohol/Medicaid Provider
Rijo, Ana, L.P.C. Seed of Hope, Inc.	Reading	Mental Health/Medicaid Provider
Royall, Carmen, L.P.C. Horizonz, LLC.	Reading	Mental Health/Medicaid Provider
Salvation Army	Reading	Social Services
Salvation Army - Boyertown Corps	Boyertown	Social Services
Schollenberger, Craig, L.C.S.W.	Wyomissing	Mental Health/Medicaid Provider
Service Access & Management, Inc.	Reading	Mental Health/Medicaid Provider

Shillington Center	Shillington	WIC Office
Signature Family Services	West Reading	Social Service Agency
Spellman, Pamela, L.C.S.W.	Reading	Mental Health/Medicaid Provider
Stufflet, Kathryn, L.C.S.W.	Wyomissing	Mental Health/Medicaid Provider
Tamaqua Salvation Army	Tamaqua	Social Service Agency
Threshold Rehabilitation Services, Inc.	Reading	Behavioral Health Services
Threshold Rehabilitation Services, Inc.	Reading	Mental Health/Medicaid Provider
Treatment Access & Services Center, Inc.	Reading	Mental Health/Medicaid Provider
Treatment Access & Services Center, Inc.	Reading	Drug & Alcohol/Medicaid Provider
United Way of Berks County	Reading	Community agency
Veterans Affairs of Berks	Leesport	Government agency
Wyomissing Foundation	Wyomissing	Foundation
Yasmeen, Nikhat, M.D. - Reading Psychiatry	Reading	Mental Health/Medicaid Provider
YMCA	Reading	YMCA
Youth Advocate Programs, Inc.	Reading	Mental Health/Medicaid Provider

BERKS COUNTY FOOD PANTRIES AND SOUP KITCHENS

Name	Town	Type
Ashland Food Pantry	Ashland	Soup Kitchen/Meal Program
Bethany Lutheran Church	West Reading	Soup Kitchen/Meal Program
Bethel AME Church	Reading	Soup Kitchen/Meal Program
Calvary Community Center	Reading	Soup Kitchen/Meal Program
Catholic Charities, Diocese of Allentown	Reading	Soup Kitchen/Meal Program
Central Park United Methodist Food Ministry	Reading	Soup Kitchen/Meal Program
Christ Lutheran Church	Reading	Soup Kitchen/Meal Program
Circle of Friends Drop In Center	Reading	Soup Kitchen/Meal Program
City Light Ministry	Reading	Soup Kitchen/Meal Program
Cluster Outreach Center	Temple	Soup Kitchen/Meal Program
Conrad Weiser Pantry	Robesonia	Soup Kitchen/Meal Program
Evangelical Mennonite Church	Reading	Soup Kitchen/Meal Program
First Unitarian Universalist	Reading	Soup Kitchen/Meal Program
Friend, Inc.	Kutztown	Soup Kitchen/Meal Program
Grace and Hope Mission	Reading	Soup Kitchen/Meal Program
Greater Berks Food Bank	Reading	Soup Kitchen/Meal Program
Hamburg SDA Church	Hamburg	Soup Kitchen/Meal Program
Hampden Heights SDA Church	Temple	Soup Kitchen/Meal Program
Harvest Fellowship of Colebrookdale	Boyertown	Soup Kitchen/Meal Program
Holy Cross Memorial Church	Reading	Soup Kitchen/Meal Program
Holy Spirit Lutheran Church	Reading	Soup Kitchen/Meal Program
Holy Trinity Church of God	Reading	Soup Kitchen/Meal Program

Hope Lutheran Church	Ashland	Food Pantry
Hub of Hope at Reading Moravian Church	Reading	Food Pantry
Iglesia Bautista Betania	Reading	Food Pantry
Mahanoy Area Food Pantry	Mahanoy City	Food Pantry
McAdoo Area Food Pantry	McAdoo	Food Pantry
Minersville Area Food Cupboard	Minersville	Food Pantry
New Ringgold Area Food Pantry	New Ringgold	Food Pantry
Northern Berks Food Pantry	Hamburg	Food Pantry
Nuremberg Area Food Pantry	Nuremberg	Food Pantry
Oley Valley Food Pantry	Oley	Food Pantry
Pine Grove Area Food Pantry	Pine Grove	Food Pantry
Pottsville Area Food Pantry	Pottsville	Food Pantry
Ringtown Valley Food Pantry	Reading	Food Pantry
Schuylkill Community Action Program	Pottsville	Food Pantry
Schuylkill Valley Food Pantry	New Philadelphia	Food Pantry
Shenandoah Area Food Pantry	Shenandoah	Food Pantry
Spring Valley Church of God	Temple	Food Pantry
St. Benedict's RCC	Mohnton	Food Pantry
St. Ignatius Loyola RCC	Reading	Food Pantry
St. James Chapel	Reading	Food Pantry
St. Luke's Lutheran Church	Bloomsburg	Food Pantry
St. Paul's Lutheran Church	Reading	Food Pantry
Tamaqua Area Food Pantry	Tamaqua	Food Pantry
Tamaqua Primitive Methodist Church	Tamaqua	Food Pantry
The Rodale Institute	Kutztown	Food Pantry
Tremont Food Pantry	Tremont	Food Pantry
Tri Valley Food Pantry	Valley View	Food Pantry
Williams Valley Food Pantry	Tower City	Food Pantry

Appendix F. Advisory Committee Prioritization

	Name	Agency
1	Dave Myers	Alvernia University
2	Tania Hollos	Alvernia University
3	Mary Kargbo	Berks Community Health Center
4	Luann Oatman	Berks Encore
5	Mike Toledo	Centro Hispano
6	Donnie Swope	Department of Emergency Services
7	Ellen Horan	Greater Reading Chamber of Commerce
8	Mary Hahn	Penn State Health St. Joseph
9	Kim Wolf, DO	Penn State Health St. Joseph
10	Deirdre Schuetz	Reading Health System
11	Pat Giles	United Way of Berks County
12	Kim D. Johnson	YMCA of Reading & Berks County